Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice

Technical Assistance Publication Series

21

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National Curriculum Committee

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PREFACE

This document presents the knowledge, skills, and attitudes that are needed for achieving and practicing the competencies listed in *Addiction Counseling Competencies* (included as Appendix C). The document is intended to provide guidance for the professional treatment of substance use disorders which has become recognized as a complex multidisciplinary practice supported by a large and rapidly expanding body of theoretical and scientific literature. Both public and private research initiatives have repeatedly demonstrated the cost effectiveness of well designed strategies for intervening with people suffering from the adverse consequences of both substance abuse and dependence.

As our understanding for how best to interrupt the destructive course of substance abuse problems has grown, the parallel process of preparing treatment professionals has also been developing. Addiction specialties have recently emerged in medicine, nursing, and other allied health and human service professions. The primary care givers, however, have traditionally been counselors who specialize in chemical dependency treatment. Historically, those counselors have been trained in specialty training programs often developed by treatment agencies rather than in academic institutions. Today, due to a variety of policy and economic factors, the preparation of substance abuse counselors is being undertaken by colleges in cooperation with treatment agencies, where classroom and field training experiences are being integrated into competency-based instructional programs.

In 1993 the Center for Substance Abuse Treatment (CSAT) created the Addiction Technology Transfer Center (ATTC) Program, comprised of eleven geographically dispersed centers covering twenty-four states and Puerto Rico, to foster improvements in the preparation of addiction treatment professionals. As part of that program the ATTC National Curriculum Committee (the Committee) was established to evaluate existing curricula and establish priorities for curriculum development. The Committee's first activity was to define the competencies essential to the effective practice of counseling for psychoactive substance use disorders. Those competencies could then be used as criteria for evaluating curriculum materials.

In addition to its own original contribution, the Committee reviewed and incorporated existing literature related to the work of the addiction counselor (Birch & Davis, 1986; ICRC, 1991). The result of the Committee's effort was the 1995 publication of *Addiction Counselor Competencies*. Subsequently, the ATTCs conducted a national survey to validate the competencies. Results indicated broad support for virtually all of the competencies as essential to the practice of addiction counseling.

The Committee then began the process of delineating the knowledge, skills, and attitudes (KSAs) that make up each of the 121 competencies listed in the *Addiction Counselor Competencies*. During the development of the KSAs, the Committee elicited input from professional organizations including the International Certification Reciprocity Consortium (ICRC), the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), the American Psychological Association, the National Association of State Alcohol & Drug Abuse Directors, and the International Coalition of Addiction Studies Educators (INCASE). Field reviewers also made significant contributions to the final product that appears here.

Collaborative Effort

In November 1996, ICRC convened a meeting of representatives from a number of national organizations, which represent the professional addiction counseling field, to deliberate the need for model counselor training curricula. The group concluded that much of the work to define such a curriculum standard had been completed by the ATTC National Curriculum Committee and the ICRC. The work included a draft of *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice* and the *1996 Role Delineation Study*, respectively. Only a modest amount of work remained to finalize a document that could be used as a national standard. CSAT agreed to support an expanded collaborative effort and convened a panel representing key educational, certification, and professional associations to complete the work. This group is the National Steering Committee on Addiction Counseling Standards. It is comprised of representatives from CSAT, the ATTC National Curriculum Committee, ICRC, NAADAC, INCASE, and the American Academy of Health Care Providers in the Addictive Disorders.

The National Steering Committee reviewed the *1996 ICRC Role Delineation Study* and a draft of the *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice (1997)*. It determined that with minor modifications, the *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice* document includes the essential knowledge, skills, and attitudes requisite to effective addiction counseling practice. The National Steering Committee endorses and promotes the *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice* document as a vehicle for counselor development and curriculum planning for both pre-service and continuing education. It is a dynamic document that will continue to evolve as addiction science and technology progress.

INTRODUCTION

Every day, countless lives are enriched or saved because of the work carried out by addiction counselors. In a myriad of settings, competent, well-trained counselors form the relationships and carry out the strategies that help their clients move from life-threatening addiction to life-affirming recovery. Although the field of addictions can be very broad in scope, we have chosen to focus on the work of counselors who deal with psychoactive substance use, abuse, and dependence among their clients.

We can state with certainty that thousands of addiction counselors accomplish their missions with distinction. We also know, however, that even specialists in the addictions field have not traditionally been able to define with clarity the professional standards that should guide their work. What is the scope of practice that is appropriate for an addiction counselor? What are the competencies that are most likely to be associated with positive outcomes? What knowledge, skills, and attitudes should be shared by all members of the addiction counseling profession? The central purpose of this publication is to address those questions.

Transdisciplinary Foundations

The first section, Transdisciplinary Foundations for Addiction Professionals, identifies the knowledge and attitudes that underlie competent practice not just for counselors but for addiction specialists in other disciplines as well. Functional skills may vary across disciplines, but the knowledge and attitudes highlighted here provide a basis of understanding that should be common to all addictions professionals and that serves as a prerequisite to the development of competency in each discipline. These foundations, as articulated in *Addiction Counseling Competencies* (Appendix C), include:

Understanding Addiction
Treatment Knowledge
Application to Practice
Professional Readiness.

The Professional Practice of Addiction Counseling

The second section of the publication addresses the professional practice of addiction counseling. The National Curriculum Committee of the Addiction Technology Transfer Center program, which is supported by the Center for Substance Abuse Treatment, developed this section over a three-year period. Using reviews of current research, input from key experts, and feedback from experienced trainers and practitioners, the Committee sought to define the professional practice that would be appropriate for the addiction counselor of the 21st century. Eight Practice Dimensions were identified, with the Committee recognizing that the counselor's effectiveness would depend on his or her ability to develop expertise in each. These dimensions include the following:

Clinical Evaluation
Treatment Planning
Referral
Service Coordination
Counseling
Client, Family, and Community Education
Documentation
Professional and Ethical Responsibilities.

Several of these dimensions encompass specific Elements. Clinical evaluation, for instance, includes both screening and assessment. Service coordination includes three definable elements: implementing the treatment plan, consulting, and carrying on the process of ongoing assessment and treatment planning. Counseling, of course, includes the elements of individual, group, and family counseling.

The Committee's delineation of the addiction counselor's scope of practice provided it with a context for identifying the competencies that are necessary for effective functioning in the addiction counselor role. Each dimension carries its own set of Competencies. Many additional competencies may be desirable for counselors in specific settings. In addition, education and experience will affect the depth of the individual counselor's knowledge and skills. Our goal for the future, however, is that every addiction counselor possess every competency listed on these pages, regardless of setting or treatment model.

The competencies underlying effective practice of addiction counseling were introduced in a 1995 publication (see Appendix C for a revised edition, entitled *Addiction Counseling Competencies*). The Committee members recognized that greater detail is needed to make this schema useful for program development, evaluation, and training. Thus, the current full document lists the Knowledge, Skills, and Attitudes that combine to ensure attainment of each of the competencies listed in the document presented in Appendix C.

Using This Document

This document is not intended to be a curriculum that must be followed in a specific sequence. Instead, it identifies the knowledge, skills, and attitudes that could serve as outcomes toward which curricula might aim. Settings, time constraints, and levels of counselor training diverge widely. For this reason, we provide a set of outcome guidelines that may be used to meet varying needs. Educators and curriculum developers can build courses, curricula, and training packages oriented toward these outcomes. Counseling practitioners can assess their own progress toward achieving the competencies. Supervisory and administrative personnel can use the materials to identify in-service training and continuing education needs within their agencies.

As the Committee stated in our first publication, we know that the field of addiction counseling will be characterized by significant change in the coming decades. No one can predict in great detail the specifics of each counselor's setting, clientele, and practice. Nevertheless, we can predict with certainty that addiction counselors of the future will be individuals who are comfortable with the process of lifelong learning, who are able to apply their skills in a variety of settings, and who welcome the opportunity to develop new strategies in response to the changing needs of their clients and communities.

Inquiries may be directed to the Committee chair: *David A. Deitch, Ph.D., California Addiction Technology Transfer Center, UCSD School of Medicine, 565 Pearl St., Suite 360, La Jolla, California 92037.*

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The Committee wishes to thank Jerome H. Jaffe, M.D., Director, Office of Evaluation, Scientific Analysis, and Synthesis, CSAT, and Susanne R. Rohrer, ATTC Project Officer for their ongoing support of the project.

This document represents countless hours of dedicated work by the core committee of representatives from the national network of Addiction Technology Transfer Centers and the Center for Substance Abuse Treatment.

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SECTION 1: TRANSDISCIPLINARY FOUNDATIONS

INTRODUCTION TO THE TRANSDISCIPLINARY FOUNDATIONS

Addictions 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 transdisciplinary in that they underlie the work not just of counselors but of all addictions 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 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 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.

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.

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

1. Understand a variety of models and theories of addiction and other problems related to substance use.

K*nowledge*

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.

A*ttitudes*

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.

2. 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.

K*nowledge*

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.

A*ttitudes*

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

3. *Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.*

K*nowledge*

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.

A*ttitudes*

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

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.*

K*nowledge*

a. Normal human growth and 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.

A*ttitudes*

a. Willingness to reserve judgment 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

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.

K*nowledge*

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.

A*ttitudes*

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

models.

2. *Recognize the importance of family, social networks, and community systems in the treatment and recovery process.*

K*nowledge*

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 processes.

A*ttitudes*

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

3. *Understand the importance of research and outcome data and their application in clinical practice.*

K*nowledge*

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.

A*ttitudes*

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

4. *Understand the value of an interdisciplinary approach to addiction treatment.*

K*nowledge*

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

A*ttitudes*

a. Desire to collaborate.
b. Respect for the contribution of multiple disciplines to the recovery process.
c. Commitment to professionalism.

C. APPLICATION TO PRACTICE

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

K*nowledge*

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

A*ttitudes*

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

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

K*nowledge*

a. 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.

A*ttitudes*

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

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

K*nowledge*

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

A*ttitudes*

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

4. Provide treatment services appropriate to the personal and cultural identity and language of the client.

K*nowledge*

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

A*ttitudes*

a. Respect for individual differences within cultures.
b. Respect for differences between cultures.

5. Adapt practice to the range of treatment settings and modalities.

K*nowledge*

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

A*ttitudes*

a. Flexibility and creativity in practice application.

6. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.

K*nowledge*

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

A*ttitudes*

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

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

K*nowledge*

a. Existing public and private payment plans including treatment orientation and coverage options.
b. Methods for gaining access to available payment plans.

c. Policies and procedures used by available payment plans.
d. Key personnel, roles, and positions within plans used by the client population.

***A**ttitudes*

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

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

***K**nowledge*

a. 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.
b. Substance use screening and assessment methods.
c. Intervention principles and methods.
d. Principles of crisis case management.
e. Post-traumatic stress characteristics.
f. Critical incident debriefing methods.
g. Available resources for assistance in the management of crisis situations.

***A**ttitudes*

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

9. Understand the need for and the use of methods for measuring treatment outcome.

***K**nowledge*

a. Treatment outcome research literature.
b. Scientific process in applied research.
c. Methods for measuring the multiple variables of treatment outcome.

***A**ttitudes*

a. Recognition of the importance of collecting and reporting on

outcome data.
b. Interest in integrating research findings into ongoing treatment design.

D. PROFESSIONAL READINESS

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

K*nowledge*

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

A*ttitudes*

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

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

K*nowledge*

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

A*ttitudes*

a. Openness to constructive supervision.
b. Willingness to grow and change personally and professionally.

3. *Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship*.

K*nowledge*

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.

A*ttitudes*

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.

4. *Understand the importance of ongoing supervision and continuing education in the delivery of client services*.

K*nowledge*

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.

A*ttitudes*

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

5. *Understand the obligation of the addiction professional to participate in prevention as well as treatment.*

K*nowledge*

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

A*ttitudes*

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

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

K*nowledge*

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.

A*ttitudes*

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 2: 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 subelements. 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

I. CLINICAL EVALUATION

The systematic approach to screening and assessment.

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

K*nowledge*

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.

S*kills*

a. Demonstrating 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.

A*ttitudes*

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

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.

***K**nowledge*

a. Validated screening instruments, including their purpose, application, and limitations.
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,
   - relationship to substance abuse and psychiatric disorders.
h. How to apply confidentiality regulations.

***S**kills*

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.

***A**ttitudes*

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

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.*

K*nowledge*

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 for 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.

S*kills*

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.

A*ttitudes*

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.

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.

K*nowledge*

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.

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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

S*kills*

a. Assessing client readiness for treatment.
b. Assessing extrinsic and intrinsic motivators.

***A**ttitudes*

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

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

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

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

7. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

a. Recognition of personal and professional limitations of practice,

based on knowledge and training.
b. Willingness to base treatment recommendations on the client's best interest.

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

K*nowledge*

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

S*kills*

a. Developing the action plan in collaboration with the client and appropriate others.
b. Documenting the action plan.
c. Contracting with the client concerning initial action plan.

A*ttitudes*

a. Willingness to work collaboratively with clients and others.

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

K*nowledge*

a. Admission and referral protocols.
b. Resources for referral.
c. Ethical standards regarding referrals.
d. Appropriate documentation.
e. How to apply confidentiality regulations.

S*kills*

a. Communicating clearly and appropriately.
b. Networking and advocating with service providers.
c. Negotiating and advocating client admissions to appropriate treatment resources.
d. Facilitating client follow-through.
e. Documenting accurately and appropriately.

A*ttitudes*

a. Willingness to renegotiate.

B. 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. *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;
   - socio-economic characteristics, lifestyle, and current legal status;
   - use of community resources.

K*nowledge*

a. Basic concepts of test validity and reliability.
b. Current validated assessment instruments and their subscales.
c. Appropriate use and limitations of standardized instruments.
d. The range of life areas to be assessed.

e. How age, developmental level, racial and ethnic culture, gender, and disabilities can influence the validity and appropriateness of assessment instruments.

S*kills*

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.

A*ttitudes*

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

2. Analyze and interpret the data to determine treatment recommendations.

K*nowledge*

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

S*kills*

a. Scoring assessment tools.
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.

A*ttitudes*

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

3. Seek appropriate supervision and consultation.

K*nowledge*

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.

S*kills*

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.

A*ttitudes*

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

4. Document assessment findings and treatment recommendations.

K*nowledge*

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

S*kills*

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.

A*ttitudes*

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.

1. Obtain and interpret all relevant assessment information.

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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

S*kills*

a. Translating assessment information into treatment goal and outcomes.
b. Summarizing and synthesizing assessment results.
c. Assessing client for understanding and correcting misunderstandings.
d. Communicating with clients in a manner that is sensitive to cultural and gender issues.
e. Communicating assessment findings to interested parties within the bounds of confidentiality regulations and practice standards.

A*ttitudes*

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

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

K*nowledge*

a. Effective communication styles.
b. Methods to elicit feedback.

***S**kills*

a. Eliciting feedback.
b. Working collaboratively.
c. Establishing trusting relationship.

***A**ttitudes*

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

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

***K**nowledge*

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

***S**kills*

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 client needs and preferences.
e. Building partnerships with client and significant others.

***A**ttitudes*

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

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

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

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

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

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

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

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

***K**nowledge*

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

***S**kills*

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.

A*ttitudes*

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

8. Identify appropriate strategies for each outcome.

K*nowledge*

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

S*kills*

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

A*ttitudes*

a. Respect for client and others.
b. Appreciation for various treatment strategies.

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

K*nowledge*

a. Treatment modalities and community resources.
b. Contributions of other professions and mutual-help or self-help support groups.
c. Current placement criteria.
d. The importance of client's racial or ethnic culture, age, developmental level, gender, and life circumstances in coordinating resources to client needs.

S*kills*

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

***A**ttitudes*

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

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

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

a. Sensitivity to gender and cultural issues.
b. Recognition of the value of monitoring outcome.
c. Willingness to negotiate.

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

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

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

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

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

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

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.

***K**nowledge*

a. 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 persons programs;
   - mutual and self-help groups;
   - cultural enhancement organizations;
   - advocacy groups;
   - other agencies.

b. Community demographics.
c. The community's political and cultural systems.
d. Criteria for receiving community services, including fee and funding structures.
e. How to access community agencies and service providers.
f. State and Federal legislative mandates and regulations.
g. Confidentiality regulations.
h. Service gaps and appropriate ways of advocating for new resources.
i. Effective communication styles.

***S**kills*

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

***A**ttitudes*

a. Respect for interdisciplinary service delivery.
b. Respect for both client needs and agency services.
c. Respect for collaboration and cooperation.
d. Patience and perseverance.

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

***K**nowledge*

a. The needs of the client population served.
b. How to access current information on the function, mission, and resources of community service providers.
c. How to access current information on referral criteria and accreditation status of community service providers.
d. How to access client satisfaction data regarding community service providers.

***S**kills*

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

***A**ttitudes*

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

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

K*nowledge*

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.

S*kills*

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.

A*ttitudes*

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.

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

K*nowledge*

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.

S*kills*

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.

A*ttitudes*

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.

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

K*nowledge*

a. How treatment planning and referral relate to the goals of recovery.
b. How client defenses, abilities, personal preferences, cultural influences, presentation, and appearance affect referral and follow through.
c. Comprehensive referral information and protocols.
d. Terminology and structure used in referral settings.

***S**kills*

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

***A**ttitudes*

a. Awareness of personal biases toward referral resources.

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.

***K**nowledge*

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

***S**kills*

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

A*ttitudes*

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

7. Evaluate the outcome of the referral.

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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

1. Initiate collaboration with referral source.

K*nowledge*

a. How to access and transmit information necessary for referral.
b. Missions, functions, and resources of community service network.
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.

S*kills*

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.

A*ttitudes*

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.

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

K*nowledge*

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. Biopsychosocial assessment methods.

S*kills*

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.

A*ttitudes*

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.

3. Confirm the client's eligibility for admission and continued readiness for treatment and change.

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

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

4. Complete necessary administrative procedures for admission to treatment.

***K**nowledge*

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

S*kills*

a. Demonstrating accurate, clear, and concise written and verbal communication.
b. Using language the client will easily understand.
c. Negotiating with diverse treatment systems.
d. Advocating for client services.

A*ttitudes*

a. Acceptance of the necessity to deal with bureaucratic systems.
b. Recognition of the importance of cooperation.
c. Patience and perseverance.

5. 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.

K*nowledge*

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.

***S**kills*

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

***A**ttitudes*

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

6. Coordinate all treatment activities with services provided to the client by other resources.

***K**nowledge*

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.

***S**kills*

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.

***A**ttitudes*

a. Willingness to collaborate.

B. CONSULTING

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.*

K*nowledge*

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.

S*kills*

a. Demonstrating clear and concise written and verbal communication.
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 feedback.

A*ttitudes*

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 change.

2. *Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.*

K*nowledge*

a. Functions and unique terminology of related disciplines.

***S**kills*

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

***A**ttitudes*

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

3. Contribute as part of a multidisciplinary treatment team.

***K**nowledge*

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

***S**kills*

a. Demonstrating clear and concise verbal and written communication.
b. Participating in problem 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.

***A**ttitudes*

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

4. Apply confidentiality regulations appropriately.

***K**nowledge*

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.

***S**kills*

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.

***A**ttitudes*

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

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

***K**nowledge*

a. Behaviors appropriate to professional collaboration.
b. Client rights and responsibilities.

***S**kills*

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

***A**ttitudes*

a. Willingness to advocate on behalf of the client.
b. Professional concern for the client.
c. Commitment to professionalism.

C. CONTINUING ASSESSMENT AND TREATMENT PLANNING

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

K*nowledge*

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

S*kills*

a. Engaging client, family, and significant others in the ongoing treatment process.
b. Assessing client progress toward treatment goals.
c. Helping the client maintain motivation to change.
d. Assessing the comprehension level of the client, family, and significant others.
e. Documenting the client's adherence to the treatment plan.
f. Recognizing and addressing ambivalence and resistance.
g. Implementing follow-up and aftercare protocols.

A*ttitudes*

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

2. Understand and recognize stages of change and other signs of treatment progress.

K*nowledge*

a. How to recognize incremental progress toward treatment goals.
b. Client's cultural norms, biases, unique characteristics, and preferences for treatment.

c. Generally accepted treatment outcome measures.
d. Methods for evaluating treatment progress.
e. Methods for assessing client's motivation and adherence to treatment plans.
f. Theories and principles of the stages of change and recovery.

S*kills*

a. Identifying and documenting change.
b. Assessing adherence to treatment plans.
c. Applying treatment outcome measures.
d. Communicating with people of other cultures.
e. Reinforcing positive change.

A*ttitudes*

a. Appreciation for cultural issues that impact treatment progress.
b. Respect for individual differences.
c. Therapeutic optimism.

3. 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.

K*nowledge*

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

S*kills*

a. Participating in conflict resolution, problem solving, and mediation.
b. Observing, recognizing, assessing, and documenting client progress.
c. Eliciting client perspectives on progress.
d. Demonstrating clear and concise written and verbal communication.
e. Interviewing individuals, groups, and families.

f. Acquiring and prioritizing relevant treatment information.
g. Assisting the client in maintaining motivation.
h. Maintaining contact with client, referral sources, and significant others.

A*ttitudes*

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

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

K*nowledge*

a. Treatment modalities.
b. Documentation of process, progress, and outcome.
c. Factors affecting client's success in treatment.
d. Treatment planning.

S*kills*

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

A*ttitudes*

a. Appreciation of the importance of accurate documentation.
b. Recognition of the importance of multidisciplinary treatment planning.

5. Use accepted treatment outcome measures.

K*nowledge*

a. Treatment outcome measures.
b. Understand concepts of validity and reliability of outcome measures.

***S**kills*

a. Using outcome measures in the treatment planning process.

***A**ttitudes*

a. Appreciation of the need to measure outcomes.

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

***K**nowledge*

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 and symptoms of relapse.
f. Relapse prevention strategies.
g. Family and social systems theories.
h. Discharge planning process.

***S**kills*

a. Accessing 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.

***A**ttitudes*

a. Therapeutic optimism.
b. Patience and perseverance.

7. Document service coordination activities throughout the continuum of care.

K*nowledge*

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

S*kills*

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.

A*ttitudes*

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

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

K*nowledge*

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.

S*kills*

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.

A*ttitudes*

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 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.

A. Individual Counseling

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

K*nowledge*

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.

S*kills*

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.

A*ttitudes*

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

2. Facilitate the client's engagement in the treatment and recovery process.

K*nowledge*

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.

S*kills*

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.

A*ttitudes*

a. Respect for the client's frame of reference.

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

K*nowledge*

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

***S**kills*

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

***A**ttitudes*

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

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

***K**nowledge*

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.

***S**kills*

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 comprehension 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.

***A**ttitudes*

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

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

K*nowledge*

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.

S*kills*

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

A*ttitudes*

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

6. *Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.*

K*nowledge*

a. Client history and treatment plan.
b. Client behaviors and cognition that are inconsistent with recovery process.
c. Behavioral and cognitive therapy literature relevant to substance use disorders.
d. Cognitive, behavioral, and pharmacological interventions appropriate for relapse prevention.

***S**kills*

a. Monitoring the client's behavior for consistency with preferred treatment outcomes.
b. Presenting inconsistencies between client behaviors and goals.
c. Re-framing and redirecting negative behaviors.
d. Conflict resolution, decision-making, and problem solving skills.
e. Recognizing and addressing underlying client issues that may impede treatment progress.

***A**ttitudes*

a. Patience and perseverance during periods of treatment difficulty.
b. Accepting relapse as an opportunity for positive change.
c. Recognizing the value of a constructive helping relationship.

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

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

a. Appreciation for the need of significant others to be involved in the client's treatment plan, within the bounds of confidentiality.
b. Respect for the contribution of significant others to the treatment process.

8. 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 (STDs), and other infectious diseases.

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

9. Facilitate the development of basic and life skills associated with recovery.

K*nowledge*

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.

***S**kills*

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.

***A**ttitudes*

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..

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.

***K**nowledge*

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 spirituality to addiction and recovery.

***S**kills*

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

A*ttitudes*

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.

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

K*nowledge*

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.

S*kills*

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.

A*ttitudes*

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

12. Apply crisis management skills.

K*nowledge*

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.

S*kills*

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 any 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.

A*ttitudes*

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

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.

K*nowledge*

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. Skills-training methods.

S*kills*

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.

A*ttitudes*

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

B. GROUP COUNSELING

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

K*nowledge*

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.

S*kills*

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

A*ttitudes*

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

2. *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.*

K*nowledge*

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

S*kills*

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

A*ttitudes*

a. Recognition of the importance of involving group members in the establishment of group goals, outcomes, ground rules, and graduation and termination criteria.
b. 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.

3. Facilitate the entry of new members and the transition of exiting members.

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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

***S**kills*

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

***A**ttitudes*

a. Recognition of the value of the use of different group counseling methods and leadership or facilitation styles.
b. Appreciation for the role and power of the group facilitator.
c. Appreciation for the role and power of various group members in the group process.

5. 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.

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

a. Appreciating the appropriate use of content and process interventions.

6. 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.

K*nowledge*

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

S*kills*

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.

A*ttitudes*

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

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

K*nowledge*

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.

***S**kills*

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

***A**ttitudes*

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.

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.

***K**nowledge*

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.

***S**kills*

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

A*ttitudes*

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.

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

K*nowledge*

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.

S*kills*

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

A*ttitudes*

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.

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

K*nowledge*

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.

***S**kills*

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.

***A**ttitudes*

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

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

***K**nowledge*

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.

***S**kills*

a. Assisting system members to identify and practice behaviors designed to resolve the crises 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.

***A**ttitudes*

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.

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

K*nowledge*

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.

S*kills*

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

A*ttitudes*

a. Awareness of and 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.

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.*

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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.

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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.

K*nowledge*

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.

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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.

S*kills*

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

A*ttitudes*

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.

1. *Demonstrate knowledge of accepted principles of client record management.*

K*nowledge*

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.

S*kills*

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.

A*ttitudes*

a. Appreciation of the importance of accurate documentation.

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.*

K*nowledge*

a. Program, State, and Federal confidentiality regulations.
b. The application of confidentiality regulations.
c. Confidentiality regulations regarding infectious diseases.
d. The legal nature of records.

***S**kills*

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

***A**ttitudes*

a. Willingness to seek and accept supervision regarding confidentiality regulations.
b. Respect for the client's right to privacy and confidentiality.
c. Commitment to professionalism.
d. Recognition of the absolute necessity of safeguarding records.

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

***K**nowledge*

a. 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.

***S**kills*

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

A*ttitudes*

a. Willingness to develop accurate reports.
b. Recognition of the importance of accurate records.

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

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

6. Prepare accurate and concise discharge summaries.

K*nowledge*

a. 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.

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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.

S*kills*

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

A*ttitudes*

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.

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.*

K*nowledge*

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

S*kills*

a. Demonstrating ethical and professional behavior.

A*ttitudes*

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

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

K*nowledge*

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

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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

***S**kills*

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

***A**ttitudes*

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

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

***K**nowledge*

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.

***S**kills*

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.

***A**ttitudes*

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.

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

K*nowledge*

a. The role of supervision.
b. Models of supervision.
c. Potential barriers in the counselor and client relationship.
d. Transference and countertransference.
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.

S*kills*

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.

A*ttitudes*

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.

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

K*nowledge*

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.

***S**kills*

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.

***A**ttitudes*

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

7. Obtain appropriate continuing professional education.

***K**nowledge*

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

***S**kills*

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

***A**ttitudes*

a. Recognition that 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.

8. Participate in ongoing supervision and consultation.

K*nowledge*

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.

S*kills*

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

A*ttitudes*

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

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

K*nowledge*

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 promotion strategies.

S*kills*

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.

A*ttitudes*

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

Appendix A

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Appendix B

Glossary of Terms

1. Addiction Counseling: professional and ethical application of basic tasks and responsibilities which include clinical evaluation; treatment planning; referral; service coordination; client, family, and community education; client, family, and group counseling; and documentation.

2. 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.

3. Bio-medical: the application of the natural sciences, especially biological and physiological sciences, to clinical medicine.

4. Case Management: see "**Service Coordination**."

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

6. Competency: the requisite knowledge, skills, and attitudes to perform tasks and responsibilities essential to addiction counseling.

7. Confidentiality: the body of Federal and State statutes that protect the privacy of individuals seeking alcohol and drug abuse treatment services.

8. 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.

9. Counseling: a process involving a therapeutic relationship between a client who is asking for help and a counselor or therapist trained to provide that help.

10. Countertransference: a counselor's unresolved feelings for significant others that may be transferred to the client.

11. 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.

12. 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.

13. Dimension: the eight essential areas of practice which addiction counselors must master to effectively provide treatment activities identified in “Addiction Counseling Competencies.”

14. Disorder: an affliction that affects the functions of the mind and/or body, disturbing physical and/or mental health.

15. Dual Disorder: the condition of being both substance dependent and having a major Axis I psychiatric diagnosis as defined in the most recent edition of the “Diagnostic and Statistical Manual of Mental Disorders” (DSM).

16. Duty to Warn: the legal obligation of a counselor (healthcare provider) to notify the appropriate authorities as defined by statute and/or the potential victim when there is serious danger of a client inflicting injury on an identified individual.

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

18. Harmful Use: patterns of use of alcohol or 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.

19. Infectious: transmission of an illness or disease by direct or indirect contact.

20. 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.

21. 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.

22. 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.

23. Patient: see "**Client**."

24. Prevention: the theory and means for reducing the harmful effects of drug use in specific populations. Prevention objectives are to protect individuals prior to signs or symptoms of substance use problems; to identify persons in the early stages of substance abuse and intervene; and to end compulsive use of psychoactive substances through treatment.

25. 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.

26. Psychoactive Substance: a pharmacological agent that can change mood, behavior, and cognition process.

27. 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.

28. 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.

29. 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.

30. Service Coordination: the process of prioritizing, managing, and facilitating implementation of activities in an individual's treatment plan.

31. Significant Others: sexual partner, family member, or others on whom an individual is dependent for meeting all or part of his or her needs.

32. Sobriety: the quality or condition of abstinence from psychoactive substance abuse.

33. Special Populations: diverse groups of individuals having a unique culture, heritage, and background.

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

35. Substance Abuse: a maladaptive pattern of substance use leading to clinically significant impairment or distress such as failure to fulfill major role responsibilities, use in spite of physical hazards, legal problems, or interpersonal and social problems. (Also refer to the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders")

36. Substance Dependence: the need for alcohol or other drugs that results from the use of that substance. This need includes both mental and physical changes which makes it difficult for the user to control when they will use the substance and how much they will use. Psychological dependence occurs when the user needs the substance to feel good, normal, or to function. Physical dependence occurs when the body adapts to the substance and needs increasing amounts to achieve the same effect or to function. (Also refer to the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders")

37. 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.

38. Supervision/Clinical Supervision: the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance.

39. Transdisciplinary: knowledge, skills, and attitudes across academic disciplines related to substance abuse.

40. Transference: a client's unresolved feeling for significant others that may be transferred to the counselor.

Appendix C

Addiction Counseling Competencies

In 1995 the National Curriculum Committee of the Addiction Technology Transfer Center Program published the original work entitled *Addiction Counselor Competencies*. This work represented the Committee's first attempt to describe the knowledge, skills, and attitudes that characterize competent practice in addictions counseling. The document was met with widespread enthusiasm and has been used by a variety of colleges, universities, and other groups as a basis of development for counselor training programs.

As the Committee continued its work to establish the actual knowledge, skills, and attitudes statements that are contained in this publication, the original work underwent a series of transformations and changes. As a result, the revised *Addiction Counseling Competencies* is being presented in its entirety here in Appendix C.

Section 1

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

1. *Understand a variety of models and theories of addiction and other problems related to substance use.*

2. *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.*

3. *Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.*

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. TREATMENT KNOWLEDGE

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.*

2. *Recognize the importance of family, social networks, and community systems in the treatment and recovery process.*

3. *Understand the importance of research and outcome data and their application in clinical practice.*

4. *Understand the value of an interdisciplinary approach to addiction treatment.*

C. APPLICATION TO PRACTICE

1. *Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.*

2. *Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.*

3. *Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.*

4. *Provide treatment services appropriate to the personal and cultural identity and language of the client.*

5. *Adapt practice to the range of treatment settings and modalities.*

6. *Be familiar with medical and pharmacological resources in the treatment of substance use disorders.*

7. *Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.*

8. *Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.*

9. *Understand the need for and the use of methods for measuring treatment outcome.*

D. PROFESSIONAL READINESS

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

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

3. *Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship*.

4. *Understand the importance of ongoing supervision and continuing education in the delivery of client services*.

5. *Understand the obligation of the addiction professional to participate in prevention as well as treatment.*

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

Section 2

PROFESSIONAL PRACTICE DIMENSIONS

The basic tasks and responsibilities that constitute the work of an addiction counselor.

I. Clinical Evaluation
   - Screening
   - Assessment

II. Treatment Planning

III. Referral

IV. Service Coordination
   - Implementing the Treatment Plan
   - Consulting
   - Continuing Assessment and Treatment Planning

V. Counseling
   - Individual Counseling
   - Group Counseling
   - Counseling for Families, Couples, and Significant Others

VI. Client, Family, and Community Education

VII. Documentation

VIII. Professional and Ethical Responsibilities

I. CLINICAL EVALUATION

The systematic approach to screening and assessment.

A. 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. *Establish rapport, including management of crisis situation and determination of need for additional professional assistance.*

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.*

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.*

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.*

5. *Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.*
6. *Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.*

7. *Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.*

8. *Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.*

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

B. 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. *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;*
   - *socio-economic characteristics, lifestyle, and current legal status;*
   - *use of community resources.*

2. *Analyze and interpret the data to determine treatment recommendations.*

3. *Seek appropriate supervision and consultation.*

4. *Document assessment findings and treatment recommendations.*

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.

1. *Obtain and interpret all relevant assessment information.*
2. *Explain assessment findings to the client and significant others involved in potential treatment.*
3. *Provide the client and significant others with clarification and further information as needed.*
4. *Examine treatment implications in collaboration with the client and significant others.*
5. *Confirm the readiness of the client and significant others to participate in treatment.*
6. *Prioritize client needs in the order they will be addressed.*
7. *Formulate mutually agreed upon and measurable treatment outcome statements for each need.*
8. *Identify appropriate strategies for each outcome.*
9. *Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.*

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

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

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

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.

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.

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

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

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

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

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.

7. *Evaluate the outcome of the referral.*

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

1. *Initiate collaboration with referral source.*

2. *Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.*

3. *Confirm the client's eligibility for admission and continued readiness for treatment and change.*

4. *Complete necessary administrative procedures for admission to treatment.*

5. *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.

6. *Coordinate all treatment activities with services provided to the client by other resources.*

B. CONSULTING

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.*

2. *Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.*

3. *Contribute as part of a multidisciplinary treatment team.*

4. *Apply confidentiality regulations appropriately.*

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

C. CONTINUING ASSESSMENT AND TREATMENT PLANNING

1. *Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan.*

2. *Understand and recognize stages of change and other signs of treatment progress.*

3. *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.*

4. *Describe and document treatment process, progress, and outcome.*

5. *Use accepted treatment outcome measures.*

6. *Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.*

7. *Document service coordination activities throughout the continuum of care.*

8. *Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.*

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 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.

A. Individual Counseling

1. *Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.*

2. *Facilitate the client's engagement in the treatment and recovery process.*

3. *Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.*

4. *Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.*

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

6. *Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.*

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

8. *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 (STDs), and other infectious diseases.*

9. *Facilitate the development of basic and life skills associated with recovery.*

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.*

11. *Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.*

12. *Apply crisis management skills.*

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. GROUP COUNSELING

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

2. *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.*

3. *Facilitate the entry of new members and the transition of exiting members.*

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

5. *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.*

6. *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.*

C. COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

1. *Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.*

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.*

3. *Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process.*

4. *Assist families, couples, and significant others to understand the interaction between the system and substance use behaviors.*

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

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.

1. *Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.*
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.*
3. *Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.*
4. *Describe warning signs, symptoms, and the course of substance use disorders.*
5. *Describe how substance use disorders affect families and concerned others.*
6. *Describe the continuum of care and resources available to family and concerned others.*
7. *Describe principles and philosophy of prevention, treatment, and recovery.*
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.*
9. *Teach life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.*

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.

1. *Demonstrate knowledge of accepted principles of client record management.*

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.*

3. *Prepare accurate and concise screening, intake, and assessment reports.*

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

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

6. *Prepare accurate and concise discharge summaries.*

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

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.

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.*

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

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

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

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

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

7. *Obtain appropriate continuing professional education.*

8. *Participate in ongoing supervision and consultation.*

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