UMICAD Certification Board ADC Counselor Certification Handbook

Introduction

The Upper Midwest Indian Council on Addictive Disorders (UMICAD) offers certification to qualified ADC counselors who work with Indian people.

The purpose of certification is to insure a level of knowledge and skill among counselors. UMICAD believes in the importance of standards for counselor practice established by Indian ADC program staff rather than waiting for the government to set standards.

Certification for counselors, developed by Indian people, is considered necessary because special skills and knowledge that are needed to work effectively within the Indian community. By the development of Indian specific certification standards, Indian people are more assured that unique cultural, spiritual, and social factors are incorporated into the standards. Certification provides a measure of excellence, which is recognized far beyond the Indian community. It constitutes an important step in insuring that the quality of ADC counseling services is maintained at a recognized and acceptable level.

Certification attests to the professional qualifications and competence of the counselor.

The standards for Certified Alcohol and Drug Counselor I (ADC I) are those commonly recognized by various ADC entities and authorities in the states of Minnesota, Wisconsin, Michigan and Northern Illinois, the UMICAD, and the Indian Health Service (IHS). The specific requirements and procedures for certification have been developed by the UMICAD.

The standards for Certified Alcohol and Drug Counselor II and III (ADC II & III) meet and are approved by the International Certification and Reciprocity Consortium/Alcohol and other Drug Abuse, Inc.

The Upper Midwest Indian Council on Addictive Disorders was created with the cooperation of the Bemidji Area IHS in recognition of the need for competitive standards with other certification bodies, as well as the increasing accountability required by the federal government.

Brief History

Beginning in 1978, the National Institute on Alcohol Abuse began transferring to the United States Public Health Service, IHS. This transfer of agency authority came about in part because of P.L. 94-437, Indian Health Care Improvement Act. The Indian Health Care Improvement Act noted that alcohol abuse continued to be a major health problem among Indian people. Indian Health Services had been the principal federal agency responsible for Indian health care since 1955, therefore, Congress believed it was appropriate for IHS to assume direct responsibility for Indian alcohol programs.

To continue the tribal and urban ADC programs, IHS contracts with tribal governments and urban non-profit boards to maintain and expand Indian alcohol programs. In addition to maintaining existing programs, IHS has committed itself to provide training and evaluation.

As programs expand and attain stability, the tribal community has a right to consistent and defined levels of services. Counselor certification is an important factor in defining a consistent level of knowledge and skill. Certification is a process by which non-governmental agencies grant recognition to individuals who have met certain pre-determined qualifications specified by that agency and are generally agreed upon by other agencies to be of value.

PRINCIPLES

In developing certification standards for counselors working in Indian Substance Abuse Programs, the following principles were considered:

1. Certification is based largely on knowledge, experience, and academic achievement regarding ADC as it relates to Indian people.

2. Authority for this service rests in the legal incorporation of the certifying body.

3. Certification is voluntary. Certification as specified herein represents minimum standards of excellence and provides a method of continued education to enhance professional skills.

4. Certification is offered to counselors working with Native Americans located in the IHS- Bemidji area (Minnesota, Michigan, Wisconsin and Northern Illinois).

AUTHORITY

The UMICAD Board is governed by a set of approved by-laws and rules. It is incorporated under the laws of the State of Minnesota as a nonprofit agency. All members of the Board serve without pay. The UMICAD is composed of four elected Board Officers from IHS Bemidji area, (Minnesota, Wisconsin, Michigan and Northern Illinois).

The authority of UMICAD is derived from knowledgeable and dedicated ADC counselors. This authority is embodied in the corporate by-laws created under the auspices of the UMICAD and is supported by the Bemidji Area IHS Office.

Individuals seeking certification do so voluntarily and must agree to accept the decision of the UMICAD Board.

Certification implies no special rights or privileges except as incorporated in agency or program policies.

Its value lies in the claim to a standard knowledge/skill level, and the assurances of competence that can be given clients and others.

The credibility of this certification is based on counselors maintaining certification standards, as well as the performance of the UMICAD itself.

Why should I be certified?

ADC counselor certification is the hallmark of the ADC counseling profession. Requirements reflect the high standards of skill and knowledge, conduct, and ethics that certified counselors offer to the public and to their employers, which will be recognized far beyond the Indian community.

What do I need to qualify?

UMICAD Certification Board has three levels of counselor certification, Certified Alcohol and Drug Counselor I, II, and III.

The ADC I requires a passing score on a written test, 300 hours of supervised experience practicing the six (6) Performance Domains, 150 hours specialized training and education.

The ADC II requires a written test, 6000 hours (the equivalent of three years' experience within five years prior to application) of experience performing the eight practice dimensions, 270 hours of specialized training and education.

The ADC III candidate must have completed all of the ADC II requirements plus an additional 4,000 hours of professional experience. Counselors who qualify may apply for ADC III without first becoming ADC II.

How can I prepare for certification?

Good record keeping is essential. A chronological record of the following will simplify the paperwork when you're ready to complete your certification application:

- classroom education and training, including pertinent college or university courses, workshops and seminars. ***Save your course syllabi, outlines, transcripts, and certificates of completion.***
- hours spent performing the 12 core functions,
- hours spent in direct client contact (keep separate figures for time spent counseling substance use disorder clients and time spent counseling clients with other mental health diagnoses).

Assistance for any area of the certification process is available at the UMICAD office.

What's the procedure to get certified as ADC I?

- The first step in the certification process is the UMICAD Written Substance Abuse Exam. All applicants for ADC I must pass the exam before a formal application for certification will be accepted by the UMICAD office. Test registration information is available from the UMICAD office.

- The second step is the portfolio, or written certification application material. This is the application packet that comes with the handbook.

What's the procedure to get certified as ADC II and ADC III?

- The first step in the certification process is the **IC&RC ADC Exam.** All applicants for certification as ADC II and ADC III must pass the exam before a formal application for certification will be accepted by the UMICAD Board. Test registration information is available from the UMICAD office.

- The second step is the portfolio, or **written certification application material.** This is the packet that comes with the handbook.

Deferral

If the committee finds something unclear or incorrect in the application, they maydefer the application for more changes or more information. The committee may ask you to come in for a personal interview if there are a number of unanswered questions that are best answered in person.

If you are deferred, you'll received a letter within 2 weeks after your application was reviewed explaining what you need to supply and a 30-day deadline to complete it. Your response will then go to the next peer review committee meeting. If the committee approves your response, you will move on to the oral interview.

Denial

If your application was found to contain insufficient qualifying experience, education and training, core function training or evidence of a lack of knowledge in a specific area, you will be denied certification. If you are denied, you'll receive a letter within 2 weeks after your application was reviewed describing the areas your written application fell short of meeting the requirements. You will be given 60 days to appeal the denial.

Appeal (written application denial)

If you are denied because of your written material, and you have omitted material that should have been included, you can appeal the denial. You will have 60 days after receiving notification of the denial to appeal. To appeal, submit a letter requesting reconsideration of denial to the President of the UMICAD Board. Your appeal will be considered at the next Board meeting.

After your letter is received, you will receive a letter notifying you of the date, time and location of the meeting of the appeals committee. You will be offered the option of meeting in person with the Board to expand upon the information you have presented for the appeal. It is not necessary to meet in person with the committee.

To arrive at a decision to uphold or reverse the denial, Board members will review the old and new information and consider the following:

1. Is it new, credible, well-documented information?
2. Does the new information deal only with discrepancies prior to the date of original application?
3. Does the new information contradict the reasons for denial?
4. Does the new information shed doubt upon information in other areas considered satisfactory by the previous review body?

The Board is composed of seasoned professional counselors. Every effort is made to provide an objective appeals review. Decision to uphold or reverse the denial is based solely on the review.

Should you be granted a reversal of denial, you will go on to the oral interview. If your denial is upheld, you may reapply later, after completing any requirements not fulfilled in your first application.

Once your application enters the appeal process, no information about your application will be given verbally. Please do not call the UMICAD office to inquire about the progress/status of your application

Reciprocity for UMICAD Certified Counselors

Eligibility

All UMICAD counselors who hold ADC II & III certification are eligible for reciprocity in the majority of states, a number of foreign countries, as well as the Air Force, Marines, Navy, and Indian Health Services through the International Certification & Reciprocity Consortium (IC&RC/ADC, Inc.)

UMICAD ADC II & III counselors who move to a member state or country may apply for reciprocity through the IC&RC. Forms and more information are available from the UMICAD office.

Completion of the single page reciprocity application and a $150 processing fee are the only requirements.

A bit of IC& RC History

In July, 1979, Indiana, Michigan and Wisconsin signed a three-state agreement of reciprocity of certified alcohol counselors.

At the historic signing of the agreement, the group incorporated and chose a name, the Certification Reciprocity Consortium/Alcohol and Drug Abuse. The Consortium grew as state after state adjusted their requirements to meet those of the Consortium and became members.

Today, this large organization also offers an optional international certificate for a $25 annual fee. The certificate does not grant additional benefits to the counselor.

The written certification test and the oral interview are products of the joint efforts of IC&RC members and are required for certification in all member credentialing bodies. Castle Worldwide Inc., a full-service testing company, holds the contract for a role delineation study of the scope of practice for alcohol and other drug abuse counselors.

RECIPROCAL ADC COUNSELOR CERTIFICATION THROUGH IC&RC*

*This list changes frequently. For the most up-to-date information visit ICRC's website at www.ICRCADC .org

Location	Certifying Body	Credential
Alabama	AADAA	CADP
Arizona	ABCAC	CADAC
Arkansas	ASACB	CADC
California	CCBADC	CADC
Connecticut	CCB	CADC
Delaware	DADCCB	CADC
District of Columbia	DCCB/PADC	CADC
Florida	CBAPF	CAP, CAAP-II**
Georgia	ADACB-Georgia	CADC
Hawaii	ADAD	CSAC
Idaho	IBADCC	CADC
Illinois	IADC PCA	CRADC,CSADC,CMADC
Indiana	ICAADA	CADAC II
Iowa	IBSAC	ACADC
Kentucky	KBCADC	CDC**
Louisiana	LASACT	CSAC
Maine	MSBADC	LADC
Maryland	MACCB	CCDC
Massachusetts	MBSACC/MCVCAC	CADAC
Michigan	MCBAP	CAC
Minnesota	MCB	BCCR
Mississippi	MAADAC	CADC
Missouri	MSACCB	CSAC II
Nebraska	DADAAS	CADAC
New Hampshire	NHBLADC P	LADC
New Jersey	APCBNHJ, Inc.	CADC
New Mexico	NMCBCDP	CADAC
New York	NYS OASAS	CASAC
North Carolina	NCSAPCB	CSAC, CCAS
Ohio	OCB	CCDC II, CCDC III
Okalahoma	ODAPCCB	CADC
Pennsylvania	PCACB	CAC
Rhode Island	RIBCCDP	ACDP
South Dakota	CBADP	CCDC II, CCDC III
Texas	TCBADAC	ADC I, ADC II, ADC III
Utah	UAADAC	CAC
Vermont	VADACB	CADC
Virginia	SACAVA	CAC
West Virginia	WVCBAPP	CAC
Wisconsin	WCB	CADC III
Indian Health Services	AAITCSA-CB (Albuquerque area)	CADAC
"	IACC (California)	CADC II
"	NASACB (Nashville area)	CADC
"	NPNACDA, Inc. (Northern Plains)	IAC II, IAC III
"	NWIADSCB (Northwest)	CDC II
"	SISACCB (Southwest Indian)	SAC II
"	UMICAD (Upper Midwest)	ADC II, ADC III
Bermuda	BACB	ICADC
Canada	AIA	ICADC
Germany	PCBADCG	CADC
Malaysia	CCOM	SAC Level 3
Puerto Rico	JCPAA	AD II, AD III
Sweden	SCADB	ICADC
Singapore	APSAC	CADAC
United Kingdom	UKPCBADC	to be announced
US Air Force	AFSACCB	ADC
US Army	USAMC	to be announced
US Navy/Marines	USNCB	ADC II

**require a bachelor's degree for certification. Contact the IC&RC office (919-572-6823) for information

Certified Alcohol and Drug Counselor I

Requirements

WRITTEN EXAMINATION: The first step in the certification process.

- **All candidates must pass the UMICAD Written Substance Abuse Examination before submitting an application.**

- 300 hours of supervised experience in six (6) Performance Domains
- 150 Education and Training hours specific to ADC and Native American History and Issues.

UMICAD Written Substance Abuse Exam

The UMICAD test is based on the six (6) Performance Domains:

1. Assessment
2. Counseling
3. Education
4. Case Management
5. Professional Responsibilities
6. American Indian Issues & History

The UMICAD Written Substance Abuse Exam is given four times a year. Registration forms and test dates are available from the UMICAD Certification Board office.

The test consists of 100 multiple choice questions. The applicant must answer 70 questions correctly to pass the test. Applicants are given three hours to complete the test. The test may be retaken as many times as necessary. There is no set amount of time a counselor must wait before retesting. Once you have passed the test, the test results do not expire after a certain amount of time. Your test score remains valid indefinitely.

Certified Alcohol and Drug Counselor II

Requirements

WRITTEN EXAMINATION: The first step in the certification process.

- **All candidates must pass the International Certification Reciprocity Consortium (IC&RC)/ADC written Counselor Certification Examination before submitting a written certification application or taking CPM oral interview.**

The exam is used by all members of the International Certification Reciprocity Consortium (IC&RC). The exam was developed by a representative team of ADC counselors. It is a valid and reliable testing instrument based on a role delineation study completed by the IC&RC.

- The exam is offered four times annually. Test registration information is available from the UMICAD Certification Board office. The testing fee is $250.
- The exam consists of 150 questions. Candidates' scores will be based on the number of questions answered correctly. Linear equating will be used to equalize the difficulty of all versions of the examination. If the counselor does not pass the exam, it costs $250 each time to retake the exam. The exam may be retaken as many times as necessary. There is no set amount of time a counselor must wait before retesting.

There is no specified prerequisite for taking the exam. However, because the exam is an experience based exam, it is recommended that the counselor have at least a year of ADC counseling experience before taking the exam.

- Once you have passed the IC&RC ADC exam, your application for ADC II/III can be submitted at any time. There is no time deadline by which you must submit your ADC II/III application once you've passed the written exam. Your exam score is valid indefinitely. Once you meet all the requirements for ADC II/III, have completed all sections of the written ADC II/III application and have passed the exam, you may submit your written application for ADC II/III.

PORTFOLIO: The portfolio (written application material) includes a record of professional counseling experience, core function training, classroom education and training, counseling theories, and a case study.

PROFESSIONAL WORK EXPERIENCE

The applicant for certification as a ADC II must have 4000 hours of professional work experience performing eight counselor Practice Dimensions of:

1. Clinical Evaluation
2. Treatment Planning
3. Referral
4. Service Coordination
5. Counseling
6. Client, Family & Community Education
7. Documentation
8. Professional & Ethical Responsibilities

The 6000 hours must include:

- a minimum of 4200 hours of work experience performing the six practice dimensions with clients who have a primary substance use disorder diagnosis supervised by a clinical supervisor
- 1500 hours of counseling which includes: 1000 hours in substance use disorder (S.U.D.) counseling with at least 500 hours of S.U.D. counseling using an individual modality setting (one-to-one).
- 300 hours of counseling during the twelve months prior to the submission of the applicant's application for certification which includes 150 hours of counseling using an individual modality setting (one-to-one).

CLASSROOM EDUCATION AND TRAINING (E&T):

270 hours of formal classroom education including college/university work, workshops, seminars, conferences, and in-services that specifically relate to the competency criteria for UMICAD are required: 200 hours in the Trans disciplinary Foundations (TF's) and 70 hours in the eight Practice Dimensions (PD's). **All competency areas (TF numbers and PD numbers) must be covered.** ***One clock hour of education is equal to 50 minutes of continuous instruction.***

The Trans disciplinary Foundations (TF's) are the competencies underlying the work of all addiction-focused disciplines. These foundations include:

Understanding Addiction	Application to Practice	Disabilities
Treatment Knowledge	Professional Readiness	

The applicant must obtain the following minimums within the required 70 hours in the practice dimensions (PD):

- Clinical Evaluation (numbers 1-A1 through 1-B4)
- Treatment Planning (numbers 2-1 through 2-12)
- Referral (numbers 3-1 through 3-7)

- Service Coordination (numbers 4-A1 through 4-C8)
- Counseling (numbers 5-A1 through 5-C5)
- Client, Family & Community Education (numbers 6-1 through 6-9)
- Documentation (numbers 7-1 through 7-7)
- 6 hours in Professional & Ethical Responsibilities (numbers 6-1 through 8-9)

The following areas must be covered by the hours submitted by ALL APPLICANTS:
- Pharmacology/psychopharmacology (TF-A3, TF-C6, 1-A3)
- Mental health studies (TF-A4, TF-B4)
- Professional responsibility (TF-D1 through TF-D6)
- Counseling people with disabilities (TF-E1 through TF-E9)
- 40 hours of education and training within the 24 months prior to applying for certification

Home Study training endorsed or accredited by UMICAD or other IC & RC Board members, may be used for up to fifty percent of the hours required in the Trans disciplinary Foundations and no more than half the required hours in each of the pharmacology, mental health, professional responsibility, and disabilities areas specified in preceding paragraph.

NOTE: *Some education and training is learned in classes or workshops. You may need to learn in a setting other than a classroom. You may learn one of the competency areas from a specific person in a setting other than a classroom. These can be included in the 270 hours and may be used to satisfy competency areas. These settings may be in consultation with another professional or in a staffing. (Applicant must be able to document that this was separate from the normal course of business in a regular staffing).*

If you have this type of learning experience, use one of the education and training forms for each experience. Complete the form as usual, making sure to provide a description of how and under what circumstances the learning occurred (in the description of content section)

CORE FUNCTION TRAINING

- **300 hours of core function training:** the work experience, must include 300 hours of core function training. This training is designed to assist the counselor trainee in developing competence in performing the 12 core functions. Instruction methods include observation, discussion, role play, reading and review of agency policies and procedures. Minimum hours have been assigned to the 12 core function categories. Hours required vary according to the relative difficulty in learning each core function and correlate to the relevance and criticality weights of the CPM oral score.

- Core function training may be obtained in any of the 12 core functions in either 1) a training program; 2) internship; or 3) during the orientation phase of employment.

The applicant must receive the following minimum hours of core function training.

Screening	**25 hours**	**Case Management**	**15 hours**
Intake	**10 hours**	**Crisis Intervention**	**15 hours**
Orientation	**10 hours**	**Client Education**	**30 hours**
Assessment	**40 hours**	**Referral**	**10 hours**
Treatment Planning	**20 hours**	**Reports and Record keeping**	**30 hours**
Counseling	**85 hours**	**Consultation**	**10 hours**

TOTAL: 300 hours

Certified Alcohol and Drug Counselor III

Requirements

The candidate for Certified Alcohol and Drug Counselor III (ADC III) meets all the requirements of the ADC II with additional professional experience and counseling hours to total:

- 8000 hours of professional experience performing the eight Practice Dimensions
- 2000 hours of direct ADC client counseling

Most counselors apply first for ADC II, then apply for ADC III when they meet the additional requirements. However, counselors may apply directly for ADC III without first applying for ADC II. Only the requirements, not the ADC II certification itself is required for ADC III.

Move from ADC II to ADC III

The usual time for ADC II certified counselors to apply for ADC III is at their recertification date. Counselors will receive a professional experience resume along with their education and training sheet, demographic sheet and assurances. The professional experience sheet(s) must include all professional counseling experience, including student internships, and a job description from the present employment.

Counselors moving from ADC II to ADC III must meet all requirements of ADC III as outlined in the Counselor Certification Handbook. The peer review committee will determine if the requirements have been satisfied and ADC III will then be awarded.

Qualified ADC II counselors who want to apply for ADC III status at a time outside their recertification or renewal date may request the forms from the office.

Recertification for ADC I, ADC II and ADC III

Requirements

UMICAD certified counselors need to recertify every two years. The requirements are:

- 40 hours of continuing education and training (6 ethics)
- Completed General Information sheet and signed assurances
- Completed Demographic Information section
- the $150 recertification fee (2 years)

Certified counselors will receive an invoice and recertification forms one month before due date. **Education and training hours must be completed within the two-year period prior to the recertification date** In-service training that has been endorsed by UMICAD can be included in the 40 hours. Counselors may choose to complete all 40 education and training hours through conventional workshops and seminars (Category A) or they may choose up to 20 hours from the categories B through F listed below. For all Category A training, a copy of a certification of completion, grade transcript, or other written proof of attendance must be attached to each education and training resume form.

Fees

The fee for certification is $150 for a 2-year period.

Continuing Education Categories for Recertification

Category A A minimum of 20 hours in **workshops, seminars** or **classroom courses** is **required**. You may obtain education for recertification in any 700 series competency area. A copy of a certificate of completion, grade transcript, or other written proof of attendance must be attached to each education and training resume form.

Home Study Training. UMICAD, WCB, MI, MN and other IC & RC Board member endorsed courses may be used to meet recertification requirements. Document hours for any course completed on the education and training resume form and attach a copy of the certificate of completion.

Category B Research papers, professional publications in the ADC field, (maximum 12 hours). The paper must be pertinent to the 700 numbers and accepted for publication or for reading or discussion at a meeting or conference within the two-year recertification period. Submit a copy of an abstract or published paper. If the paper is to be read or discussed at a conference, enclose a copy of the conference brochure and acceptance letter. Indicate the actual number of hours spent researching and writing the paper. Do not include time spent submitting of presenting the paper (training is Category C). Category B is documented on the education and training resume.

Category C Teaching, training in ADC counselor competency areas, (maximum 15 hours). Counselors may receive up to 15 hours of time spent in teaching and training in the counselor 700 numbers. This does not include patient or public education lectures, general supervision of counselors, or trainees in core function training. Include only the actual time spent presenting the training. The course must be presented within the two-year recertification period and offer academic credit, CEU's or UMICAD endorsement or endorsement from another ADC certifying/licensing authority. Category C is documented on the education and training resume, and will include the counselor as provider, and the course accreditation. Credit will be given for presenting the course or workshop only once in the two-year recertification period. Submit a copy of the college catalog, syllabus, conference brochure or announcement to verify your presentation.

Category D Structured individual learning of one selected subject, (maximum 12 hours). This category was developed for seasoned certified counselors who want to learn more about a particular ADC area. This can be planned to include reading, video or audio tapes, or films; one-to-one tutorials, preceptorship or clinical consultation; field placement or practicum. It is ideal for counselors who cannot find a workshop in their special area of interest.

Category D requires approval before starting individualized learning. Pre-approved forms are available from the Board office.

UNLESS PREAPPROVED, HOURS IN THIS CATEGORY WILL BE DISALLOWED.

Only the time spent reading, viewing or listening to the material is allowed. This does not include patient or public information material. Submit the actual times of the tapes/films and/or the length (pages) of the book.

Category E Services on an ADC related board or committee, at a community, statewide, regional or national level (maximum 24 hours). This category gives a counselor 2 hours per meeting. Counselors may use hours of service on boards or committees within their agencies if the members include representatives outside the agency. Submit proof of membership/attendance (such as meeting minutes, log of attendance) unless service is for UMICAD or its subcommittees. Category E is documented on the education and training resume in area 702.

Writing test questions for the ICRC written counselor certification exam. Two hours per question may be counted for research time in writing/validating a test question. Information packets on writing ICRC test questions are available from the Board office. Document hours in area 703 on the education and training resume form and attach a copy of cover page of item writing packet containing question written and source.

Category F Acting as Clinical Preceptor or Consultant for a counselor trainee, (maximum 24 hours). Teaching and supervision, as well as observation, can be used for recertification. Instruction must fall within the TF/PD competency areas and/or core function areas.

Category F requires preapproval before starting the preceptorship. Preapproval forms are available from the Board office.

UNLESS PREAPPROVED, HOURS IN THIS CATEGORY WILL BE DISALLOWED.
A letter from the supervisor - (or in the absence of a supervisor, the trainee's program advisor or the trainee him/herself) - verifying the hours, content and teaching methods must be attached to the approval form. Be aware that one hour of education in core function areas is inadequate. A good deal more time needs to be spent teaching each core function to a trainee.

To keep your documentation as simple as possible, it is recommended to use the 700 numbers when documenting hours in Categories A through E. The Trans disciplinary Foundations (TF) numbers and Practice Dimension (PD) numbers may be used.

The UMICAD reserves the right to verify any recertification documentation.

Guideline:

1 college credit = 15 or 16 hours
1 CEU = 10 hours

For Recertification Use Only (categories A through E)

The UMICAD recognizes that many counselors pursue education and training which is valuable to their unique career path and development, but may not fit precisely into the competency areas of original certification. The 700 Series were created for certified counselors applying for recertification.

ADMINISTRATION

701 The basics of clinic administration. This may include but is not limited to accounting, computer software, human resources, administrative law, counselor development, continuous quality improvement.

702 Service on an ADC related board or committee, at a community, statewide, regional or national level.

703 Writing test questions for the ICRC and/or UMICAD Written Counselor Certification Exam.

ADVANCED COUNSELING THEORY AND TECHNIQUES

710 The advanced study of a counseling theory resulting in proficiency in the use of a variety of techniques based on that counseling theory.

FAMILY ISSUES

730 Successful completions of any course leading to a degree in a college or university setting. MENTAL HEALTH ISSUES

740 The study of the diagnosis within the current *Diagnostic and Statistical Manual of Mental Disorders.*

741 The study of case management with other professionals within the mental health field.

742 The study of problems frequently concurrent with substance use disorders such as but not limited to mood, anxiety, eating, and impulse control disorders.

UNSPECIFIED LEARNING

750 Courses or workshops which expand the counselor's self-awareness, world view, or spirituality. This should not be confused with self-help groups or personal therapy.

SUBSTANCE USE DISORDER STUDIES

760 These studies focus upon the area of substance use disorders.

Directions for completing certification materials for ADC II and ADC III

MAKE COPIES OF ALL FORMS BEFORE YOU BEGIN TO COMPLETE THEM

Page 1-general information sheet

Page one deals with demographic material and should be straightforward. Type or print the information in ink. If you are not working when you apply for certification, type "not currently employed" on the agencyname line.

Page 2 - assurances

Again this page explains itself. It is crucial that you read the Code of Conduct located in the back of the handbook before signing the form.

Code of Conduct

The UMICAD Certification Board provides certification for substances use disorder counselors in Minnesota, Michigan, Wisconsin, and Northern Illinois as a way of assuring professional competence to clients, to the public, and to employers. UMICAD is dedicated to the principle that counselors in the substance use disorder treatment field must conform their behavior to the highest standards of ethical practice. To that end, the UMICAD has adopted a Counselor Code of Conduct, to be applied to all counselors certified by or seeking certification by the UMICAD or having a counselor certification development plan on file. A copy of the UMICAD's Code of Conduct is included in the Counselor's Certification Handbook and on the Development Plan form.

Pages 3, 3b-professional experience resume

The first statement on this page beginning "IN THE PAST TWELVE MONTHS," refers to your counseling hours in the past year; that is, how many hours of group, individual and family counseling hours you performed. The second question in the top box beginning "How many of these hours...?" asks for the number of hours in the past twelve months spent counseling one-to-one. These figures should not reflect your total work hours in the past year. Indicate only the hours you spent in session performing the practice dimension of counseling. Do not include work hours performing other practice dimensions. These questions document that you have fulfilled one of the requirements for experience.

Job listings should be chronological, beginning with your present job and working backwards. Use additional copies of page 3 if you've had more than four counseling positions. The job description should indicate that you are doing counseling.

You must enclose an official job description from your current place of employment. You are encouraged to enclose job descriptions form former positions.

In the blanks following the "Total hours worked at present position" blank, indicate how

your time is split between S.U.D. counseling and other Mental Health counseling. The figures usually add up to the total unless you perform other non-counselor duties (not within the eight practice dimensions) at that position.

The last section for each job is a breakdown of your direct client counseling hours. Blank 1 refers to the direct client counseling hours at this position, that is how many hours of group, family and individual counseling with substance abuse clients as well as other clients did you perform while holding this position. You then calculate how many of hours were counseling the substance use disorder client. That figure goes into blank 2. (If all your counseling hours were with substance use disorder clients, blank 1 and 2 will contain the same figure). You then calculate how many of those substance use disorder counseling hours were using an individual modality setting (one-to-one). That figure goes into blank 3.

If your job includes counseling substance use disorder clients and client with diagnosis other than substance use disorder, do not include the time spent counseling these other clients in blanks 2 and 3. Include time spent counseling clients with other mental health diagnoses in blank 1 only.

Field placements, internships, practicum's that meet the experience definition of performing the eight practice dimensions (up to 2,000 hours maximum) should be listed on the professional experience form.

Page 4-experience for education option

This page shows that you have completed a UMICAD accredited Doctorate, Master's Baccalaureate, or Associate human services degree that you are using for experience hours - or - an appropriate* non UMICAD accredited master's/doctorate degree that you are using for experience and you are applying for certification.

*<u>appropriate non UMICAD accredited Master's. /Doctorate Degree:</u> A clinically focused master's /doctorate degree from an accredited school of higher education with a course of study in human services (i.e. community counseling, mental health, social work, rehabilitation counseling or psychology). UMICAD reserves the right to disqualify any course of study it deems does not meet this standard.

Only one degree may be utilized for this option. Please list the highest degree completed and attach documentation (an official university transcript indicating completion of the course of study and the award of a degree).

Field placements, internships, practicum's that meet the experience definition of performing the eight practice dimensions (up to 2,000 hours maximum) should be listed on the professional experience for.

Page 5 - education and training (E&T) resume

Each course or workshop is recorded on a separate page. These pages must show that you have completed all the education and training requirements.

The applicant must have received training in all competency areas (TF numbers and PD numbers).

When completing your education and training pages:

- make sure all competency areas have hours listed on at least one of the education and training resume pages. When listing hours for the practice dimension (PD) numbers, be sure to circle appropriate competency area(s) covered.
- check that the sum of TF hours and PD hours listed on each sheet is equal to or less than the total classroom hours listed.
- include a minimum of 24 hours (exclusive of agency in-service) during the 12 months prior to the date your application is submitted.
- number the pages in sequence in upper right corner. For example, if you're submitting a total of twenty E&T pages, the first page should be numbered Page 1 of 20 and so on.
- for any training attended March 1, 1997 and thereafter, attach a copy of a certificate of completion, grade transcript, or other written proof of attendance.
- If available, attach a course syllabus to each E&T page to provide additional information.

Complete all sections of each page. Be specific on dates of attendance. When listing the total hours of a training event, do not count time spent at meal breaks. Indicate on the lower half and back side of each page the items covered (not just mentioned) in the course and the time spent in each area. List hours for content areas that reflect the focus of the training. Do not list hours for content areas that were only very briefly presented, mentioned or touched upon. Make sure to circle the appropriate practice dimension (PD) numbers on back side of each E&T page where you list hours in any PD area.

If you have completed a course or workshop where only a portion of material is specific to ADC certification requirements, write the total hours of the course in the "total classroom hours" box. Record only those hours relevant to the competency areas (TF numbers and PD numbers) on the lower half and back side of the page.

If you attended a UMICAD endorsed course or workshop, you should receive the content areas with the certificate of attendance.

If you attended a course or workshop that was not endorsed by UMICAD you must

determine and indicate the content areas covered on the education and training form.

Guideline:	1 college credit = 15 or 16 hours 1 CEU - 10 hours

Experience for an Internship or Field Placement

An internship or field placement which meets the experience definition of performing the eight practice dimensions while under direct supervision may be used for up to 2,000 hours of work experience and up to 500 hours of counseling experience but not the classroom education requirement. The practicum can also count toward the 300 hours of core function training if it is done by a clinical supervisor.

Page 6-Core Function Training

Page 13 will show the training in the twelve core functions you received at the beginning of your counseling career, either in an internship, student placement or during the very first months on the job. Do not list total work hours in a trainee position; list only the hours of observation and skill practice while treating ADC clients under the close supervision of a clinical supervisor or ADC II or ADC III or other training such as reading and review of agency policies and procedures.

If you received core function training in more than one facility or from more than one clinical supervisor, you will need extra copies of page five.

Reference and Counselor evaluation form

Ask your supervisor to complete a Counselor Evaluation form. This person must have been your supervisor for at least 6 months. This form should be forwarded directly to the UMICAD office by the supervisor. If a person has completed a Counselor Evaluation form for you, you may not also have that person complete a Professional Reference form. We accept only one evaluation or reference form from the same individual.

Ask three persons who know you professionally (who could assess your ADC work, knowledge and skills) to complete a Professional Reference form. These reference forms must be sent directly to the UMICAD office by the person completing the reference.

It is helpful if you provide these people with a stamped envelope addressed to:

UMICAD
PO Box 1130
Bemidji, MN 56619

Application Fee

The $150 application fee must be sent with the certification application. This includes the first year certification fee. For example, an applicant awarded certification on December 1, 2011 will not be required to pay additional certification fees until December 1, 2013.

Once Your application enters the review process, no information about your application will be given verbally. Please do not call the UMICAD office to inquire about the progress/status of your application. Notice of deferrals, denials, personal interviews, appeal outcomes and scheduling of the oral will be issued in writing.

The UMICAD Board reserves the right to verify any certification documentation.

Checklist for submitting your certification application

The application must include the following:

- copy of passing exam score on the written IC&RC ADC International Certification Examination
- $150 application fee
- completed general information sheet, indicating the names and credentials of those you've asked to complete the counselor evaluation and 3 reference forms.
- signed assurance page
- completed professional experience resume listing all counseling work hours within the past 5-year period. In the blanks asking "In this position I have spent___hours performing direct counseling...", make sure you have counted only the hours spent performing the practice dimension of counseling (not total work hours in a counselor position).
- copy of agency job description for current position (required) and, if available, agency job descriptions for previous positions.
- completed education and training resume pages showing all classroom coursework completed to count toward certification requirements.
  - make sure all competency areas (TF numbers and PD numbers) have hours listed on at least one of the education and training resume pages (Do not send certificates or copies of certificates)
  - make sure to circle the appropriate practice dimension (PD) number(s) on

back side of each E&T page where you list hours in any PD area.

- check that the sum of TF hours and PD hours listed on each sheet is equal to or less than the total classroom hours listed.

- the sum of hours listed in areas:

The sum of hours listed in areas:

TF-A3, TF-C6, and 1-A3	must be at least 45 (pharmacology),
TF-A4 and TF-B4	must be at least 45 (mental health studies),
TF-D1 through TF-D6	must be at least 25 (professional responsibility)
TF-E1 through TF-E9	must be at least 6 (disabilities)

- include a minimum of 24 hours during the 24 months prior to the date your application is submitted.
- number the pages in sequence in upper right corner. If you're submitting a total of twenty E&T pages, the first page should be numbered PAGE 1 of 20 and so on.
- attach copies of course syllabi (if available) to all E&T pages to provide additional information.

◆ completed Core Function training

◆ make sure you have asked your supervisor and 3 professional references to mail the reference forms to the Board office so that the completed forms are either on file or will be arriving soon and can be added to your application when it is received at the Board office.

Inactive status for certified counselors

The inactive certification status was established for the certified counselor (ADC II and ADC III) who must temporarily leave the profession for a minimum of six months with definite plans to return to active status. A counselor may remain on Inactive status for two full certification periods (4 years).

Inactive status is granted for...

◆ behavioral-medical problems
◆ maternity, paternity or family medical leave
◆ full-time education leading to a degree
◆ military service

How to apply

◆ Send a letter of request for inactive status to the UMICAD office stating:
the reason for the request,
documentation to substantiate the inactive status request,
the final day of employment in the ADC field and,
the anticipated date of return to employment in the ADC field.

◆ Enclose the non-refundable enrollment fee of $30.

The Board will review the counselor's request for inactive status and notify the counselor

of the decision and the effective date within 30 days from the time the request arrived in the office.

Fees

The inactive enrollment fee is $30.

The fee to return to active status is $30 plus the biennial certification fee of $150.

Rights, responsibilities, and limitations

- While on inactive status, a counselor will continue to receive all bulletins, newsletters and other communications from UMICAD. The counselor will retain the right to vote for elected representatives to the Board.
- The inactive counselor will not be able to function as a counselor either full or part- time. Exceptions are a non-paid student placement, practicum or field placement.
- Reciprocity is not available to inactive counselors.
- Inactive counselors must abide by the UMICAD Code of Conduct.
- The inactive counselor must notify UMICAD within 30 days of returning to work in the ADC field.
- Failure to notify the Board within 30 days of returning to ADC employment will constitute a violation of UMICAD Code of Conduct, and will result in referral to the Board's executive committee for investigation, in accordance with the procedures outlined in the Code of Conduct.

Reactivation

To reactivate certification status, the counselor should send a letter to the UMICAD office, including:

1. a completed General Information Sheet and signed Assurances.

2. a description of change of circumstances and substantiating documentation to return to active participation in the field.

3. documentation of 40 hours of continuing education and training on the UMICAD forms, or a schedule for obtaining the continuing education within six months of initial date of active participation. Note: these 24 hours may not be used again at recertification time.

4. the non-refundable reactivation fee of $30 plus the annual certification fee of $150.

The Board will review the reactivation request and notify the counselor of the decision and the effective date within 30 days from the time the request arrived in the Board office.

The reactivating counselor will be given a new recertification date two years from the effective date of active participation. To recertify in two years, the counselor will need to

submit 48 hours of continuing education and training and meet the recertification requirements.

Limited retirement status for certified counselors

Limited Retired status is granted to...

UMICAD certified counselors who:

- are at least 55 years old,
- have retired from full-time employment,
- do not intend to return to full-time work within the ADC and/or the Prevention fields and
- do not work more than 500 hours per year within the ADC and/or the Prevention fields.

How to apply

1. Send a letter of request stating the effective date of retirement.

2. Include a letter from employer verifying the retirement date - or - if continuing to work part-time in the ADC and/or Prevention fields, a letter from the current employer verifying that the certified retiree will not be employed more than 500 hours per year.

3. Enclose the enrollment fee of $30.

The Board will review the retired status request and notify the counselor of the decision within 30 days from the time the request arrived in the office.

Fees

The one-time enrollment fee

Rights, responsibilities, and limitations

The certified counselor holding limited retirement status:

- will not be employed within the ADC and/or Prevention fields for more than 500 hours per year.
- is not eligible for reciprocity within the International Certification Reciprocity Consortium (ICRC).
- will abide by the UMICAD Code of Conduct.
- will complete 40 hours of continuing education/training within the previous two-year certification period.
- will not be able to return to past active certification status within the ADC and/or Prevention fields unless the person holding a limited retirement status certification reapplies for active certification and adheres to all the requirements within the certification application process in place at the time of their reapplication.

- enjoys all other rights and privileges afforded to any counselor actively certified by UMICAD.

Recertification for limited retirement status

To be recertified, counselors holding limited retirement status need to submit:

- 40 hours of continuing education, exclusive of in service, obtained within the previous two-year certification period. Twenty-four (24) hours must be from Category A. The balance of the 48 hours may be from Categories A-F, detailed in the recertification section of this handbook.
- The $30 annual certification fee.
- Completed General Information sheet and signed Assurances.

Counselors holding limited retirement status will be sent an invoice and recertification forms about one month before due date.

UMICAD reserves the right to verify any certification documentation.

Retired Emeritus status for certified counselors

Retired Emeritus status is granted to...

UMICAD certified counselors who are at least 55 years old, have provided a minimum of 10 years of meritorious service, and have retired from ADC employment with no intention of returning to any form of employment.

How to apply

- Send a letter of request stating the effective date of retirement.

The Board staff will review the retired status request and send notice to the counselor.

Fees (none)

No enrollment or renewal fees apply to persons seeking or granted Retired Emeritus Status.

Rights, responsibilities and limitations

The retired emeritus counselor:

- may identify him or herself by his or her classification as a Certified Alcohol/Drug Counselor Emeritus.
- continues to receive all UMICAD bulletins, newsletters, and communications.
- agrees to remain retired with no intention of returning to any form of employment in the ADC field.
- remains ineligible for ICRC reciprocity.
- who desires to regain active UMICAD certification status must reapply and adhere to the UMICAD credential application process in place at the time of their reapplication.

Recertification for retired emeritus status

No recertification paperwork or fees are required.

GLOSSARY OF TERMS

ADDICTION - the overpowering physical or emotional urge to continue alcohol/drug use in spite of adverse consequences; there is an increase in tolerance for the drug and withdrawal symptoms sometimes occur if the drug is discontinued; alcohol and drugs become the central focus of life.

ALCOHOL AND DRUG COUNSELOR - A professional who uses a specialized body of knowledge, skills and training in the performance of the eight practice dimensions and counseling theories and techniques in treating alcohol and drug abuse/dependence in a client.

BIO-MEDICAL - the application of the natural sciences, especially biological and physiological sciences, to clinical medicine.

CASE MANAGEMENT - the activities guided by a patient's treatment plan which bring services, agencies, resources and people together within a planned framework of action toward the achievement of established treatment goals for the patient.

CLIENT - individuals, significant others, or community agents who present for alcohol and drug abuse education, prevention, intervention, treatment and consultation services.

CLINICAL CONSULTANT - a clinical supervisor who may provide core function training and supervision for the counselor trainee and/or on-going clinical consultation for the non-certified counselor. The clinical consultant need not be employed by the same agency which employs the counselor trainee. These methods include, but are not limited to: observation; role plays; skill practice; discussion; reading agency policies, procedures, administrative rules, and laws; and in reviewing agency norms. The trainer should provide timely feedback and evaluation on the counselor trainee's performance and learning.

SUPERVISION - intermittent face-to-face contact provided on or off the site of a service between a clinical supervisor and treatment staff to ensure that each patient has an individualized treatment plan and is receiving quality care. "Clinical Supervision" includes auditing of patient files, review and discussion of active cases and direct observation of treatment, and means also exercising supervisory responsibility over substance abuse counselors in regard to at least the following: counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility.

COMPETENCY - the requisite knowledge, skills and attitudes to perform tasks and responsibilities essential to addiction counseling.

CONFIDENTIALITY - the body of Federal and State statutes that protect the privacy of individuals seeking alcohol and drug abuse treatment services.

CONTINUUM OF CARE - the full array of alcohol and drug abuse services responsive to the unique needs of clients throughout the course of treatment and recovery.

CORE FUNCTION TRAINING - Training which occurs in a treatment agency or clinical setting, by or under the supervision of a clinical supervisor. This training is designed to assist the counselor trainee in developing competence in performing the 12 core functions. Instruction methods include observation, discussion, role play, reading, and review of agency procedures and policies.

COUNSELING - the application of special knowledge and skills in performing the core functions utilized in support of the treatment plan and exercised under clinical supervision to assist individuals, families or groups in achieving objectives through exploration of each problem and its ramifications, examination of attitudes and feelings, consideration of alternative solutions and making decisions that support a process of recovery.

COUNSELING METHODS - Counseling methods are defined as individual counseling, group counseling and family/significant others counseling in the treatment of the ADC client.

COUNSELING THEORIES AND TECHNIQUES - A coherent, recognized approach to treatment of the ADC client. A counseling theory provides a conceptual and philosophical base for human growth and change and for understanding human behavior. Techniques are strategies for change consistent with the theoretical base. There are counseling theories based on existential philosophy, psychodynamic theory, learning theory, etc. Examples of counseling theories include: Gestalt, Client Centered, Behavior Modification, Cognitive Therapies, and Transactional Analysis. Examples of counseling techniques are: Role play, role reversal, cognitive restructuring, contracting, journal writing, double chair, relaxation techniques, cathartic techniques and visualization.

COUNSELING/TREATMENT MODALITY - The context or setting in which ADC treatment or counseling occurs. Examples include inpatient, outpatient, halfway house, therapeutic community, day treatment.

COUNTER TRANSFERENCE - a counselor's unresolved feelings for significant others that may be transferred to the client.

CULTURAL DIVERSITY - an appreciation and recognition of the vast array of different cultural groups based on varying behaviors, attitudes, values, languages, celebrations, rituals, and histories; diversity as it relates to culture includes actions taken by individuals, organizations, and communities to reflect inclusion and representation of diverse groups.

CULTURE - the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, histories, and practices distinctive to a particular

group of people.

DIMENSION - the eight essential areas of practice which addiction counselors must master to effectively provide treatment activities identified in "Addiction Counseling Competencies".

DISORDER - an affliction that affects the functions of the mind and/or body, disturbing physical and/or mental health.

DSM-IV - the *Diagnostic and Statistical Manual of Mental Disorders,* 4th edition, published by the American Psychiatric Association.

DUALLY DIAGNOSED - a patient diagnosed as having a substance use disorder listed in the DSM-IV that is accompanied by dependency, trauma or dementia and a diagnosed mental disorder.

DUTY TO WARN - the legal obligation of a counselor (healthcare provider) to notify the appropriate authorities as defined by statue and/or the potential victim when there is serious danger of a client inflicting injury on an identified individual.

ELEMENT - specific, definable areas found in three of the practice dimensions (Clinical Evaluation, Service Coordination, and Counseling).

HARMFUL USE - patterns of use of alcohol and other drugs for non-medical reasons that result in health consequences and some degree of impairment in social, psychological, and occupational functioning for the user.

INFECTIOUS - transmission of an illness or disease by direct or indirect contact.

INSERVICE - that education and training which occurs within the counselor's agency, for agency staff and is conducted by agency staff. In-service training cannot be used for the final 24 hours of training required for certification or for recertification, unless:

- the person providing training is not an agency employee or;
- persons who are not employed by the agency attend the training, or;
- the training program is endorsed by UMICAD, or;
- the sponsoring agency is a part of a large, statewide organization with multiple programs.

MANAGED CARE - an approach to delivering health and mental health services to clients that seeks to improve the cost effectiveness of care by monitoring access and utilization of medical services and supplies, and the outcomes of that care.

MULTI-DISCIPLINARY - a planned and coordinated program of care involving two or more health professions for the purpose of improving health care as a result of their joint contributions.

OUTCOME MONITORING - collection and analysis of data during and following alcohol and other drug treatment to determine the effects of treatment, especially in relation to improvements in client functioning.

PRACTICE DIMENSIONS - the eight dimensions necessary for effective performance of the professional addiction counseling role. Each dimension and its sub elements identifies underlying competencies.

Each competency depends on its own set of knowledge, skills and attitudes which the effective addiction counselor should possess.

PRECEPTORSHIP - A relationship characterized by a UMICAD approved learning contract between a preceptor (certified counselor or certified clinical supervisor) and a student. The preceptor provides training, clinical consultation and individualized learning, with focus on core function training.

PREVENTION - a process that provides people with the resources necessary to confront stressful life conditions and avoid behaviors that could result in negative physical, psychological or social outcomes.

PRIMARY COUNSELOR - A substance abuse counselor who is assigned by the service to develop and implement a patient's individualized treatment program and to evaluate the patient's progress in treatment.

PROFESSIONALISM - a demonstration of knowledge, skills, and attitudes consistently applied when working with substance users, in addition to maintaining the code of ethics most commonly held by addictions professionals.

PSYCHOACTIVE SUBSTANCE - a pharmacological agent that can change mood, behavior, and cognition process.

RECOVERY - achieving and sustaining a state of health in which the individual no longer engages in problematic behavior or psychoactive substance use, and is able to establish and accomplish goals.

REGRESSION - a defense mechanism in which an individual retreats to the use of primitive or less mature responses in attempting to cope with stress, fears, or pain.

RELAPSE - the return to the pattern of substance abuse as well as the process during which indicators appear prior to the client's resumption of substance use.

SIGNIFICANT OTHERS - sexual partner, family member, or others on whom an individual is dependent for meeting all or part of his or her needs.

SOBRIETY - the quality or condition of abstinence from psychoactive substance abuse.

SPECIAL POPULATIONS - diverse groups of individuals having a unique culture, heritage, and background.

SPIRITUALITY - a belief system that acknowledges and appreciates the influence in one's life of a higher power or state of being.

STAFFING - a regularly scheduled review of a patient's treatment goals, the treatment strategies and objectives being utilized or proposed, potential amendments to the treatment plan and the patient's progress or lack of progress, including placement criteria for the level of care the patient is in, with participants to include at least the patient's primary counselor and the clinical supervisor, and a mental health professional if the patient is dually diagnosed.

SUBSTANCE - a psychoactive agent or chemical which principally affects the central nervous system and alters mood or behavior.

SUBSTANCE ABUSE - Use of alcohol or another substance individually or in combination in a manner that interferes with functioning in any of the following areas of an individual's life: educational, vocational, health, financial, legal, personal relationships or role as a caregiver or homemaker.

SUBSTANCE DEPENDENCE - A disorder characterized by a cluster of cognitive, behavioral and physiologic symptoms that indicate a person has impaired control of psychoactive substance use and continued use of the substance despite adverse consequences. Some symptoms of the disturbance must have persisted for at least one month, or have occurred repeatedly over a longer period of time.

SUBSTANCE USE - consumption of low and/or infrequent doses of alcohol and other drugs, sometimes called "experimental", "casual," or "social" use, such that damaging consequences may be rare or minor.

SUBSTANCE USE DISORDER - the existence of a diagnosis of "substance dependence" or "substance abuse", listed in DSM-IV, excluding nicotine dependence.

TRANSDISCIPLINARY - knowledge, skills, and attitudes across academic disciplines related to substance abuse.

TRANSDISCIPLINARY FOUNDATIONS - the competencies underlying the work of all addiction-focused disciplines. These foundations which include:

- Understanding Addiction

- Treatment Knowledge
- Application to Practice
- Professional Readiness

TRANSFERENCE - a client's unresolved feeling for significant others that maybe transferred to the counselor.

TREATMENT - the planned provision of services that are sensitive and responsive to a patient's age, disability, if any, gender and culture, and that are conducted under clinical supervision to assist the patient through the process of recovery.

TREATMENT PLAN - identified and ranked goals and objectives and resources agreed upon by the patient, the counselor, and the consulting physician to be utilized in facilitation of the patient's recovery.

CERTIFICATION TERMS

ANNIVERSARY DATE - The annual date of certification or development plan approval.

APPEAL - A request for reconsideration of an action or decision of the Board, generally, denial of certification.

APPLICATION DATE - The date a completed certification application (portfolio) arrives in the UMICAD office.

CERTIFICATION DATE - The initial date a UMICAD credential becomes effective (indicated on the certification award letter from the Board office).

DEFER - A temporary interruption of a candidate's certification process to obtain more information, and/or request a rewrite or clarification of a section of the portfolio.

PERSONAL INTERVIEW - A meeting with peer review committee members for clarification of any portion of the portfolio which is unclear or incomplete, and cannot be clarified by telephone or writing.

PORTFOLIO - Written certification application materials (includes: general info sheet, signed assurances, professional experience resume, education and training resume, core function training, counseling theories, case presentation, references, application fee.

PORTFOLIO REVIEW - Peer Review Committee review of portfolio (written certification application materials) submitted by certification applicants.

SCREENING - Office procedure which checks each portfolio for missing items or technical errors in materials submitted.

RECERTIFICATION DATE - This date occurs every second year after certification. To recertify, on or before this date the counselor must submit 48 hours of continuing education, signed assurances, current demographic information and the $150 annual fee (or $240 to cover two years' fees).

RENEWAL DATE - For counselors who pay recertification fees biennially, this is the date the second-year fee ($150) is due.

TRANSDISCIPLINARY FOUNDATIONS

INTRODUCTION

Addiction professionals work in a broad variety of disciplines but share an understanding of the addictive process that goes beyond the narrow confines of any one specialty. Specific proficiencies, skills, levels of involvement with clients, and scope of practice do vary widely among specializations. At their base, however, all addiction-focused disciplines are built on a common foundation.

This section focuses on a set of competencies that are trans disciplinary in that they underlie the work not just of counselors but of all addiction professionals. The areas of knowledge identified here serve as prerequisites to the development of competency in any of the practice specialties. These foundations include:

- Understanding Addiction
- Treatment Knowledge
- Application to Practice
- Professional Readiness
- Disabilities

Regardless of professional identity or discipline, each treatment provider must have a basic understanding of addiction that includes knowledge of current models and theories, appreciation of the multiple contexts within which substance use occurs, and awareness of the effects of psychoactive drug use. Each professional must be knowledgeable about the continuum of care and the social contexts affecting the treatment and recovery process. Each addiction specialist must be able to identify a variety of helping strategies that can be tailored to meet the needs of the individual client. Each professional must be prepared to adapt to an ever-changing set of challenges and constraints.

Although specific skills and applications vary across disciplines, the attitudinal components tend to remain constant. The development of effective practice in addictions depends on the presence of attitudes reflecting openness to alternative approaches, appreciation of diversity, and willingness to change.

COMPETENCIES

The following knowledge and attitudes are *prerequisite* to the development of competency in the professional treatment of substance use disorders. Such knowledge and attitudes form the basis of understanding upon which discipline-specific proficiencies are built

UNDERSTANDING ADDICTION

TF-A1. Understand a variety of models and theories of addiction and other problems related to substance use.

Knowledge

- Terms and concepts related to theory, research, and practice.
- Scientific and theoretical basis of models from medicine, psychology, sociology, religious studies, and other disciplines.
- Criteria and methods for evaluating models and theories.
- Appropriate applications of models.
- How to access addiction-related literature from multiple disciplines.

Attitudes

- Openness to information that may differ from personally held views.
- Appreciation of the complexity inherent in understanding addiction.
- Valuing of diverse concepts, models, and theories.
- Willingness to form personal concepts through critical thinking.

TF-A2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.

Knowledge

- Basic concepts of social, political, economic, and cultural systems and their impact on drug-taking activity.
- The history of licit and illicit drug use.
- Research reports and other literature identifying risk and resiliency factors for substance use.
- Statistical information regarding the incidence and prevalence of substance use disorders in the general population and major demographic groups.

Attitudes

- *Recognition of the importance of contextual variables.*
- *Appreciation for differences between and within cultures.*

TF-A3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.

Knowledge

- Fundamental concepts of pharmacological properties and effects of all psychoactive substances.
- Knowledge of the continuum of drug use, such as initiation, intoxication, harmful use, abuse, dependence, withdrawal, craving, relapse, and recovery.
- Behavioral, psychological, social, and health effects of psychoactive substances.
- The effects of chronic substance use on consumers, significant others, and communities within a social, political, cultural, and economic context.
- The varying courses of addiction.
- The relationship between infectious diseases and substance use.

Attitudes

- Sensitivity to multiple influences in the development course of addiction.
- Interest in scientific research findings.

TF-A4. Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.

Knowledge

- Normal human growth and development
- Symptoms of substance use disorders that are similar to those of other medical and/or psychological disorders and how these disorders interact.
- The medical and psychological disorders that most commonly exist with addiction and substance use disorders.
- Methods for differentiating substance use disorders from other medical or psychological disorders.

Attitudes

- Willingness to reserve judgment until completion of a thorough clinical evaluation.
- Willingness to work with people who might display and/or have psychological disorders.
- Willingness to refer for disorders outside one's expertise.
- Appreciation of the contribution of multiple disciplines to evaluation process.

TREATMENT KNOWLEDGE

TF-B1. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.

Knowledge

- Generally accepted models, such as but not limited to:
  - pharmacotherapy,
  - mutual help and self-help,
  - behavioral self-control training,
  - mental health,
  - self-regulating community,
  - psychotherapeutic,
  - relapse prevention,
  - multimodality.
- The philosophy, practices, policies, and outcomes of the most generally accepted models.
- Alternative models that demonstrate potential.

Attitudes

- Acceptance for the validity of a variety of approaches and models.

TF-B2. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.

Knowledge

- The role of family, social networks, and community systems as assets or obstacles in the treatment and recovery process.
- Methods for incorporating family and social dynamics in treatment and recovery processes.

Attitudes

- Appreciation for the significance and complementary nature of various systems in facilitating treatment and recovery.

TF-B3. Understand the importance of research and outcome data and their application in clinical practice.

Knowledge

- Research methods in the social and behavioral sciences.
- Sources of research literature relevant to the prevention and treatment of addiction.
- Specific research on epidemiology, etiology, and treatment efficacy.

Attitudes

- Recognition of the importance of scientific research to the delivery of addiction treatment.
- Openness to new information.

TF-B4. Understand the value of an interdisciplinary approach to addiction treatment.

Knowledge

- Roles and contributions of multiple disciplines to treatment efficacy.
- Terms and concepts necessary to communicate effectively across disciplines.
- The importance of communication with other disciplines.

Attitudes

- Desire to collaborate.
- Respect for the contribution of multiple disciplines to the recovery process.
- Commitment to professionalism.

APPLICATION TO PRACTICE

TF-C1. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.

Knowledge

- Established diagnostic criteria, including but not limited to:
  - current Diagnostic Statistical Manual (DSM) standards,
  - current International Classification of Diseases (ICD) standards.
- Established placement criteria developed by various states and professional organizations.
- Strengths and limitations of various diagnostic and placement criteria.
- Continuum of treatment services and activities.

Attitudes

- Openness to a variety of treatment services based on client need.
- Recognition of the value of research findings

TF-C2. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.

Knowledge

- A variety of helping strategies, including but not limited to: - evaluation methods and tools,
  - stage appropriate interventions,
  - motivational interviewing,
  - involvement of family and significant others,
  - mutual-help and self-help programs,
  - coerced and voluntary care models,
  -brief and longer-term interventions.

Attitudes

- Openness to various approaches to recovery.
- Appreciation that different approaches work for different people.

TF-C3. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.

Knowledge

- Strategies appropriate to the various stages of dependence, change, and recovery.

Attitudes

- Flexibility in choice of treatment modalities.
- Respect for the client's racial, cultural, economic, and sociopolitical backgrounds.

TF-C4. Provide treatment services appropriate to the personal and cultural identity and language of the client.

Knowledge

- Various cultural norms, values, beliefs, and behaviors.
- Cultural differences in verbal and non-verbal communication.
- Resources to help develop individualized treatment plans.

Attitudes

- *Respect for individual differences within cultures.*
- *Respect for differences between cultures.*

TF-C5. Adapt practice to the range of treatment settings and modalities.

Knowledge

- The strengths and limitations of available treatment settings and modalities.
- How to access and make referrals to available treatment settings and modalities.

Attitudes

- Flexibility and creativity in practice application.

TF-C6. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.

Knowledge

- Current literature regarding medical and pharmacological interventions.
- Assets and liabilities of medical and pharmacological interventions.
- Health practitioners in the community who are knowledgeable about addiction and addiction treatment.
- The role that medical problems and complications can play in the interventions and treatment of addiction.

Attitudes

- *Openness to the potential risks and benefits of pharmacotherapies to the treatment and recovery process.*

TF-C7. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.

Knowledge

- *Existing public and private payment plans including treatment orientation and coverage options.*
- *Methods for gaining access to available payment plans.*
- *Policies and procedures used by available payment plans.*
- *Key personnel, roles and positions within plans used by the client population.*

Attitudes

- Willingness to cooperate with payment providers.
- Willingness to explore treatment alternatives
- Interest in promoting the most cost-effective, high quality care.

TF-C8. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.

Knowledge

- The features of crisis, which may include but are not limited to:
  - family disruption,
  - social and legal consequences.
  - physical and psychological panic states,
  - physical dysfunction.
- Substance use screening and assessment methods
- Intervention principles and methods.
- Principles of crisis case management
- Post-traumatic stress characteristics
- Critical incident debriefing methods.
- Available resources for assistance in the management of crisis situations

Attitudes

- Willingness to respond and follow through in crisis situations.
- Willingness to consult when necessary.

TF-C9. Understand the need for and the use of methods for measuring treatment outcome.

Knowledge

- Treatment outcome research literature.
- Scientific process in applied research.
- Methods for measuring the multiple variable of treatment outcome.

Attitudes

- Recognition of the importance of collecting and reporting on outcome data.
- Interest in integrating research findings into ongoing treatment design.

PROFESSIONAL READINESS

TF-D1. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.

Knowledge

- Information and resources regarding racial and ethnic cultures, lifestyles, gender, age, ethnic, racial, and relevant needs of people with disabilities.
- The unique influence the client's culture, lifestyle, gender, and other relevant factors may have on behavior.
- The relationship between substance use and diverse cultures, values, and lifestyles.
- Assessment and intervention methods that are appropriate to culture and gender.
- Counseling methods relevant to the needs of culturally diverse groups and people with disabilities.
- The Americans with Disabilities Act and other legislation related to human, civil, and client rights.

Attitudes

- Willingness to explore and identify one's own cultural values.
- Acceptance of other cultural values as valid for other individuals.

TF-D2. Understand the importance of self-awareness in one's personal, professional, and cultural life.

Knowledge

- Personal and professional strengths and limitations.
- Cultural, ethnic, or gender biases.

Attitudes

- Openness to constructive supervision.
- Willingness to grow and change personally and professionally.

TF-D3. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.

Knowledge

- State and Federal regulations related to the practice of addiction treatment.
- Scope-of-practice standards
- Legal, ethical, and behavioral standards.
- Discipline-specific ethics code.

Attitudes

- Willingness to operate in accordance with the highest ethical standards.
- Willingness to comply with regulatory and professional expectations.
- Respect for therapeutic boundaries.

TF-D4. Understand the importance of ongoing supervision and continuing education in the delivery of client services.

Knowledge

- Benefits of self-assessment and clinical supervision to professional growth and development.
- The value of consultation to enhance personal and professional growth.
- Resources available for continuing education.
- Supervision principles and methods.

Attitudes

- Commitment to continuing professional education.
- Willingness to engage in a supervisory relationship.

TF-D5. Understand the obligation of the addiction professional to participate in prevention as well as treatment.

Knowledge

- Research-based prevention models and strategies.
- The relationship between primary, secondary, and tertiary prevention and treatment.

Attitudes

- Appreciation of the inherent value of prevention.
- Openness to research-based prevention strategies.

TF-D6. Understand and apply setting specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

Knowledge

- Setting specific policies and procedures.
- What constitutes a crisis or danger to the client and/or others.

- The range of appropriate responses to a crisis or dangerous situations.
- Universal precautions.
- Legal implications of crisis response.
- Exceptions to confidentiality rules in crisis or dangerous situations.

Attitudes

- Understanding of the potential seriousness of crisis situations.
- Awareness for the need for caution and self-control in the face of crisis or danger.
- Willingness to request help in potentially dangerous situations.

DISABILITIES

TF-E1. Individualized counseling strategies with the client with a disability in order to maximize utilization of treatment resources by being aware of and respecting the uniqueness of the client.

TF-E2. Maintain information about community resources and services for the client with a disability by establishing contact with other service providers in order to evaluate the appropriateness of referring the client with a disability.

TF-E3. Match community resources with the needs of a client with a disability in order to improve the effectiveness of treatment by paying particular attention to the cultural and lifestyle characteristics of a client with a disability.

TF-E4. Explain directly to the client with a disability the purpose and necessity for referral in order to ease the transition and facilitate the client's participation with other service providers.

TF-E5. Advocate for the interests of the client with a disability in all areas of targeted needs by negotiating plans with appropriate systems in order to help resolve the client's problems.

TF-E6. Provide information and/or documentation to outside agencies through appropriate contacts in order to provide for the treatment needs of the client

with a disability.

TF-E7. Follow appropriate policies and procedures by adhering to federal, state/provincial, and agency regulations regarding clients with disabilities in order to protect and promote client rights.

TF-E8. Maintain effective relations with professionals, governmental entities, and community groups through open communication and supportive involvement in order to advocate for appropriate resources for clients with disabilities.

TF-E9. Recognize personal biases, feelings, concerns, and other issues regarding clients with disabilities using a range of options in order to prevent these variables from interfering with the counseling process.

THE PRACTICE DIMENSIONS OF ADDICTION COUNSELING

INTRODUCTION

Professional practice for addiction counselors is based on eight Practice Dimensions, each of which is necessary for effective performance of the counseling role. Several of these dimensions include sub elements. The dimensions we have identified, along with the competencies that support them, form the heart of this section of the document.

The counselor's success in carrying out a practice dimension depends on his or her ability to attain the competencies underlying that component. Each competency, in turn, depends on its own set of knowledge, skills, and attitudes. In order for an addiction counselor to be truly effective, he or she should possess the knowledge, skills, and attitudes listed under each practice dimension.

The eight Practice Dimensions include the following:

- **Clinical**
  - **Evaluation**
    - Screening
    - Assessment
- **Treatment Planning**
- **Referral**
- **Service Coordination**
  - Implementing the Treatment Plan
  - Consulting
  - Continuing Assessment and Treatment Planning
- **Counseling**
  - Individual Counseling
  - Group Counseling
  - Counseling for Families, Couples, and Significant Others.
- **Client, Family, and Community Education**
- **Documentation**
- **Professional and Ethical Responsibilities**

COMPETENCIES

CLINICAL EVALUATION
The systematic approach to screening and assessment.

SCREENING
The process through which counselor, client and available significant others determine the most appropriate initial course of action, given the client's needs and characteristics, and the available resources within the community.

1-A1. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.

Knowledge

- Importance and purpose of rapport building.
- Rapport-building methods and issues.
- The range of human emotions and feelings.
- What constitutes a crisis.
- Steps in crisis management.
- Situations in which additional professional assistance may be necessary.
- Available sources of assistance.

Skills

- Demonstrating effective verbal and nonverbal communication.
- Accurately identifying client's frame of reference.
- Reflecting client's feelings and message.
- Recognizing and defusing volatile or dangerous situations.
- Demonstrating empathy, respect, and genuineness.

Attitudes

- Recognition of personal biases, values, and beliefs, and their effect on communication and the treatment process.
- Willingness to establish rapport.

1-A2. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, development level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance related treatment history; mental status; and current social, environmental, and/or economic constraints.

Knowledge

- Validated screening instruments, including their purpose, application and limitations.
- Concepts of reliability and validity as they apply to screening instruments.
- How to interpret the results of screening.
- How to gather and use information from collateral sources.
- How age, developmental level, culture, and gender effect patterns and history of use.
- How age, developmental level, culture, and gender effect communication.
- Client mental status:
  - presenting features.
  - relationship to substance abuse and psychiatric disorders.

- How to apply confidentiality regulations.

Skills

- Administering and scoring screening instruments.
- Screening for physical and mental health status.
- Gathering information and collecting data.
- Communicating appropriately.
- Writing accurately, concisely, and legibly.

Attitudes

- Appreciation of the value of the data gathering process.

1-A3. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms, aggression or danger to others, potential for self-inflicted harm or suicide; and coexisting mental health problems.

Knowledge

- Symptoms of intoxication, withdrawal, and toxicity for all psychoactive substances, alone and in interaction with one

another.
- Physical, pharmacological, and psychological implications of psychoactive substance use.
- Effects of chronic psychoactive substance use of intoxication on cognitive abilities.
- Available resources for help with drug reactions, withdrawal, and violent behavior.
- When to refer for toxicity screening or additional professional help.
- Basic concepts of toxicity screening options, limitations, and legal implications.
- Toxicology reporting language and the meaning of toxicology reports.
- Relationship between psychoactive substance use and violence.
- Basic diagnostic criteria for suicide risk, danger to others, withdrawal syndromes, and major psychiatric disorders.
- Mental and physical conditions that mimic drug intoxication, toxicity, and withdrawal.
- Legal requirements concerning suicide and violence potential.

Skills
- Eliciting relevant information from the client.
- Intervening appropriately with a client who may be intoxicated.
- Assessing suicide and/or violence potential.
- Managing crises.

Attitudes
- Willingness to be respectful toward the client in his or her presenting state.
- Appreciation of the importance of empathy in the face of feelings of anger, hopelessness, suicidal or violent thoughts, and feelings.
- Appreciation of the importance of legal obligations.

1-A4. Assist the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse.

Knowledge
- The progression and characteristics of substance use disorders.
- The effects of psychoactive substances on behavior, thinking, feelings, health status, and relationships.
- Denial and other defense mechanisms in client resistance.

Skills

- Establishing a therapeutic relationship.
- Demonstrating effective communication skills.
- Determining and confirming the effects of substance use on life problems with the client.
- Assessing client readiness to address substance use issues.
- Interpreting the client's perception of his or her experiences.

Attitudes

- Respect for the client's perception of his or her experiences.

1-A5. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.

Knowledge

- Current validated instruments for assessing readiness to change
- Treatment options.
- Stages of readiness
- Stages of change models.
- The role of family and significant others in supporting or hindering change.

Skills

- Assessing client readiness for treatment.
- Assessing extrinsic and intrinsic motivators.

Attitudes

- Acceptance of non-readiness as a stage of change.
- Appreciation that motivation is not a pre-requisite for treatment.
- Recognition of the importance of the client's self-assessment.

1-A6. Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.

Knowledge

- Treatment options and their philosophies and characteristics.
- Appropriate treatment options for client needs.

Skills

- Eliciting and determining relevant client characteristics, needs, and goals.
- Making appropriate recommendations for treatment.

Attitudes

- Recognition of one's own treatment biases.
- Appreciation of various treatment approaches.

1-A7. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.

Knowledge

- The continuum of care and the available range of treatment modalities.
- Current DSM or other accepted criteria for substance use disorders, including strengths, and limitations of such criteria.
- Use of commonly accepted criteria for client placement into levels of care.
- Multi-axis diagnostic criteria.

Skills

- Using current DSM or other accepted diagnostic standards.
- Using appropriate placement criteria.
- Obtaining information necessary to develop a diagnostic impression.

Attitudes

- Recognition of personal and professional limitations of practice, based on knowledge and training.
- Willingness to base treatment recommendations on the client's best interest.

1-A8. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.

Knowledge

- Appropriate content and format of the initial action plan.
- Client needs and preferences.
- Available resources for admission or referral.

Skills

- Developing the action plan in collaboration with the client and

appropriate others.
- Documenting the action plan.
- Contracting with the client concerning initial action plan.

Attitudes
- Willingness to work collaboratively with clients and others.

1-A9. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

Knowledge
- Admission and referral protocols.
- Resources for referral.
- Ethical standards regarding referrals.
- Appropriate documentation.
- How to apply confidentiality regulations.

Skills
- Communicating clearly and appropriately.
- Networking and advocating with service providers.
- Negotiating and advocating client admissions to appropriate treatment resources.
- Facilitating client follow-through.
- Documenting accurately and appropriately.

Attitudes
- Willingness to renegotiate.

ASSESSMENT

An ongoing process through which the counselor collaborates with the client and others to gather and interpret information necessary for planning treatment and evaluating client progress.

1-B1. Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic cultural issues, and disabilities that includes, but is not limited to:

- history of alcohol and other drug use;
- physical health, mental health, and addiction treatment history,
- family issues;
- work history and career issues,
- history of criminality
- psychological, emotional, and world-view concerns,
- current status of physical health, mental health, and substance use;
- spirituality
- education and basic life skills,
- socioeconomic characteristics, lifestyle, and current legal status
- use of community resources.

Knowledge

- Basic concepts of test validity and reliability.
- Current validated assessment instruments and their subscales.
- Appropriate use and limitations of standardized instruments.
- The range of life areas to be assessed.
- How age, developmental level, racial and ethnic culture, gender, and disabilities can influence the validity and appropriateness of assessment instruments.

Skills

- Selecting and administering appropriate assessment instruments within the counselor's scope of practice.
- Introducing and explaining the purpose of assessment.
- Addressing client perceptions and providing appropriate explanations of instrument items.
- Conducting comprehensive assessment interviews and collecting information from collateral sources.

Attitudes

- Respect for the limits of assessment instruments and one's ability to interpret them.

1-B2. Analyze and interpret the data to determine treatment recommendations.

Knowledge

- Appropriate scoring methodology.
- How to analyze and interpret results.
- The range of available treatment options.

Skills

- Scoring assessment tools.
- Interpreting data relevant to the client.
- Using results to identify appropriate treatment options.
- Communicating recommendations to the client and other appropriate service providers.

Attitudes

- Respect for the value of assessment in determining appropriate treatment.

1-B3. Seek appropriate supervision and consultation.

Knowledge

- The counselor's role, responsibilities, and scope of practice.
- The limits of the counselor's training and education.
- The supervisor's role.
- Available consultation services and roles of consultants.
- The multidisciplinary assessment approach.

Skills

- Recognizing the need for assistance from a supervisor.
- Recognizing when consultation is appropriate.
- Providing appropriate documentation.
- Communicating information clearly.
- Incorporating information from supervision and consultation into assessment findings.

Attitudes

- Commitment to professionalism.
- Acceptance of one's own personal and professional limitations.

1-B4. Document assessment findings and treatment recommendations.

Knowledge

- Agency-specific protocols and procedures.
- Appropriate terminology and abbreviations.
- Legal implications of actions and documentation.
- How to apply confidentiality regulations.

Skills

- Providing clear, concise, and legible documentation.
- Incorporating information from various sources.
- Preparing and presenting oral and written assessment findings to the client and other professionals within the bounds of how to apply confidentiality regulations.

Attitudes

- Recognition of the value of accurate documentation.

TREATMENT PLANNING

A collaborative process through which the counselor and client develop desired treatment outcomes and identify the strategies for achieving them.
At a minimum the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.

2-1. Obtain and interpret all relevant assessment information.

Knowledge

- Stages of change and readiness for treatment.
- The treatment planning process.
- Motivation and motivating factors.
- The role and importance of client resources and barriers to treatment.
- The impact that the client and family systems have on treatment decisions and outcomes.
- Other sources of assessment information.

Skills

- Establishing treatment priorities based on all available data.
- Working with clients of different age, developmental levels, gender, racial, and ethnic cultures.
- Interpreting data.

Attitudes

- Appreciation of the strengths and limitations of the client and significant others.
- Recognition of the value of thoroughness and follow-through.

2-2. Explain assessment findings to the client and significant others involved in potential treatment.

Knowledge

- How to apply confidentiality regulations.
- Effective communication styles.
- Factors effecting the client's comprehension of assessment findings.
- Roles and expectations of others potentially involved in treatment.

Skills

- Translating assessment information into treatment goal and outcomes.

- Summarizing and synthesizing assessment results.
- Assessing client for understanding and correcting misunderstandings.
- Communicating with clients in a manner that is sensitive to cultural and gender issues.
- Communicating assessment findings to interested parties within the bounds of confidentiality regulations and practice standards.

Attitudes

- Recognition of one's own treatment biases.
- Willingness to consider multiple approaches to recovery and change.
- Recognition of the client's right and need to understand assessment results.
- Respect for the roles of others.

2-3. Provide the client and significant others with clarification and further information as needed.

Knowledge

- Effective communication styles.
- Methods to elicit feedback.

Skills

- Eliciting feedback.
- Working collaboratively.
- Establishing trusting relationship.

Attitudes

- Willingness to communicate interactively with the client and significant others.

2-4. Examine treatment implications in collaboration with the client and significant others.

Knowledge

- Available treatment modalities, client placement criteria, and cost issues.
- The effectiveness of the various treatment models based on current research.
- Implications of various treatment alternatives, including no treatment.

Skills

- Synthesizing available data to establish treatment priorities.

- Explaining the treatment process.
- Presenting information in a non-judgmental manner.
- Selecting treatment settings appropriate for client needs and preferences.
- Building partnerships with client and significant others.

Attitudes

- Willingness to negotiate with the client.
- Open-mindedness toward a variety of approaches.
- Respect for input from client and significant others.

2-5. Confirm the readiness of the client and significant others to participate in treatment.

Knowledge

- Motivational processes.
- Stages of change models.

Skills

- Assessing and developing strategies to overcome barriers.
- Eliciting the client's preferences for treatment.
- Promoting the client's readiness to accept treatment.

Attitudes

- Respect for client values and goals.
- Patience and perseverance.

2-6. Prioritize client needs in the order they will be addressed.

Knowledge

- Treatment sequencing and the continuum of care.
- Hierarchy of needs.
- Interrelationship among client needs and problems.

Skills

- Timing.
- Sequencing.
- Prioritizing.

Attitudes

- Sensitivity to the client's needs and perceptions.

2-7. Formulate mutually agreed upon and measurable treatment outcome statements for each need.

Knowledge

- Levels of client motivation.
- Treatment needs of diverse populations.
- How to write measurable outcome statements.

Skills

- Translating assessment information into measurable treatment goals and outcome statements.
- Working with the client to develop realistic time frames for completing goals.
- Engaging, contracting, and negotiating with the client.

Attitudes

- Respect for the client's treatment and life goals.
- Respect for the client's individual pace toward change.
- Appreciation for incremental treatment goals and achievements.

2-8. Identify appropriate strategies for each outcome.

Knowledge

- Intervention strategies.
- Level of client's interest in making specific changes.
- Treatment issues with diverse populations.

Skills

- Identifying alternate approaches tailored to client needs.
- Implementing strategies in terms understandable to the client.

Attitudes

- Respect for client and others.
- Appreciation for various treatment strategies.

2-9. Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.

Knowledge

- Treatment modalities and community resources.
- Contribution of other professions and mutual-help or self-help support groups.
- Current placement criteria.

- The importance of client's racial or ethnic culture, age, development level, gender, and life circumstances in coordinating resources to client's needs.

Skills

- Coordinating resources and solutions with client needs, desires, and preferences.
- Explaining the rationale behind treatment recommendations.
- Summarizing mutually agreed upon recommendations.

Attitudes

- Acceptance of a variety of treatment approaches.
- Recognition of the importance of coordinating treatment activities.

2-10. Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.

Knowledge

- The relationship among problem statements, desired outcomes, and treatment strategies.
- Short and long term treatment planning.
- Evaluation methodology.

Skills

- Individualizing treatment plans that balance strengths and resources with problems and deficits.
- Negotiating.
- Collaborating and contracting with the client in developing an action plan in positive, proactive terms.
- Establishing criteria to evaluate progress.

Attitudes

- Sensitivity to gender and cultural issues.
- Recognition of the value of monitoring outcome.
- Willingness to negotiate.

2-11. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.

Knowledge

- Federal, State, and agency confidentiality regulations, requirements, and policies.
- Resources for legal consultation.
- Effective communication styles.

Skills

- Communicating the roles of various interested parties and support systems.
- Explaining client rights and responsibilities and applicable regulations regarding confidentiality.
- Responding to questions and providing clarification as needed.
- Referring to appropriate legal authority.

Attitudes

- Respect for client confidentiality rights.
- Commitment to professionalism.
- Recognition of the importance of professional collaboration within the bounds of confidentiality.

2-12. Reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.

Knowledge

- How to evaluate treatment and stages of recovery.
- When and how to review and revise the treatment plan.

Skills

- Modifying the treatment plan based on review of client progress and/or changing circumstances.
- Problem solving.
- Engaging, negotiating, and contracting.
- Eliciting client feedback on treatment experiences.

Attitudes

- Recognition of the value of client input into treatment goals and process.
- Openness when critically examining one's own work.
- Receptivity to client feedback.
- Willingness to learn from clinical supervision and modify practice appropriately.

REFERRAL

The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

3.1. Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs.

Knowledge

- The mission, function, resources, and quality of services offered by such entities as the following:
  - civic groups, community groups, and neighborhood organizations;
  - religious organizations;
  - governmental entities;
  - health and allied health care systems (managed care);
  - criminal justice systems
  - housing administrations;
  - employment and vocational rehabilitation services;
  - child care facilities;
  - crisis intervention programs;
  - abused person's programs;
  - mutual and self-help groups;
  - cultural enhancement organizations;
  - advocacy groups;
  - other agencies;
- Community demographics.
- The community's political and cultural systems.
- Criteria for receiving community services, including fee and funding structures.
- How to access community agencies and service providers.
- State and Federal legislative mandates and regulations.
- Confidentiality regulations.
- Service gaps and appropriate ways of advocating for new resources.
- Effective communication styles.

Skills

- Networking and communication.
- Using existing community resource directories including computer databases.
- Advocating for clients.
- Working with others as part of a team.

Attitudes

- Respect for interdisciplinary service delivery.
- Respect for both client needs and agency services.
- Respect for collaboration and cooperation.
- Patience and perseverance.

3-2. Continuously assess and evaluate referral resources to determine their appropriateness.

Knowledge

- The needs of the client population served.

- How to access current information on the function, mission, and resources of community service providers.
- How to access current information on referral criteria and accreditation status of community service providers.
- How to access client satisfaction data regarding community service providers.

Skills

- Establishing and nurturing collaborative relationships with key contacts in community service organizations.
- Interpreting and using evaluation and client feedback data.
- Giving feedback to community resources regarding their service delivery.

Attitudes

- Respect for confidentiality regulations.
- Willingness to advocate on behalf of the client.

3.3. Differentiate between situation in which it is most appropriate for the client to self-referral to a resource and instances requiring counselor referral.

Knowledge

- Client motivation and ability to initiate and follow through with referrals.
- Factors in determining the optimal time to engage client in referral process.
- Clinical assessment methods.
- Empowerment techniques.
- Crisis intervention methods.

Skills

- Interpreting assessment and treatment planning materials to determine appropriateness of client or counselor referral.
- Assessing the client's readiness to participate in the referral process.
- Educating the client regarding appropriate referral processes.
- Motivating clients to take responsibility for referral and follow-up.
- Applying crisis intervention techniques.

Attitudes

- Respect for the client's ability to initiate and follow-up with referral.
- Willingness to share decision-making power with the client.
- Respect for the goal of positive self-determination.
- Recognition of the counselor's responsibility to carry out client

advocacy when needed.

3-4. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.

Knowledge

- Comprehensive treatment planning
- Methods of assessing client's progress toward treatment goals.
- How to tailor resources to client treatment needs.
- How to access key resource persons in community service provider network.
- Mission, function, and resources of appropriate community service providers.
- Referral protocols of selected service providers.
- Logistics necessary for client access and follow through with the referral.
- Applicable confidentiality regulations and protocols.
- Factors to consider when determining the appropriate time to engage client in referral process.

Skills

- Using written and verbal communication for successful referrals.
- Using appropriate technology to access, collect, and forward necessary documentation.
- Conforming to all applicable confidentiality regulations and protocols.
- Documenting the referral process accurately.
- Maintaining and nurturing relationships with key contacts in community.
- Maintaining follow-up activity with client.

Attitudes

- Respect for the client and the client's needs.
- Respect for collaboration and cooperation.
- Respect for interdisciplinary, comprehensive approaches to meet client needs.

3-5. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.

Knowledge

- How treatment planning and referral relate to the goals of recovery.
- How client defenses, abilities, personal preferences, cultural influences, presentation, and appearance effect referral and

follow through.
- Comprehensive referral information and protocols.
- Terminology and structure used in referral settings.

Skills

- Using language and terms the client will easily understand.
- Interpreting the treatment plan and how referral relates to progress.
- Engaging in effective communication related to the referral process:
  - -negotiating,
  - -educating,
  - -personalizing risks and benefits,
  - -contracting.

Attitudes

- Awareness of personal biases toward referral resources.

3-6. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care.

Knowledge

- Mission, function, and resources of the referral agency or professional.
- Protocols and documentation necessary to make referral.
- Pertinent local, State, and Federal confidentiality regulations, applicable client rights and responsibilities, client consent procedures, and other guiding principles for exchange of relevant information.
- Ethical standards of practice related to this exchange of information.

Skills

- Using written and verbal communication for successful referrals.
- Using appropriate technology to access, collect, and forward relevant information needed by the agency or professional.
- Obtaining informed client consent and documentation needed for the exchange of relevant information.
- Reporting relevant information accurately and objectively.

Attitudes

- Commitment to professionalism.
- Respect for the importance of confidentiality regulations and professional standards.
- Appreciation for the need to exchange relevant information with other professionals.

3-7. Evaluate the outcome of the referral

Knowledge

- Methods of assessing client's progress toward treatment goals.
- Appropriate sources and techniques for evaluating referral outcomes.

Skills

- Using appropriate measurement processes and instruments.
- Collecting objective and subjective data on the referral process.

Attitudes

- Appreciation of the value of the evaluation process.
- Appreciation of the value of inter-agency collaboration.
- Appreciation of the value of interdisciplinary referral

SERVICE COORDINATION

The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.

Service coordination, which includes case management and client advocacy, establishes a framework of action for the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.

IMPLEMENTING THE TREATMENT PLAN

4-A1. Initiate collaboration with referral source.

Knowledge

- How to access and transmit information necessary for referral.
- Missions, functions, and resources of community service network.
- Managed care and other systems affecting the client.
- Eligibility criteria for referral to community service providers.
- Appropriate confidentiality regulations.
- Terminologies appropriate to the referral source.

Skills

- Using appropriate technology to access, collect, summarize, and transmit referral data on client.
- Communicating respect and empathy for cultural and lifestyle differences.

- Demonstrating appropriate written and verbal communication.
- Establishing trust and rapport with colleagues in the community.
- Assessing level and intensity of client care needed.

Attitudes

- Respect for contributions and needs of multiple disciplines to treatment process.
- Confidence in using diverse systems and treatment approaches.
- Open-mindedness to a variety of treatment approaches.
- Willingness to modify or adapt plans.

4-A2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.

Knowledge

- Methods for obtaining relevant screening, assessment, and initial treatment-planning information.
- How to interpret information for the purpose of service coordination.
- Theory, concepts, and philosophies of screening and assessment tools.
- How to define long and short term goals of treatment.
- Biopsychosocial assessment methods.

Skills

- Using accurate, clear, and concise written and verbal communication.
- Interpreting, prioritizing, and using client information.
- Soliciting comprehensive and accurate information from numerous sources including the client.
- Using appropriate technology to document appropriate information.

Attitudes

- Appreciation for all sources and types of data and their possible treatment implications.
- Awareness of personal biases that may impact work with client.
- Respect for client self-assessment and reporting.

4-A3. Confirm the client's eligibility for admission and continued readiness for treatment and change.

Knowledge

- Philosophies, policies, procedures, and admission protocols for community agencies.
- Eligibility criteria for referral to community service providers.
- Principles for tailoring treatment to client needs.
- Methods of assessing and documenting client change over time.
- Federal and State confidentiality regulations.

Skills

- Working with clients to select the most appropriate treatment.
- Accessing available funding resources.
- Using effective communication styles.
- Recognizing, documenting, and communicating client change.
- Involving family and significant others in treatment planning.

Attitudes

- Recognition of the importance of continued support, encouragement, and optimism.
- Willingness to accept the limitations of treatment for some clients.
- Appreciation for the goal of self-determination.
- Recognition of the importance of family and significant others to treatment planning.
- Appreciation of the needs for continuing assessment and modifications to the treatment plan.

4-A4. Complete necessary administrative procedures for admission to treatment

Knowledge

- Admission criteria and protocols.
- Documentation requirements and confidentiality regulations.
- Appropriate Federal, State, and local regulations related to admission.
- Funding mechanisms, reimbursement protocols, and required documentation.
- Protocols required by managed care organizations.

Skills

- Demonstrating accurate, clear, and concise written and verbal communication.
- Using language, the client can easily understand.
- Negotiating with diverse treatment systems.
- Advocating for client services.

Attitudes

- Acceptance of the necessity to deal with bureaucratic systems.
- Recognition of the importance of cooperation.

- Patience and perseverance.

4-55. Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to:

- nature of services,
- program goals,
- program procedures,
- rules regarding client conduct,
- schedule of treatment activities,
- costs of treatment,
- factors affecting duration of care,
- client rights and responsibilities.

Knowledge

- Functions and resources provided by treatment services and managed care systems.
- Available community services.
- Effective communication styles.
- Client rights and responsibilities.
- Treatment schedule, time frames, discharge criteria, and costs.
- Rules and regulations of the treatment program.
- Role and limitations of significant others in treatment.
- How to apply confidentiality regulations?

Skills

- Demonstrating clear and concise written and verbal communication.
- Establishing appropriate boundaries with client and significant others.

Attitudes

- Respect for the contribution of clients and significant others.

4-A6. Coordinate all treatment activities with services provided to the client by other resources.

Knowledge

- Methods for determining the client's treatment status.
- Documenting and reporting methods used by community agencies.
- Service reimbursement issues and their impact on the treatment plan.
- Case presentation techniques and protocols.
- Applicable confidentiality regulations.
- Terminology and methods used by community agencies.

Skills

- Delivering case presentations.
- Using appropriate technology to collect and interpret client treatment information from diverse sources.
- Demonstrating accurate, clear, and concise verbal and written communication.
- Participating in interdisciplinary team building.
- Participating in negotiation, advocacy, conflict-resolution, problem solving, and mediation.

Attitudes

- Willingness to collaborate.

CONSULTING

4-B1. Summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.

Knowledge

- Methods for assessing client's past and present biopsychosocial status.
- Methods for assessing social systems that may affect the client's progress.
- Methods for continuous assessment and modification of the treatment plan.

Skills

- Demonstrating clear and concise written and verbal communication.
- Synthesizing information and developing modified treatment goals and objectives.
- Soliciting and interpreting feedback related to the treatment plan.
- Prioritizing and documenting relevant client data.
- Observing and identifying problems that might impede progress.
- Soliciting client satisfaction feedback.

Attitudes

- Respect for the personal nature of the information shared by the client and significant others.
- Respect for interdisciplinary work.
- Appreciation for incremental changes.
- Recognition of relapse as an opportunity for positive change.

4-B2. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.

Knowledge

- Functions and unique terminology of related disciplines.

Skills

- Demonstrating accurate, clear, and concise verbal and written communication.
- Participating in interdisciplinary collaboration.
- Interpreting written and verbal data from various sources.

Attitudes

- Comfort in asking questions and providing information across disciplines.

4-B3. Contribute as part of a multidisciplinary treatment team.

Knowledge

- *Roles, responsibilities, and areas of expertise of other team members and disciplines.*
- *Confidentiality regulations.*
- *Team dynamics and group process.*

Skills

- Demonstrating clean and concise verbal and written communication.
- Participating in problem solving, decision making, medication, and advocacy.
- Communicating about confidentiality issues.
- Coordinating the client's treatment with representatives of multiple disciplines.
- Participating in team building and group process.

Attitudes

- Interest in cooperation and collaboration with diverse service providers.
- Respect and appreciation for other team members and their disciplines.

4-B4. Apply confidentiality regulations appropriately.

Knowledge

- Federal, State, and local confidentiality regulations.
- How to apply confidentiality regulations to documentation and sharing of client information.
- Ethical standards related to confidentiality.
- Client rights and responsibilities.

Skills

- Explaining and applying confidentiality regulations.
- Obtaining informed consent.

- Communicating with the client, family and significant others, and with other service providers within the boundaries of existing confidentiality regulations.

Attitudes

- Recognition of the importance of confidentiality regulations.
- Respect for a client's right to privacy.

4-B5. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.

Knowledge

- Behaviors appropriate to professional collaboration.
- Client rights and responsibilities.

Skills

- Establishing and maintaining non-judgmental, respectful relationships with clients and other service providers.
- Demonstrating clear, concise, accurate communication with other professionals or agencies.
- Applying the confidentiality regulations when communicating with agencies.
- Transferring client information to other service providers in a professional manner.

Attitudes

- Willingness to advocate on behalf of the client.
- Professional concern for the client.
- Commitment to professionalism.

CONTINUING ASSESSMENT AND TREATMENT PLANNING

4-C1. Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan.

Knowledge

- Social, cultural, and family systems.
- Techniques to engage the client in treatment process.
- Outreach, follow-up, and aftercare techniques.
- Methods for determining the client's goals, treatment plan, and motivational level.
- Assessment mechanisms to measure client's progress toward treatment objectives.

Skills

- Engaging client, family, and significant others in the ongoing treatment process.

- Assessing client progress toward treatment goals.
- Helping the client maintain motivation to change.
- Assessing the comprehension level of the client, family, and significant others.
- Documenting the client's adherence to the treatment plan.
- Recognizing and addressing ambivalence and resistance.
- Implementing follow-up and aftercare protocols.

Attitudes

- Professional concern for the client, the family, and significant others.
- Therapeutic optimism.
- Recognition of relapse as an opportunity for positive change.
- Patience and perseverance.

4-C2. Understand and recognize stages of change and other signs of treatment progress.

Knowledge

- How to recognize incremental progress toward treatment goals.
- Client's cultural norms, biases, unique characteristics, and preferences for treatment.
- Generally accepted treatment outcome measures.
- Methods for evaluating treatment progress.
- Methods for assessing client's motivation and adherence to treatment plans.
- Theories and principles of the stages of change and recovery.

Skills

- Identifying and documenting change.
- Assessing adherence to treatment plans.
- Applying treatment outcome measures.
- Communicating with people of other cultures.
- Reinforcing positive change.

Attitudes

- Appreciation for cultural issues that impact treatment progress.
- Respect for individual differences.
- Therapeutic optimism.

4-C3. Assess treatment and recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.

Knowledge

- Continuum of care.
- Interviewing techniques.
- Stages in the treatment and recovery process.
- Individual differences in the recovery process.
- Methods for evaluating treatment progress.
- Methods for re-involving the client in the treatment planning process.

Skills

- Participating in conflict resolution, problem solving, and mediation.
- Observing, recognizing, assessing, and documenting client progress.
- Eliciting client perspectives on progress.
- Demonstrating clear and concise written and verbal communication.
- Interviewing individuals, groups, and families.
- Acquiring and prioritizing relevant treatment information.
- Assisting the client in maintaining motivation.
- Maintaining contact with client, referral sources, and significant others.

Attitudes

- Willingness to be flexible.
- Respect for the client's right to self-determination.
- Appreciation of the role significant others play in the recovery process.
- Appreciation of individual differences in the recovery process.

4-C4. Describe and document treatment process, progress, and outcome.

Knowledge

- Treatment modalities.
- Documentation of process, progress, and outcome.
- Factors affecting client's success in treatment.
- Treatment planning.

Skills

- Demonstrating clear and concise oral and written communication.
- Observing and assessing client progress.
- Engaging client in the treatment process.
- Applying progress and outcome measures.

Attitudes

- Appreciation of the importance of accurate documentation.
- Recognition of the importance of multidisciplinary treatment

planning.

4-C5. Use accepted treatment outcome measures.

Knowledge

- Treatment outcome measures.
- Understand concepts of validity and reliability of outcome measures.

Skills

- Using outcome measures in the treatment planning process.

Attitudes

- Appreciation of the need to measure outcomes.

4-C6. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.

Knowledge

- Treatment planning process.
- Continuum of care.
- Available social and family systems for continuing care.
- Available community resources for continuing care.
- Signs and symptoms of relapse.
- Relapse prevention strategies.
- Family and social systems theories.
- Discharge planning process.

Skills

- Accessing information from referral sources.
- Demonstrating clear and concise oral and written communication.
- Assessing and documenting treatment progress.
- Participating in confrontation, conflict resolution, and problem solving.
- Collaborating with referral sources.
- Engaging client and significant others in treatment process and continuing care.
- Assisting client to develop a relapse prevention plan.

Attitudes

- Therapeutic optimism.
- Patience and perseverance.

4-C7. Document service coordination activities throughout the continuum of care.

Knowledge

- Documentation requirements including, but not limited to:
  - addiction counseling
  - other disciplines
  - funding sources,
  - agencies and service providers.
- Service coordination role in the treatment process.

Skills

- Demonstrating clear and concise written communication.
- Using appropriate technology to report information in an accurate and timely manner within the bounds of confidentiality regulations.

Attitudes

- Acceptance of documentation as an integral part of the treatment process.
- Willingness to use appropriate technology.

4-C8. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

Knowledge

- Treatment planning along the continuum of care.
- Initial and on-going placement criteria.
- Methods to assess current and ongoing client status.
- Stages of progress associated with treatment modalities.
- Appropriate discharge indicators.

Skills

- Observing and assessing client progress.
- Demonstrating clear and concise written and verbal communication.
- Participating in conflict resolution, problem solving, mediation, and negotiation.
- Tailoring treatment to meet client needs.
- Applying placement, continued stay, and discharge criteria.

Attitudes

- Confidence in client's ability to progress within a continuum of care.
- Appreciation for the fair and objective use of placement, continued stay, and discharge criteria.

COUNSELING

A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon an understanding of, appreciation of, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.

Individual Counseling

5-A1. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.

Knowledge

- Theories, research, and best-practice literature.
- Approaches to counseling that have demonstrated effectiveness with substance use disorders.
- Definitions of warmth, respect, genuineness, concreteness, and empathy.
- Role of the counselor.
- Therapeutic uses of power and authority.
- Transference, counter-transference, and projective identification.

Skills

- Active listening, including paraphrasing, reflecting, and summarizing.
- Conveying warmth, respect, and genuineness in a culturally appropriate manner
- Demonstrating empathic understanding.
- Using power and authority appropriately in support of treatment goals.

Attitudes

- Respect for the client.
- Recognition of the importance of cooperation and collaboration with the client.
- Professional objectivity.

5-A2. Facilitate the client's engagement in the treatment and recovery process.

Knowledge

- Theory and research related to client motivation.
- Alternative theories and methods for motivating clients in a culturally appropriate manner.
- Theory, research, and best practice literature.
- Counseling strategies that promote and support successful client

engagement.
- Stages-of-change models used in engagement and treatment strategies.
- Client's culture.

Skills
- Implementing appropriate engagement and interviewing approaches.
- Assessing client readiness for change.
- Using culturally appropriate counseling strategies.
- Assessing the client's responses to therapeutic interventions.

Attitudes
- Respect for the client's of reference.

5-A3. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.

Knowledge
- Assessment and treatment planning.
- Stages of change and recovery.

Skills
- Formulating and documenting concise, descriptive, and measurable treatment outcome statements.
- Teaching the client to identify goals and formulate action plans.

Attitudes
- Appreciation for the client's resources and preferences.
- Appreciation for individual differences in the treatment and recovery process.

5-A4. Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.

Knowledge
- The information, skills, and attitudes consistent with recovery.
- Client's goals, treatment plan, prognosis, and motivational level.
- Assessment methods to measure progress toward positive change.

Skills
- Motivational techniques.

- Recognizing client strengths.
- Assessing and providing feedback on client progress toward treatment goals
- Assessing life and basic skills and comprehension levels of client and all significant others associated with the treatment plan.
- Identification and documentation of change.
- Coaching, mentoring, and teaching.
- Recognizing and addressing ambivalence and resistance.

Attitudes

- Genuine care and concern for client, family, and significant others.
- Appreciation for incremental change.
- Patience and perseverance.

5-A5. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.

Knowledge

- Counseling theory, treatment, and practice literature as it applies to substance use disorders.
- Relapse prevention theory, practice, and outcome literature.
- Behaviors and cognition consistent with the development, maintenance, and attainment of treatment goals.
- Counseling treatment methods that support that support positive client behaviors consistent with recovery.

Skills

- Using behavioral and cognitive methods that reinforce positive client behaviors.
- Using objective observation and documentation.
- Assessing and reassessing client behaviors.

Attitudes

- Therapeutic optimism.
- Patience and perseverance.
- Appreciation for incremental changes.

5-A6. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.

Knowledge

- Client history and treatment plan.
- Client behaviors and cognition that are inconsistent with recovery process.

- Behavioral and cognitive therapy literature relevant to substance use disorders.
- Cognitive, behavioral, and pharmacological interventions appropriate for relapse prevention.

Skills

- Monitoring the client's behavior for consistency with preferred treatment outcomes.
- Presenting inconsistencies between client behaviors and goals.
- Re-framing and redirecting negative behaviors.
- Conflict resolution, decision-making, and problem solving skills.
- Recognizing the value of a constructive helping relationship

5-A7. Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.

Knowledge

- Theory, research, and outcome-based literature demonstrating the importance of significant others, including families and other social systems, to treatment progress.
- Social and family systems theory.
- How to apply appropriate confidentiality regulations.

Skills

- Identifying the client's family and social system.
- Recognizing the impact of the client's family and social systems on the treatment process.
- Engaging significant others in the treatment process.

Attitudes

- Appreciation for the need of significant others to be involved in the client's treatment plan, within the bounds of confidentiality.

- Respect for the contribution of significant others to the treatment process.

5-A8. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of human immunodeficiency virus acquired immune deficiency syndrome (HIV/AIDS), tuberculosis (TB), sexually transmitted diseases (STD's), and other infectious diseases.

Knowledge

- Client and system worldviews relative to health.
- How infectious diseases are transmitted and prevented.
- The relationship between substance-abusing lifestyle and the transmission of infectious diseases.
- Harm reduction concepts, research, and methods.

Skills

- Using a repertoire of techniques that, based on an assessment of various client and system characteristics, will promote and reinforce health-enhancing activities.
- Coaching, mentoring, and teaching techniques relative to the promotion and maintenance of health.
- Demonstrating cultural competence in discussing sexuality.

Attitudes

- Openness to discussions about health issues, lifestyle, and sexuality.
- Recognition of the counselor's potential to model a healthy lifestyle.

5-A9. Facilitate the development of basic and life skills associated with recovery.

Knowledge

- Basic and life skills associated with recovery.
- Theory, research, and practice literature that examines the relationship of basic and life skills to the attainment of positive treatment outcomes.
- Tools used to determine levels of basic and life skills.

Skills

- Teaching life skills appropriate to the client's situation and skill level.
- Applying assessment tools to determine the client's level of basic and life skills.
- Communicating how basic and life skills relate to treatment outcomes.

Attitudes

- Recognizing that recovery involves a broader life context than the elimination of symptoms.

- Accepting relapse as an opportunity for learning and/or skills acquisition.

5-A10. Adapt counseling strategies to the individual characteristics of the client, including but not limited to, disability, gender, sexual orientation, development level, culture, ethnicity, age, and health status.

Knowledge

- Impact of culture on substance use.
- Cultural factors affecting responsiveness to varying counseling strategies.
- Current research concerning differences in drinking and substances use patterns based on the characteristics of the client.
- Addiction counseling strategies.
- How to apply appropriate strategies based on the client's treatment plan.
- Client's family and social systems and relationships between each.
- Client and system's cultural norms, biases, and preferences.
- Literature relating spirituality to addiction and recovery.

Skills

- Individualizing treatment plans.
- Adapting counseling strategies to unique client characteristics and circumstances.
- Practicing cultural communication.

Attitudes

- Recognition of the need for flexibility in meeting client needs.
- Willingness to adjust strategies in accordance with client's characteristics.
- A non-judgmental, respectful acceptance of cultural, behavioral, and value differences.

5-A11. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.

Knowledge

- Client behaviors that tend to be inconsistent with recovery.
- The client's social and life circumstances.
- Relapse prevention strategies.
- Therapeutic interventions.

Skills

- Monitoring client progress
- Using various methods to present inconsistencies between client's behaviors and treatment goals.
- Re-framing and redirecting negative behaviors.
- Utilizing appropriate interventions strategies.

Attitudes

- Therapeutic optimism.

- Perseverance during periods of treatment difficulty.

5-A12. Apply crisis management skills.

Knowledge

- Differences between crisis intervention and other kinds of therapeutic intervention.
- Characteristics of a serious crisis and typical reactions.
- Post-traumatic stress and other relevant psychiatric disorders.
- Roles played by family and significant others in the crisis development and/or reaction.
- Relationship of crisis to client's stage of change]
- Client's usual coping strategies.
- Steps to aid in crisis resolution, including determination of what client can do on his/her own and what must be done by counselor, family, or significant others in client system.

Skills

- Carrying out steps in crisis resolution.
- Assessing and engaging client and client system strengths and resources.
- Assessing for immediate concerns regarding safety and any potential harm to others.
- Make appropriate referrals as necessary.
- Assessing and acting upon issues of confidentiality that may be part of crisis response.
- Assisting the client to ventilate emotions and normalize feelings.

Attitudes

- Recognize crisis as an opportunity for change.
- Confidence in the midst of crisis.
- Recognize personal and professional limitations.

5-A13. Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

Knowledge

- How the client and client's family, significant others, mutual help support groups, and other systems can enhance and maintain treatment progress, relapse prevention, and continuing care.
- Relapse prevention strategies.
- Skills-training methods.

Skills

- Using behavioral techniques to reinforce positive client behaviors.
- Teaching relapse prevention and life skills.

- Motivating the client toward involvement in mutual-help support groups.

Attitudes

- Recognize that clients must assume responsibility for their own recovery.

GROUP COUNSELING

5-B1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.

Knowledge

- A variety of group methods appropriate to achieving client objectives in a treatment population.
- Research concerning the effectiveness of varying models and strategies for group counseling with general populations.
- Research concerning the effectiveness of varying models and strategies for populations with substance use disorders.
- Research and theory concerning the effectiveness of varying models and strategies for group counseling with members of varying cultural groups.
- Therapeutic use of humor.

Skills

- Designing and implementing strategies to meet the needs of specific groups.
- Recognizing and accommodating appropriate individual needs within the group.
- Leading therapeutic groups for clients with substance use disorders.
- Using humor appropriately.

Attitudes

- Openness and flexibility in the choice of counseling strategies that meet needs of the group and the individuals within the group.
- Recognition of the value of the use of groups as an effective therapeutic intervention

5-B2. Carry out the actions necessary to form a group, including, but not limited to: determining group type, purpose, size, and leadership; recruiting and selecting members, establishing group goals and clarifying behavioral ground rules for participating, identifying outcomes, and determining criteria and methods for termination or graduation from the group.

Knowledge

- Specific group models and strategies relative to client's age, gender, cultural context.
- Selection criteria, methods, and instruments for screening and selecting group members.
- General principles for selecting group goals, outcomes, and ground rules.
- General principles for appropriately graduating group members and terminating groups.

Skills

- Conducting screening interviews.
- Assessing individual client's appropriateness for participation in group.
- Using group process to negotiate group goals, outcomes, and ground rules within the context of the individual needs and objectives of group members.
- Using group process to negotiate appropriate criteria and methods for transition to the next appropriate level of care.
- Adapting group counseling skills as appropriate for group type.

Attitudes

- Recognition of the importance of involving group members in the establishment of group goals, outcomes, ground rules, and graduation and termination criteria.
- Recognition of the fact that the nature of the specific group model should depend on the needs, goals, outcomes, and cultural context of the participants.

5-B3. Facilitate the entry of new members and the transition of exiting members.

Knowledge

- Developmental processes affecting therapeutic group over time.
- Issues faced by individuals and the group as a whole upon entry of new members.
- Issues faced by individuals and by the group as a whole upon exit of members.
- Characteristics of transition stages in therapeutic groups.

- Characteristics of therapeutic group behavior.

Skills

- Using group process to prepare group members for transition and to resolve transitional issues.
- Effectively dealing with different types of resistant behaviors, transference, and counter transference issues.
- Recognizing when members are ready to exit.

Attitudes

- Recognition of the need to balance individual needs with group needs, goals, and outcomes.
- Appreciation for the contribution of new and continuing group members in the group process.
- Maintaining non-judgmental attitudes and behaviors.
- Respect for the emotional experiences of the entry and exit of group members on the rest of the group.

5-B4. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.

Knowledge

- Leadership, facilitator, and counseling methods appropriate for each group type and therapeutic setting.
- Types and uses of power and authority in therapeutic group process.
- Stages of group development and counseling methods appropriate to each stage.

Skills

- Applying group counseling methods leading to measurable progress toward group and individual goals and outcomes.
- Recognizing when and how to use appropriate power.
- Documenting measurable progress toward group and individual goals.

Attitudes

- Recognition of the value of the use of different group counseling methods and leadership or facilitation styles.

- Appreciation for the role and power of the group facilitator.
- Appreciation for the role and power of various group members in the group process.

5-B5. Understand the concepts of process and content, and shift the focus of the group when such an intervention will help the group move toward its goals.

Knowledge

- Definitions of the concepts of process and content.
- Difference between the group process and the content of the discussion.
- Methods and techniques of group problem solving, decision making, and addressing group conflict.
- How process variables affect the group's ability to focus on content concerns.
- How content variables affect the group's ability to focus on process concerns.

Skills

- Observing and documenting process and content.
- Assessing when to make appropriate process interventions.
- Using strategies congruent with enhancing both process and content in order to meet individual and group goals.

Attitudes

- Appreciating the appropriate use of content and process interventions.

5-B6. Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs and issues that may require a modification in the treatment plan.

Knowledge

- How individual treatment issues may surface within the context of group process.
- Situations in which significant differences between individual and group goals require changing either the individual's goals or the group's focus.

Skills

- Recognizing that a client's behavior can be, but is not always, reflective of the client's treatment needs.
- Documenting client's group behavior that has implications for treatment planning.
- Recognizing the similarities and differences between individual needs and group processes.
- Redesigning individual treatment plans based on the observation of group behaviors.

Attitudes

- Recognition of the value of accurate documentation.
- Appreciation of individual differences in rates of progress towards treatment goals and use of group intervention

COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

5-C1. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.

Knowledge

- Dynamics associated with substance use, abuse, and dependence in families, couples, and significant others.
- Impact of interaction patterns on substance use behaviors.
- Cultural factors related to the impact of substance use disorders on families, couples, and significant others.
- Systems theory and dynamics.
- Signs and patterns of domestic violence.
- Impacts of substance use behaviors on interaction patterns.

Skills

- Identifying systemic interactions that are likely to affect recovery.
- Recognizing the roles of significant others within the client's social system.
- Recognizing potential for and signs and symptoms of domestic violence.

Attitudes

- Recognition of non-constructive family behaviors as systemic issues.
- Appreciation of the role systemic interactions plays in substance use behavior.
- Appreciation for diverse cultural factors that influence characteristics and dynamics of families, couples and significant others.

5-C2. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.

Knowledge

- Intervention strategies appropriate for systems at varying stages of problem development and resolution.

Intervention strategies appropriate for violence against persons

- Laws and resource regarding violence against persons.
- Culturally appropriate family intervention strategies.
- Appropriate and available assessment tools for use with families, couples, and significant others.

Skills

- Applying assessment tools for use with families, couples, and significant others.
- Applying culturally appropriate intervention strategies.

Attitudes

- Recognition of the validity of viewing the system as the client, while respecting the rights and needs of individuals.
- Appreciation for the diversity found in families, couples, and significant others.

5-C3. Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process.

Knowledge

- How to apply appropriate confidentiality regulations.
- Methods for engaging members of the family, couple, or significant others to focus on their own concerns when the substance abuser is not ready to participate.

Skills

- Working within the bounds of confidentiality regulations.
- Identifying goals based on both individual and systemic concerns.
- Using appropriate therapeutic interventions with system members that address established treatment goals.

Attitudes

- Recognition of the usefulness of working with those individual systems members who are personally ready to participate in the counseling process.
- Respect for confidentiality regulations.

5-C4. Assist families, couples, and significant others to understand the interaction between the family system and substance use behaviors.

Knowledge

- The impact of family interaction patterns on substance use.

- The impact of substance use on family interaction patterns.

- Theory and research literature outlining systemic interventions in psychoactive substance abuse situations, including violence against persons.

Skills

- Describing systemic issues constructively to families, couples, and significant others.
- Teaching system members to identify and interrupt harmful interaction patterns.
- Helping system members practice and evaluate alternate interaction partners.

Attitudes

- Appreciation for the complexities of counseling families, couples, and significant others.

5-C5. Assist families, couples, and significant others to adopt strategies and behaviors that sustain recovery and maintain healthy relationships.

Knowledge

- Healthy behavioral patterns for families, couples, and significant others.
- Empirically based systemic counseling strategies associated with recovery.
- Stages of recovery for families, couples, and significant others.

Skills

- Assisting system members to identify and practice behaviors designed to resolve the crises brought about by changes in substance use behaviors.
- Assisting family members to identify and practice behaviors associated with long-term maintenance of healthy interactions.

Attitudes

- Appreciation for a variety of approaches in working with families, couples, and significant others.

CLIENT, FAMILY, AND COMMUNITY EDUCATION

The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment and recovery resources.

6-1. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery

process

Knowledge

- Cultural differences among ethnically and racially diverse communities.
- Cultural differences in consumption of psychoactive substances.
- Delivery of educational programs.
- Research and theory on prevention of substance abuse problems.
- Learning styles and teaching methods.
- Public speaking.

Skills

- Delivering prevention and treatment educational programs.
- Facilitating discussion.
- Preparing outlines and handout materials.
- Making public presentations.

Attitudes

- Awareness of and sensitivity to cultural differences.
- Appreciation of the difference between educating and providing information.
- Appreciating the historical, social, cultural, and other influences that shape the perceptions of psychoactive substance use.

6-2. Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders.

Knowledge

- Individual, community, and group risk and resiliency factors.
- Social issues influencing the development of substance abuse.
- Environmental influences on risk and resiliency.

Skills

- Describing individual, community, and group risk and resiliency factors.

Attitudes

- Sensitivity to individual, community, and group differences in the risk for development of substances use disorders.
- Non-judgmental presentation of issues.

6-3. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.

Knowledge

- Cultural issues in planning prevention and treatment programs.
- Age and gender differences in psychoactive substance use.

- Culture, gender, and age-appropriate prevention, treatment, and recovery resources.

Skills

- Communicating effectively with diverse populations.
- Providing educational programs that reflect understanding of culture, ethnicity, age, and gender.

Attitudes

- Sensitivity to the role of culture, ethnicity, age, and gender in prevention, treatment, and recovery.
- Awareness of one's own cultural biases.

6-4. Describe warning signs, symptoms, and the course of substance use disorders.

Knowledge

- The continuum of use and abuse, including the warning signs and symptoms of a developing substance use disorder.
- Role of public policy in prevention and treatment of substance use disorders.
- Current DSM categories or other diagnostic standards associated with psychoactive substance use.

Skills

- Identifying and teaching signs and symptoms of various substance use disorders.
- Facilitating discussions that outline the warning signs and symptoms of various substance use disorders.

Attitudes

- Recognition of the importance of research in prevention and treatment.

6-5. Describe how substance use disorders affect families and concerned others.

Knowledge

- How psychoactive substance use by one family member affects other family members or significant others.
- The family's potential positive or negative influence on the development and continuation of a substance use disorder.
- The role of the family, couple, or significant other in treatment and recovery.

Skills

- Educating clients, families, and the community about the impact of substance use disorders on the family, couple, or significant others.

Attitudes

- Recognition of the unique response of family members and significant others to substance use disorders.

6-6. Describe the continuum of care and resources available to family and concerned others.

Knowledge

- The continuum of care.
- Available treatment resources, including local health, allied health, and behavioral health resources.

Skills

- Motivating both family members and clients to seek care.
- Describing different treatment modalities and the continuum of care.
- Identifying and making referrals to local health, allied health, and behavioral health resources.

Attitudes

- Patience and perseverance.
- Appreciation of the difficulty for families and significant others to seek help.
- Appreciation of ethnic and cultural differences.

6-7. Describe principles and philosophy of prevention, treatment, and recovery.

Knowledge

- Models for prevention, treatment, and recovery from substance use disorders.
- Research and theory on models of prevention, treatment, and recovery.
- Influences on societal and political responses to substance use disorders.

Skills

- Organizing and delivering presentations that reflect basic information on prevention, treatment, and recovery.

Attitudes

- Appreciation of the importance of prevention and treatment.
- Recognition of the validity of a variety of prevention and treatment strategies.

6-8. Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, TB, STD's, and other infectious diseases.

Knowledge

- Health risks associated with substance use.
- High-risk behaviors related to substance use.
- Prevention and transmission of infectious diseases.
- Factors that may be associated with the prevention or transmission of infectious diseases.
- Community health and allied health resources.

Skills

- Teaching clients and community members about disease transmission and prevention.
- Facilitating small and large group discussions.

Attitudes

- Awareness of one's own biases when presenting this information.

6-9. Teach life skills, including but not limited to, stress management relaxation, communication, assertiveness, and refusal skills.

Knowledge

- The importance of life skills to the prevention and treatment of substance use disorders.
- How these skills are typically taught to individuals and groups.
- Local resources available to teach these skills.

Skills

- Implementing training sessions.
- Identifying and accessing other instructional resources for training.

Attitudes

- Recognition of the importance of life skills training to the process of recovery.

DOCUMENTATION

The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.

7-1. Demonstrate knowledge of accepted principles of client record management.

Knowledge

- Regulations pertaining to client records.
- The essential components of client records, including release forms, assessments, treatment plans, progress notes, and discharge summaries and plans.

Skills

- Composing timely, clear, and concise records that comply with regulations.
- Documenting information in an objective manner.
- Writing legibly.
- Utilizing new technologies in the production of client records.

Attitudes

- Appreciation of the importance of accurate documentation.

7-2. Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.

Knowledge

- Program, State, and Federal confidentiality regulations.
- The application of confidentiality regulations.
- Confidentiality regulations regarding infectious diseases.
- The legal nature of records.

Skills

- Applying Federal, State, and agency regulations regarding client confidentiality.
- Requesting, preparing, and completing release of information when appropriate.
- Protecting and communicating client rights.
- Explaining regulations to clients and third parties.
- Applying infectious disease regulations as they relate to addictions treatment.
- Providing security for clinical records.

Attitudes

- Willingness to seek and accept supervision regarding confidentiality regulations.

- Respect for the client's right to privacy and confidentiality.
- Commitment to professionalism.
- Recognition of the absolute necessity of safeguarding records.

7-3. Prepare accurate and concise screening, intake, and assessment reports.

Knowledge

- Essential elements of screening, intake, and assessment reports, including, but not limited to:
  - psychoactive substance use and abuse history
  - physical health
  - psychological information
  - social information
  - history of criminality
  - spiritual information
  - recreational information
  - nutritional information
  - educational and/or vocational information
  - sexual information
  - legal information.

Skills

- Analyzing, synthesizing, and summarizing information.
- Recording information that is concise and relevant.

Attitudes

- Willingness to develop accurate reports.
- Recognition of the importance of accurate records.

7-4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.

Knowledge

- Current Federal, State, local, and program regulations.
- Regulations regarding informed consent.

Skills

- Documenting timely, clear, and concise records that comply with regulations.

Attitudes

- Recognition of the importance of recording treatment and continuing care plans.

7-5. Record progress of client in relation to treatment goals and objectives.

Knowledge

- Appropriate clinical terminology used to describe client progress.
- How to review and update records.

Skills

- Preparing clear and legible documents
- Documenting changes in the treatment plan.
- Using appropriate clinical terminology.

Attitudes

- Recognition of the value of objectively recording progress.
- Recognition that timely recording is critical to accurate documentation.

7-6. Prepare accurate and concise discharge summaries.

Knowledge

- The components of a discharge summary, including but not limited to:
  - client profile and demographics,
  - presenting symptoms,
  - diagnoses,
  - selected interventions,
  - critical incidents,
  - progress toward treatment goals,
  - outcome,
  - aftercare plan,
  - prognosis,
  - recommendations.

Skills

- Summarizing information.
- Preparing concise discharge summaries.
- Completing timely records.
- Reporting measurable results.

Attitudes

- Recognition that treatment is not a static, singular event.
- Recognition that recovery is ongoing.
- Recognition that timely recording is critical to accurate documentation.

7-7. Document treatment outcome, using accepted methods and instruments.

Knowledge

- Accepted measures of treatment outcome.
- Current research related to defining treatment outcomes.

- Methods of gathering outcome data.
- Principles of using outcome data for program evaluation.
- Distinctions between process and outcome evaluation.

Skills

- Gathering and recording outcome data.
- Incorporating outcome measures during the treatment process.

Attitudes

- Recognition that treatment and evaluation should occur simultaneously.
- Appreciation of the importance of using data to improve clinical practice.

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

8-1. Adhere to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.

Knowledge

- Federal, State, agency, and professional codes of ethics.
- Client rights and responsibilities.
- Professional standards and scope of practice.
- Boundary issues between client and counselor.
- Difference between the role of the professional counselor and that of a peer counselor or sponsor.
- Consequences of violating codes of ethics.
- Means for addressing alleged ethical violations.
- Non-discriminatory practices.
- Mandatory reporting requirements.

Skills

- Demonstrating ethical and professional behavior.

Attitudes

- Openness to changing personal behaviors and attitudes that may conflict with ethical guidelines.
- Willingness to participate in self, peer, and supervisory assessment of clinical skills and practice.
- Respect for professional standards.

8-2. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.

Knowledge

- Federal, State, and agency regulations that apply to addiction counseling.
- Confidentiality regulations.
- Client rights and responsibilities.
- Legal ramifications of non-compliance with confidentiality regulations.
- Legal ramification of violating client rights.
- Grievance processes.

Skills

- Interpreting and applying appropriate Federal, State, and agency regulations regarding addiction counseling.
- Making ethical decisions that reflect unique needs and situations.
- Providing treatment services that conform to Federal, State, and local regulations.

Attitudes

- Appreciation of the importance of complying with Federal, State, and agency regulations.
- Willingness to learn appropriate application of Federal, State and agency guidelines.

8-3. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.

Knowledge

- Professional literature on substance use disorders.
- Information on current trends in addiction and related fields.
- Professional associations.
- Resources to promote professional growth and competency.

Skills

- Reading and interpreting current professional and research based literature.
- Applying professional knowledge to client-specific situations.
- Applying research findings to clinical practice.
- Applying new skills in clinically appropriate ways.

Attitudes

- Interest in expanding one's own knowledge and skills base.
- Willingness to adjust clinical practice to reflect advances in the field.

8-4. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice.

Knowledge

- Differences found in diverse populations.
- How individual differences impact assessment and response to treatment.
- Personality, culture, lifestyle, and other factors influencing client behavior.
- Culturally sensitive counseling methods.
- Dynamics of family systems in diverse cultures and lifestyles.
- Client advocacy needs specific to diverse cultures and lifestyles.
- Signs, symptoms, and patterns of violence against persons.
- Risk factors that relate to potential harm to self or others.
- Hierarchy of needs and motivation.

Skills

- Assessing and interpreting culturally specific client behaviors and lifestyle.
- Conveying respect for cultural and lifestyle diversity in the therapeutic process.
- Adapting therapeutic strategies to client needs.

Attitudes

- Willingness to appreciate the life experiences of individuals.
- Appreciation for diverse populations and lifestyles.
- Recognition of one's own biases towards other cultures and lifestyles.

8-5. Utilize a range of supervisory options to process personal feelings and concerns about clients.

Knowledge

- The role of supervision.
- Models of supervision.
- Potential barriers in the counselor and client relationship.
- Transference and counter transference.
- Resources for exploration of professional concerns.
- Problem-solving methods.
- Conflict resolution.
- The process and impact of client reassignment.
- The process and impact of termination of the counseling relationship.
- Phases of treatment and client responses.

Skills

- Recognizing situations in which supervision is appropriate.
- Developing a plan for resolution or improvement.
- Seeking supervisory feedback.

- Resolving conflicts.

- Identifying overt and covert feelings and their impact on the counseling relationship.
- Communicating feelings and concerns openly and respectfully.

Attitudes

- Willingness to accept feedback.
- Acceptance of responsibility for personal and professional growth.
- Awareness that one's own personal recovery issues have an impact on job performance and interactions with clients.

8-6. Conduct self-evaluation of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.

Knowledge

- Personal and professional strengths and limitations.
- Legal, ethical, and professional standards affecting addiction counseling.
- Consequences of failure to comply with professional standards.
- Self-evaluation methods.
- Regulatory guidelines and restrictions.

Skills

- Developing professional goals and objectives.
- Interpreting and applying ethical, legal, and professional standards.
- Using self-assessment tools for personal and professional growth.
- Eliciting and applying feedback from colleagues and supervisors.

Attitudes

- Appreciation of the importance of self-evaluation.
- Recognition of personal strengths, weaknesses, and limitations.
- Willingness to change behaviors as necessary.

8-7. Obtain appropriate continuing professional education.

Knowledge

- Education and training methods that promote professional growth.
- Re-Credentialing requirements.

Skills

- Assessing personal training needs.
- Selecting and participating in appropriate training programs.
- Using consultation and supervision as an enhancement to professional growth.

Attitudes

- Recognition that professional growth continues throughout one's professional career.
- Willingness to expose oneself to information that may conflict with personal and/or professional beliefs.
- Recognition that professional development is an individual responsibility.

8-8. Participate in ongoing supervision and consultation.

Knowledge

- The rationale for regular assessment of professional skills and development.
- Models of clinical and administrative supervision.
- The rationale for using consultation.
- Agency policy and protocols.
- Case presentation methods.
- How to identify needs for clinical or technical assistance.
- Interpersonal dynamics in a supervisory relationship.

Skills

- Identifying professional progress and limitations.
- Communicating the need for assistance.
- Preparing and making case presentations.
- Eliciting feedback from others.

Attitudes

- Willingness to accept both constructive criticism and positive feedback.
- Respect for the value of clinical and administrative supervision.

8-9. Develop and utilize strategies to maintain one's own physical and mental health.

Knowledge

- Rationale for periodic self-assessment regarding physical and mental health.
- Available resources for maintaining physical and mental health.
- Consequences of failing to maintain physical and mental health.

- Relationship between physical and mental health.
- Health promotion strategies.

Skills

- Carrying out regular self-assessment with regards to physical and mental health.
- Using prevention measures to guard against burnout.

- Employing stress reduction strategies.
- Locating and accessing resources to achieve physical and mental health.

Attitudes

- Recognition that counselors serve as role models.
- Appreciation that maintaining a healthy lifestyle enhances the counselor's effectiveness.