

# Texas Department of State Health Services

## Professional Licensing and Certification

### Licensed Chemical Dependency Counselor Intern

### KSA Intern Evaluation Tool

#### Addiction's Counselor Training Levels

Level I 1-1000 hours	Level II 1001-2000 hours	Level III 2001-4000 hours
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Intern's Name: \_\_\_\_\_

**Evaluation Dates:**

- CI Self Evaluation (0-50) hours - \_\_\_\_\_
- Level I Evaluation (1000-1100) hours - \_\_\_\_\_
- Level II Evaluation (2000-2100) hours - \_\_\_\_\_
- Level III Evaluation (4000-4100) hours - \_\_\_\_\_

Please use the following competency scale for your evaluations

#### FUNCTIONING COMPETENCY SCALE OF SUB-ELEMENTS

1=None	2=Some	3=Moderate	4=Good	5=Excellent
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#### KSA Directions

- Using the Functioning Competency Scale of Sub-elements, the intern will conduct a numeric evaluation of each sub-element and place his/her response in the column marked "CI-SE". At the end of level I (1000 hours), both the intern and the supervisor will conduct the same evaluation using the column marked #1. The intern will place their response on the right side and the supervisor will place their response on the left side. The intern and supervisor will do the same for column #2 at 2000 hours and column #3 at 4000 hours.
- During weekly supervision, the supervisor should address the information below each sub-element where the intern scored a three or less. See Chapter 450, rule 450.124 (g).
- Recommendations for readings: Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686. This organization provides free reading materials such as the Treatment Improvement Protocols (TIP) and the Technical Assistance Publications (TAP).
- This document must be presented to the DSHS Regulatory Division upon request.

# INTRODUCTION TO THE TRANSDISCIPLINARY FOUNDATIONS

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 specialization. At their base, however, all addiction-focused disciplines are built on a common foundation.

This section focuses on a set of competencies that are transdisciplinary 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

Regardless of professional identity of 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 addictions 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.

## I. TRANSDISCIPLINARY FOUNDATIONS

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.

### A. UNDERSTANDING ADDICTION (4 sub-elements)

CI-SE	#1	#2	#3	
				<b>Sub-element #1: Understand a variety of models and theories of addiction and other problems related to substance use.</b>

#### KNOWLEDGE

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

#### ATTITUDES

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

CI-SE #1 #2 #3

								<p><b>Sub-element #2: Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterized individuals and groups and their living environments.</b></p>
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**KNOWLEDGE**

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

**ATTITUDES**

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

CI-SE #1 #2 #3

								<p><b>Sub-element #3: Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant other.</b></p>
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**KNOWLEDGE**

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

**ATTITUDE**

- a. Sensitivity to multiple influences in the developmental course of addiction.
- b. Interest in scientific research findings.

CI-SE #1 #2 #3

								<p><b>Sub-element #4: 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.</b></p>
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**KNOWLEDGE**

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

**ATTITUDE**

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

**B. TREATMENT KNOWLEDGE (4 sub-elements)**

CI-SE	#1	#2	#3
			<p><b>Sub-element #1: 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.</b></p>

**KNOWLEDGE**

- a. 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
- b. The philosophy, practices, policies, and outcomes of the most generally accepted models.
- c. Alternative models that demonstrate potential.

**ATTITUDE**

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

CI-SE	#1	#2	#3
			<p><b>Sub-element #2: Recognize the importance of family, social networks, and community systems in the treatment and recovery process.</b></p>

**KNOWLEDGE**

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

**ATTITUDE**

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

CI-SE	#1	#2	#3
			<p><b>Sub-element #3: Understand the importance of research and outcome data and their application in clinical practice</b></p>

**KNOWLEDGE**

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

**ATTITUDE**

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

CI-SE	#1	#2	#3
			<p><b>Sub-element #4: Understanding the value of an interdisciplinary approach to addiction treatment</b></p>







								<b>Sub-element #3: Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.</b>
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**KNOWLEDGE**

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

**ATTITUDES**

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

<b>CI-SE</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>					<b>Sub-element #4: Understand the importance of ongoing supervision and continuing education in the delivery of client services.</b>
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**KNOWLEDGE**

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

**ATTITUDES**

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

<b>CI-SE</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>					<b>Sub-element #5: Understand the obligation of the addiction professional to participate in prevention as well as treatment.</b>
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**KNOWLEDGE**

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

**ATTITUDE**

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

<b>CI-SE</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>					<b>Sub-element #6: Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.</b>
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**KNOWLEDGE**

- a. Setting-specific policies and procedures.
- b. What constitutes a crisis or danger to the client and/or others.
- c. The range of appropriate responses to a crisis or dangerous situation.
- d. Universal precautions.
- e. Legal implications of crisis response.
- f. Exceptions to confidentiality rules in crisis or dangerous situations.

**ATTITUDES**

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



## Section II

### The Professional Practice of Addiction Counseling

#### INTRODUCTION TO THE PROFESSIONAL PRACTICE OF ADDICTION COUNSELING

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 dimension.

The eight practice dimensions of addiction counseling 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**

#### Addiction's Counselor Training Levels

Level I	Level II	Level III
1-1000 hours	1001-2000 hours	2001-4000 hours

**Please use the following competency scale for your**

#### FUNCTIONING COMPETENCY SCALE OF SUB-ELEMENTS

1=None      2=Some      3=Moderate      4=Good      5=Excellent

**I. CLINICAL EVALUATION**

The systematic approach to screening and assessment.

**A. SCREENING (9 sub-elements)**

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.

CI-SE	#1	#2	#3	
				<b>Sub-element #1: Establish rapport, including management of crisis situation and determination of need of additional professional assistance.</b>

**KNOWLEDGE**

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

**SKILLS**

- a. Demonstrate effective verbal and nonverbal communication
- b. Accurately identifying client’s frame of reference
- c. Reflecting client’s feelings and message
- d. Recognizing and defusing volatile or dangerous situations
- e. Demonstrating empathy, respect, and genuineness

**ATTITUDES**

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

CI-SE	#1	#2	#3	
				<b>Sub-element #2: Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental 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.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDE**

- a. Appreciation of the value of the data gathering process.

CI-SE #1 #2 #3

								<b>Sub-element #3: 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.</b>
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**KNOWLEDGE**

- a. Symptoms of intoxication, withdrawal, and toxicity for all psychoactive substances, alone and in interaction with one another.
- b. Physical, pharmacological, and psychological implications of psychoactive substance use.
- c. Effects of chronic psychoactive substance use or intoxication on cognitive abilities.
- d. Available resources for help with drug reactions, withdrawal, and violent behavior.
- e. When to refer to toxicity screening or additional professional help.
- f. Basic concepts of toxicity screening options, limitations, and legal implications.
- g. Toxicology reporting language and the meaning of toxicology reports.
- h. Relationship between psychoactive substance use and violence.
- i. Basic diagnostic criteria for suicide risk, danger to others, withdrawal syndromes, and major psychiatric disorders.
- j. Mental and physical conditions that mimic drug intoxication, toxicity, and withdrawal.
- k. Legal requirements concerning suicide and violence potential.

**SKILLS**

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

**ATTITUDE**

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

CI-SE #1 #2 #3

								<b>Sub-element #4: 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.</b>
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**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

CI-SE #1 #2 #3

								<b>Sub-element #5: Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.</b>
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**SKILLS**

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

**ATTITUDES**

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

**CI-SE #1 #2 #3**

							<b>Sub-element #2: Analyze and interpret the data to determine treatment recommendations.</b>
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**KNOWLEDGE**

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

**SKILLS**

- a. Scoring assessment tolls.
- b. Interpreting data relevant to the client.
- c. Using results to identify appropriate treatment options.
- d. Communicating recommendations to the client and other appropriate service providers.

**ATTITUDES**

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

**CI-SE #1 #2 #3**

							<b>Sub-element #3: Seek appropriate supervision and consultation.</b>
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**KNOWLEDGE**

- a. The counselor’s role, responsibilities, and scope of practice.
- b. The limits of the counselor’s training and education.
- c. The supervisor’s role.
- d. Available consultation services and roles of consultants.
- e. The multidisciplinary assessment approach.

**SKILLS**

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

**ATTITUDE**

- a. Commitment to professionalism.
- b. Acceptance of one’s own personal and professional limitations.

**CI-SE #1 #2 #3**

							<b>Sub-element #4: Document assessment findings and treatment recommendations.</b>
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**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDE**

- a. Recognition of the value of accurate documentation.

## II. 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.

CI-SE	#1	#2	#3	
				<b>Sub-Element #1: Obtain and interpret all important assessment information.</b>

### KNOWLEDGE

- Stages of change and how ready the client is for treatment.
- The treatment planning process.
- Motivation and motivating factors.
- The role and importance of client supporters and what will prevent them from treatment.
- The affecting role 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 information.
- Working with clients of different age, developmental levels, gender, race, and ethnic cultures.
- Interpreting data.

### ATTITUDE

- Appreciation of the strengths and limitations of the client and significant others.
- Understanding of the value of being thorough and following through.

CI-SE	#1	#2	#3	
				<b>Sub-Element #2: Explain the assessment results to the client and significant others involved in potential treatment.</b>

### KNOWLEDGE

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

### SKILLS

- Translating assessment information and turning it into treatment goals and outcomes.
- Summarizing and synthesizing assessment results.
- Evaluating the client for understanding and correcting.
- 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 practices standards.

### ATTITUDE

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

CI-SE	#1	#2	#3	
				<b>Sub-Element #3: Provide the client and significant others with clarification and further information as needed.</b>

### KNOWLEDGE

- Effective communication styles.
- Methods to elicit feedback.

### SKILLS

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

### ATTITUDE

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

CI-SE #1 #2 #3

**Sub-Element #4: Examine treatment implications in collaboration with the client and significant others.**

**KNOWLEDGE**

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

**SKILLS**

- a. Synthesizing available data to establish treatment priorities.
- b. Explaining the treatment process.
- c. Presenting information in a non-judgmental manner.
- d. Selecting treatment settings appropriate for the client needs and preferences.
- e. Building partnerships with client and significant others.

**ATTITUDE**

- a. Willingness to negotiate with the client.
- b. Open-mindedness towards a varying range of approaches.
- c. Respect for input from client and significant others.

CI-SE #1 #2 #3

**Sub-Element #5: Confirm the readiness of the client and significant others are ready to participate in treatment.**

**KNOWLEDGE**

- a. Motivational processes.
- b. Stages of change models.

**SKILLS**

- a. Assessing and developing ways to overcome obstacles stopping the client.
- b. Finding out what the client's prefers for treatment.
- c. Encourage the client's readiness to accept treatment.

**ATTITUDE**

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

CI-SE #1 #2 #3

**Sub-element #6: Prioritize client needs in the order they will be addressed.**

**KNOWLEDGE**

- a. The treatment sequencing and the continuum of care.
- b. Hierarchy of needs.
- c. Interrelationship among client needs and problems.

**SKILLS**

- a. Timing.
- b. Sequencing.
- c. Prioritizing.

**ATTITUDE**

- a. Sensitivity to the client's needs and perceptions.

CI-SE #1 #2 #3

**Sub-Element #7: Formulate mutually agreed upon and measurable treatment outcome statements for each need.**

**KNOWLEDGE**

- a. Levels of client motivation.
- b. Treatment needs of varied populations.
- c. How to write measurable outcome statements.

**SKILLS**

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





CI-SE	#1	#2	#3	
				<b>Sub-Element #11: Inform client of confidentiality rights, program policies that safeguard them, and the exceptions imposed by regulations.</b>

**KNOWLEDGE**

- a. Federal, State, and agency confidentiality regulations
- b. Resources for legal information.
- c. Effective communication styles.

**SKILLS**

- a. Communicating the roles of the different interested parties and support systems.
- b. Explaining client rights and responsibilities and the regulations that apply regarding confidentiality.
- c. Responding to questions and providing clarification as needed.
- d. Referring to appropriate legal authority.

**ATTITUDE**

- a. Respect for client confidentiality rights.
- b. Commitment to professionalism.
- c. Recognition of the importance of professional collaboration without breaking the bounds of confidentiality.

CI-SE	#1	#2	#3	
				<b>Sub-Element #12: Reassess the treatment plan at regular intervals and/or when indicated by a change in circumstances.</b>

**KNOWLEDGE**

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

**SKILLS**

- a. Changing the treatment plan based on review of client progress and/or changing circumstances.
- b. Problem solving.
- c. Engaging, negotiating, and contracting.
- d. Getting the client's feedback on what they have experienced in treatment.

**ATTITUDE**

- a. Recognition of the importance of client input into treatment goals and process.
- b. Keeping an open mind when critically examining one's own work.
- c. Being receptive to client feedback.
- d. Willingness to learn from clinical supervision and change practice appropriately.

**III. 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.

CI-SE	#1	#2	#3	
				<b>Sub-Element #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.</b>



CI-SE #1 #2 #3

								<b>Sub-Element #3: Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.</b>
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**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDE**

- a. Respect for the client’s ability to initiate and follow-up with referral.
- b. Willingness to share decision-making power with the client.
- c. Respect for the goal of positive self-determination.
- d. Recognition of the counselor’s responsibility to carry out client advocacy when needed.

CI-SE #1 #2 #3

								<b>Sub-Element #4: Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.</b>
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**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDE**

- a. Respect for the client and the client’s needs.
- b. Respect for collaboration and cooperation.
- c. Respect for interdisciplinary, comprehensive approaches to meet client needs.

CI-SE #1 #2 #3

								<b>Sub-Element #5: Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.</b>
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#### IV. 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.

##### A. IMPLEMENTING THE TREATMENT PLAN (6 sub-elements)

CI-SE	#1	#2	#3	
				<b>Sub-element #1: Initiate collaboration with referral source.</b>

###### KNOWLEDGE

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

###### SKILLS

- a. Using appropriate technology to access, collect, summarize, and transmit referral data on client.
- b. Communicating respect and empathy for cultural and lifestyle differences.
- c. Demonstrating appropriate written and verbal communication.
- d. Establishing trust and rapport with colleagues in the community.
- e. Assessing level and intensity of client care needed.

###### ATTITUDES

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

CI-SE	#1	#2	#3	
				<b>Sub-element #2: Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.</b>

###### KNOWLEDGE

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

###### SKILLS

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

###### ATTITUDES

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

CI-SE	#1	#2	#3	
				<b>Sub-element #3: Confirms the client's eligibility for admission and continued readiness for treatment and change.</b>



### KNOWLEDGE

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

### SKILLS

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

### ATTITUDES

- a. Respect for the contribution of clients and significant others.

CI-SE #1 #2 #3

							<b>Sub-element #6: Coordinate all treatment activities with services provided to the client by other resources.</b>
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### KNOWLEDGE

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

### SKILLS

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

### ATTITUDES

- a. Willingness to collaborate.

## B. CONSULTING (5 sub-elements)

CI-SE #1 #2 #3

							<b>Sub-element #1: 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.</b>
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### KNOWLEDGE

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

### SKILLS

- a. Demonstrating clear and concise written and verbal communications.
- b. Synthesizing information and developing modified treatment goals and objectives.
- c. Soliciting and interpreting feedback related to the treatment plan.
- d. Prioritizing and documenting relevant client data.
- e. Observing and identifying problems that might impede progress.
- f. Soliciting client satisfaction needs.



**ATTITUDES**

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

**CI-SE #1 #2 #3**

							<b>Sub-element #2: Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.</b>
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**KNOWLEDGE**

- a. Functions and unique terminology of related disciplines.

**SKILLS**

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

**ATTITUDES**

- a. Comfort in asking questions and providing information across disciplines.

**CI-SE #1 #2 #3**

							<b>Sub-element #3: Contribute as part of a multidisciplinary treatment team.</b>
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**KNOWLEDGE**

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

**SKILLS**

- a. Demonstrating clear and concise verbal and written communication.
- b. Participating in problems solving, decision making, mediation, and advocacy.
- c. Communicating about confidentiality issues.
- d. Coordinating the client's treatment with representatives of multiple disciplines.
- e. Participating in team building and group process.

**ATTITUDES**

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

**CI-SE #1 #2 #3**

							<b>Sub-element #4: Apply confidentiality regulation appropriately.</b>
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**KNOWLEDGE**

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

**SKILLS**

- a. Explaining and applying confidentiality regulations.
- b. Obtaining informed consent.
- c. Communicating with the client, family, and significant others, and with other service providers within the boundaries of existing confidentiality regulations.

**ATTITUDES**

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

**CI-SE #1 #2 #3**

							<b>Sub-element #5: Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.</b>
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**ATTITUDES**

- a. Appreciation of the need to measure outcomes.

CI-SE	#1	#2	#3	
				<b>Sub-element #6 Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.</b>

**KNOWLEDGE**

- a. Treatment planning process.
- b. Continuum of care.
- c. Available social and family systems for continuing care.
- d. Available community resources for continuing care.
- e. Signs of symptoms of relapse.
- f. Relapse prevention strategies.
- g. Family and social systems theories.
- h. Discharge planning process.

**SKILLS**

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

**ATTITUDES**

- a. Therapeutic optimism.
- b. Patience and perseverance.

CI-SE	#1	#2	#3	
				<b>Sub-element #7: Document service coordination activities throughout the continuum of care.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3	
				<b>Sub-element #8: Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

**V. 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 the understanding of, appreciation of, and ability to appropriately use the modalities of care for individuals, groups, families, couples, and significant others.

**A. INDIVIDUAL COUNSELING**

CI-SE	#1	#2	#3	
				<b>Sub-element #1: Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3	
				<b>Sub-element #2: Facilitate the client’s engagement in the treatment and recovery process.</b>

**KNOWLEDGE**

- a. Theory and research related to client motivation.
- b. Alternative theories and methods for motivating clients in a culturally appropriate manner.
- c. Theory, research, and best-practice literature.
- d. Counseling strategies that promote and support successful client engagement.
- e. Stages-of-change models used in engagement and treatment strategies.
- f. Client’s culture.

**SKILLS**

- a. Implementing appropriate engagement and interviewing approaches.
- b. Assessing client readiness for change.
- c. Using culturally appropriate counseling strategies.
- d. Assessing the client’s responses to therapeutic interventions.

**ATTITUDES**

- a. Respect for the client’s frame of reference.

CI-SE	#1	#2	#3	
				<b>Sub-element #3: Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.</b>

**KNOWLEDGE**

- a. Assessment and treatment planning.
- b. Stages of change and recovery.

**SKILLS**

- a. Formulating and documenting concise, descriptive, and measurable treatment outcome statements.
- b. Teaching treatment outcome statements.

**ATTITUDES**

- a. Appreciation for the client’s resources and preferences.
- b. Appreciation for individual differences in the treatment recovery process.

**CI-SE #1 #2 #3**

							<b>Sub-element #4: Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.</b>
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**KNOWLEDGE**

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

**SKILLS**

- a. Motivational techniques.
- b. Recognizing client strengths.
- c. Assessing and providing feedback on client progress toward treatment goals.
- d. Assessing life and basic skills and comprehensive levels of client and all significant others associated with the treatment plan.
- e. Identification and documentation of change.
- f. Coaching, mentoring, and teaching.
- g. Recognizing and addressing ambivalence and resistance.

**ATTITUDES**

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

**CI-SE #1 #2 #3**

							<b>Sub-element #5: Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.</b>
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**KNOWLEDGE**

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

**SKILLS**

- a. Using behavioral and cognitive methods that reinforce positive client behaviors.
- b. Using objective observation and documentation.
- c. Assessing and re-assessing client behaviors

**ATTITUDES**

- a. Therapeutic optimism.
- b. Patience and perseverance.
- c. Appreciation for incremental changes.

**CI-SE #1 #2 #3**

							<b>Sub-element #6: Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.</b>
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CI-SE #1 #2 #3

								<b>Sub-element #9: Facilitate the development of basic and life skills associated with recovery.</b>
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**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

- a. Recognizing that recovery involves a broader life context than the elimination of symptoms.
- b. Accepting relapse as an opportunity for learning and/or skills acquisition.

CI-SE #1 #2 #3

								<b>Sub-element #10: Adapt counseling strategies to the individual characteristics of the client, including but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.</b>
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**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

CI-SE #1 #2 #3

								<b>Sub-element #11: Make constructive therapeutic responses when client’s behavior is inconsistent with stated recovery goals.</b>
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**KNOWLEDGE**

- a. Client behaviors that tend to be inconsistent with recovery.
- b. The client’s social and life circumstances.
- c. Relapse prevention strategies.
- d. Therapeutic interventions

**SKILLS**

- a. Monitoring client progress.
- b. Using various methods to present inconsistencies between client’s behaviors and treatment goals.
- c. Re-framing and redirecting negative behaviors.
- d. Utilizing appropriate intervention strategies.

**ATTITUDES**

- a. Therapeutic optimism.
- b. Perseverance during periods of treatment difficulty.



CI-SE #1 #2 #3

							<b>Sub-element #12: Apply crisis management skills.</b>
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**KNOWLEDGE**

- a. Differences between crisis intervention and other kinds of therapeutic intervention.
- b. Characteristics of a serious crisis and typical reactions.
- c. Post-traumatic stress and other relevant psychiatric disorders.
- d. Roles played by family and significant others in the crisis development and/or reaction.
- e. Relationship of crisis to client's stage of change.
- f. Client's usual coping strategies.
- g. 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**

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

**ATTITUDES**

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

CI-SE #1 #2 #3

							<b>Sub-element #13: 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.</b>
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**KNOWLEDGE**

- a. 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.
- b. Relapse prevention strategies.
- c. Skill-training methods.

**SKILLS**

- a. Using behavioral techniques to reinforce positive client behaviors.
- b. Teaching relapse prevention and life skills.
- c. Motivating the client toward involvement in mutual-help support groups.

**ATTITUDES**

- a. Recognize that client must assume responsibility for their own recovery.

**B. GROUP COUNSELING**

CI-SE #1 #2 #3

							<b>Sub-element #1: Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.</b>
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**KNOWLEDGE**

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





**SKILLS**

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

**ATTITUDES**

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

**C. COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS**

CI-SE	#1	#2	#3	
				<b>Sub-element #1: Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3	
				<b>Sub-element #2: Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.</b>

**KNOWLEDGE**

- a. Intervention strategies appropriate for systems at varying stages of problem development and resolution.
- b. Intervention strategies appropriate for violence against persons.
- c. Laws and resource regarding violence against persons.
- d. Culturally appropriate family intervention strategies.
- e. Appropriate and available assessment tools for use with families, couples, and significant others.

**SKILLS**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3
			<b>Sub-element #3: Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process.</b>

**KNOWLEDGE**

- a. How to apply appropriate confidentiality regulations.
- b. 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**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3
			<b>Sub-element #4: Assist families, couples, and significant others to understand the interaction between the family system and substance use behaviors.</b>

**KNOWLEDGE**

- a. The impact of family interaction patterns on substance use.
- b. The impact of substance use on family interaction patterns.
- c. Theory and research literature outlining systemic interventions in psychoactive substance abuse situations, including violence against persons.

**SKILLS**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3
			<b>Sub-element #5: Assist families, couples, and significant others to adopt strategies and behaviors that sustain recovery and maintain healthy relationships.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

**VI. 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.

CI-SE	#1	#2	#3	
				<b>Sub-element #1: Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3	
				<b>Sub-element #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.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3	
				<b>Sub-element #3: Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.</b>

**KNOWLEDGE**

- a. Cultural issues in planning prevention and treatment programs.
- b. Age and gender differences in psychoactive substance use.
- c. Culture, gender, and age-appropriate prevention, treatment, and recovery resources.

**SKILLS**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3	
				<b>Sub-element #4: Describe warning signs, symptoms, and the course of substance use disorders.</b>



CI-SE	#1	#2	#3
			<b>Sub-element #8: Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, TB, STDs, and other infectious diseases.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

CI-SE	#1	#2	#3
			<b>Sub-element #9: Teach life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

**VII. DOCUMENTATION**

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

CI-SE	#1	#2	#3
			<b>Sub-element #1: Demonstrate knowledge of accepted principles of client record management.</b>

**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

- a. Appreciation of the importance of accurate documentation.

CI-SE	#1	#2	#3
			<b>Sub-element #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.</b>





**SKILLS**

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

**ATTITUDES**

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

**CI-SE    #1        #2        #3**

							<b>Sub-element #6: Prepare accurate and concise discharge summaries</b>
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**KNOWLEDGE**

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

**SKILLS**

- a. Summarizing information.
- b. Preparing concise discharge summaries.
- c. Completing timely records.
- d. Reporting measurable results.

**ATTITUDES**

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

**CI-SE    #1        #2        #3**

							<b>Sub-element #7: Document treatment outcome, using accepted methods and instruments.</b>
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**KNOWLEDGE**

- a. Accepted measures of treatment outcome.
- b. Current research related to defining treatment outcomes.
- c. Methods of gathering outcome data.
- d. Principles of using outcome data for program evaluation.
- e. Distinctions between process and outcome evaluation.

**SKILLS**

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

**ATTITUDES**

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

**VIII. PROFESSIONAL AND ETHICAL RESPONSIBILITIES**

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

**CI-SE    #1        #2        #3**

							<b>Sub-element #1: Adhere to established professional codes of ethics that define the professional contact within which the counselor works, in order to maintain professional standards and safeguard the client.</b>
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CI-SE #1 #2 #3

							<b>Sub-Element #4: Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice.</b>
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**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

CI-SE #1 #2 #3

							<b>Sub-Element #5: Utilize a range of supervisory options to process personal feeling and concerns about clients.</b>
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**KNOWLEDGE**

- a. The role of supervision.
- b. Models of supervision.
- c. Potential barriers in the counselor and client relationship.
- d. Transference and counter-transference.
- e. Resources for exploration of professional concerns.
- f. Problem-solving methods.
- g. Conflict resolution.
- h. The process and impact of client reassignment.
- i. The process and impact of termination of the counseling relationship.
- j. Phases of treatment and client responses.

**SKILLS**

- a. Recognizing situations in which supervision is appropriate.
- b. Developing a plan for resolution or improvement.
- c. Seeking supervisory feedback.
- d. Resolving conflicts.
- e. Identifying overt and covert feelings and their impact on the counseling relationship.
- f. Communicating feelings and concerns openly and respectfully.

**ATTITUDES**

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

CI-SE #1 #2 #3

							<b>Sub-Element #6: Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.</b>
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**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

**CI-SE #1 #2 #3**

							<b>Sub-Element #7: Obtain appropriate continuing professional education.</b>
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**KNOWLEDGE**

- a. Education and training methods that promote professional growth.
- b. Recredentialing requirements.

**SKILLS**

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

**ATTITUDES**

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

**CI-SE #1 #2 #3**

							<b>Sub-Element #8: Participate in ongoing supervision and consultation.</b>
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**KNOWLEDGE**

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

**SKILLS**

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

**ATTITUDES**

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

**CI-SE #1 #2 #3**

							<b>Sub-Element #9: Develop and utilize strategies to maintain one's own physical and mental health.</b>
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### **KNOWLEDGE**

- a. Rationale for periodic self-assessment regarding physical and mental health.
- b. Available resources for maintaining physical and mental health.
- c. Consequences of failing to maintain physical and mental health.
- d. Relationship between physical and mental health.
- e. Health promotional strategies.

### **SKILLS**

- a. Carrying out regular self-assessment with regards to physical and mental health.
- b. Using prevention measures to guard against burnout.
- c. Employing stress reduction strategies.
- d. Locating and accessing resources to achieve physical and mental health.
- e. Modeling self-care as an effective treatment tool.

### **ATTITUDES**

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