

INTERNATIONAL COALITION FOR
ADDICTION STUDIES EDUCATION

PROGRAM ACCREDITATION PROCESS
AND APPLICATION PORTFOLIO

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Part I INCASE PROGRAM ACCREDITATION MISSION STATEMENT

In organizing a program ACCREDITATION process for higher education addiction studies curricula, INCASE hopes to further the following goals of:

1. promoting quality assurance through the promulgation of program standards.
2. promoting the development of articulation networks, transferability and portability of matriculated certificates and degrees.
3. providing a resource for the creation, expansion and upgrading of addictions curricula.
4. insuring that the classroom, and supervised practicum coursework, is a bridge from science to practice in the preparation of an employable and professionally trained addictions workforce.
5. self-governance of addiction studies within higher education.
6. helping addiction studies educators advocate for their existence and needs within their institutional environment.
7. aiding students in moving up their educational and career ladders by providing legitimacy to the curricula and academic programs that they have completed.
8. aiding in the linkage of academic programs to workforce issues and trends, that will enhance the employability and career mobility of students and ensuring that curricula serve the needs of various subsets within the addiction field. These include, but may not be limited to treatment, prevention, administration, research, etc.
9. evaluate areas addressed in the program ACCREDITATION process that will include, at least the following:
 - a. Mission, Goals and Objectives.
 - b. Curriculum
 - c. Instructional Modalities and Resources
 - d. Qualifications of Faculty
 - e. Community Support and Articulation
 - f. Progress of Students and Graduates
 - g. Admission and Guidance

Part II THE PROGRAM ACCREDITATION PROCESS

The INCASE Program ACCREDITATION Process:

1. is VOLUNTARY.
2. attempts to AVOID DUPLICATION of program assessment and ACCREDITATION tasks, by adjusting the content and format of documentation to the institutional program ACCREDITATION process, including other

accreditations that have been achieved, and to the regional higher education accreditation cycles. INCASE will work collaboratively with institutions towards that end.

3. IS CONFIDENTIAL. It is anticipated that innovative and promising practices discovered during the program ACCREDITATION process will be disseminated throughout INCASE only with the ACCREDITATION of the institution. Additionally, any shortcomings noted in any program or institution, will not be made public except as recommendations for program improvement.
4. CONSISTS OF THE FOLLOWING STAGES:
 - a. Initial Application
 - b. Selection of an Evaluation Team by the Program ACCREDITATION Committee, which may include Board and non-Board members of INCASE.
 - c. The institution will prepare a preliminary self-study portfolio.
 - d. Submission of a body of documents, which will include the self-study portfolio, as well as other documents for each Domain and Standard.
 - e. Scheduling of a SITE VISIT after all of the written documentation has been submitted and accepted by the Evaluation Team.

The Site Visit will include, but not be limited to:

1. *Meeting with appropriate Dean, Department Chair, Program Coordinator.*
2. *Meeting with Faculty of the Program.*
3. *Meeting with Agency Supervisor(s), where a practicum is a component of the program.*
4. *Focus Group of Students*
5. *Meeting with Advisory Board*
6. *Recommendations of the INCASE Program ACCREDITATION Committee*
7. *Outcome of Site Visit (see the following section concerning "ACCREDITATION Process")*

In the future, as technology becomes more available, some of this process may be done on line, with surveys, or via closed circuit/cable/camcorder, etc. Currently, the Site Visit is anticipated as the "norm".

Part III ACCREDITATION PROCESS

After the Written Documentation Portfolio and the Site Visit have been completed, the Committee will give the institutional team a verbal report that may include, but not be limited to:

1. recommendations for program improvements or modifications.
2. FINAL RECOMMENDATION OF THE EVALUATION TEAM that may be one of the following:

- a. Tabling of the application prior to, or at the time of the Site Visit, to allow for further development of the program, or submission of further documentation where indicated.
- b. Conditional ACCREDITATION, with the condition that a plan for specific program modifications, additional information to be submitted, additional policies/procedures to be developed, etc.
- c. Full ACCREDITATION, with a re-certification of the program ACCREDITATION process after a period of five years.

RELIMINARY SELF-STUDY COMPONENTS

The self-study portfolio will include a separate chapter for each of the following sections:

Domain One: Mission and Goals

Domain Two: Curriculum

a. Completion of the TAP 21 Content Grid (if counseling skills are a goal of the program)

b. How other state or national standards or requirements are fulfilled by your curriculum (especially of the course content is other than counseling based)

c. The description of how the content of your course content fulfills the Standards of the INCASE Curriculum Guidelines

Domain Three: Educational Modalities and Resources

Domain Four: Faculty

Domain Five: Community Support and Articulation

Domain Six: Graduates

Domain Seven: Admission and Guidance

DIRECTIONS FOR
CREATING THE SELF-STUDY PORTFOLIO
AND DOCUMENTATION OF DOMAIN COMPLIANCE

The following pages are meant to function as Section Outlines, for each section. We will provide these pages for you to collect all necessary documentation for that section. We will describe what each section needs to have documented. You can use segments from other accreditation applications, if it will save you time and prevent unnecessary duplication. When you have completed each section, we ask for three complete copies. We suggest each copy be in a loose-leaf binder format.

SECTION 1

PRIMARY INFORMATION

NAME of
COLLEGE/UNIVERSITY _____

NAME of
PRESIDENT _____

NAME of
DEAN _____

NAME of DEPARTMENT
CHAIR _____

NAME OF PROGRAM
COORDINATOR _____
(if applicable)

NAME, AND CONTACT INFORMATION, OF PERSON RESPONSIBLE FOR
COORDINATION OF THE PROGRAM ACCREDITATION APPLICATION:

NAME _____

TITLE/POSITION _____

MAILING
ADDRESS _____

ZIP _____

PHONE _____

E-MAIL _____

WHAT ADDICTION STUDIES PROGRAMS DOES YOUR INSTITUTION OFFER?
(PLEASE CHECK ALL THAT APPLY)

Specialized cluster of courses leading to credentials (less than 12 credits)
Specify Associates, Bachelors, Masters, Post-graduate, or Doctoral level.

SPECIFY TYPE OF PROGRAM SPECIALIZATION

Certificate Programs, please specify certificate titles (more than 12 credits)
Specify Associates, Bachelors, Masters, Postgraduate, or Doctoral level

CERTIFICATE PROGRAM (TREATMENT) Doctoral	Associates	Bachelors	Masters
CERTIFICATE PROGRAM (PREVENTION) Doctoral	Associates	Bachelors	Masters
CERTIFICATE PROGRAM (OTHER—SPECIFY) Doctoral	Associates	Bachelors	Masters

Degree Programs, please specify degree titles

ASSOCIATE OF APPLIED SCIENCE
 ASSOCIATE OF ARTS DEGREE
 ASSOCIATE IN SCIENCE DEGREE
 ASSOCIATE DEGREE (OTHER—SPECIFY)

BACHELOR OF ARTS DEGREE
 BACHELOR OF SCIENCE DEGREE
 BACHELOR OF SOCIAL WORK DEGREE
 BACHELOR DEGREE (OTHER—SPECIFY)

MASTER OF ARTS DEGREE
 MASTER OF SCIENCE DEGREE
 MASTER OF SOCIAL WORK DEGREE
 MASTER OF DIVINITY
 MASTER OF PASTORAL COUNSELING
 MASTER DEGREE (OTHER—SPECIFY)

DOCTORAL DEGREE (SPECIFY)

SECTION 2

DOMAIN ONE: STATEMENT OF MISSION AND GOALS

1. The addiction studies program should have a statement of mission and goals. These may be separate or combined.
2. The program should have measurable goals for a one, two, or three year period.
3. A planning process should be in effect establishing and periodically revising goals and objectives, based on feedback from the evaluation cycle (see item).
4. The program may be:
 - a. a complete degree program.
 - b. a certificate program (minimum of four three credit courses).
 - c. a track or option to a degree program.
 - d. a cluster of individual courses (less than 12 credits).
 - e. any combination of the above.

DOCUMENTATION

In order to document the above information, you may write an original descriptive manuscript or copy previously published materials. Place the documentation in the binder after this page. If the material is found in a published booklet about your program, identify the pages where the information can be found, and attach a copy of the publication.

SECTION 3

DOMAIN TWO: THE CURRICULUM

This section is the most complex of the process, but will help you to understand your program from the “inside out” and will also assist your program in developing a higher quality education. It utilizes input from faculty, administration, students and graduates.

PART ONE

- A. Program Adequacy—the content of addiction studies programs should correspond to the INCASE CURRICULUM GUIDELINES (see also, appendix A).

DOCUMENTATION

1. A copy of all course descriptions, outlines and syllabi which should contain course objectives and requirements.
2. Counselor preparation programs should complete the TAP 21 (see also Appendix B) content grid to indicate how/where in the curriculum, the counseling skills are taught.
3. Other addiction specialty areas (i.e. Prevention, Supervision, Administration, etc.) should document the national or state criteria used for that specialty, and indicate how the curriculum fulfills the criteria of the specialty.

PART TWO

- B. The Program—the place of the program in the College/University and program promotion.

DOCUMENTATION

1. A letter from the Dean describing the placement of the addiction curriculum OR published program material which describes where the addiction curriculum fits into the Institutional framework.
2. Copies of recent promotional materials about the program, catalog or external advertising.

PART THREE

- C. Student Evaluation—describe methods of evaluating students.

DOCUMENTATION

1. Statements on course outlines on evaluation methods.
2. Copies of sample exams.
3. Results of evaluations of students
4. Two semesters of sample grade reports for addiction courses.
5. A sample set of completed practicum/internship evaluation forms (where applicable).

PART FOUR

- D. Course/Instructor Evaluation or Program Evaluation—Methods and Results. Student evaluations should be conducted at least annually. Intramural assessment and review should be conducted on a three year cycle.

DOCUMENTATION

1. Describe how the evaluations are done.
2. Describe how planning is based upon evaluations. (i.e. description of the feedback loop from evaluation to planning goals and objectives).
3. Student evaluations, or summaries of student evaluations.
4. Description of intramural evaluation of program (OR proposed intramural evaluation), results of the most recent evaluation (OR proposal) signed by the dean.

SECTION 4

DOMAIN THREE: EDUCATIONAL MODALITIES AND RESOURCES

1. Library and Access to Holdings

DOCUMENTATION

Provide a summary of holdings. It is understood that library contents will vary widely and that journal subscriptions can be so expensive as to prohibit acquisition of many serials. Nevertheless, some provision for student research should be made. If wider holdings exist at neighboring institutions to which students have access, this may be the basis for supplemental documentation. Addition specific holdings should be included and noted.

2. Faculty Support Resources

DOCUMENTATION

Provide a summary of the kinds of resources provided to faculty to aid in classroom presentations. This may include, but not be limited to, DVD/Video/Audio resources, journals for faculty specific information (i.e. Journal of Teaching the Addictions), aids for distance learning, etc. Addition Specific holdings and availability should be included and noted.

3. Reading and Writing Assignments

DOCUMENTATION

Please give examples of instructions for writing assignments, three sample “papers” or “projects” completed by students. Also show sample reading assignments for each course.

4. Computer Literacy Preparedness and Resources.

DOCUMENTATION

Computer literacy preparedness and resources may vary in approach and degree, Addictions curricula needs to ensure that graduates do not fall into an “information underclass” of professionals. Computer Literacy should be infused into the curriculum. Describe the computer resources available to students

5. Practicum/Fieldwork Educational Component (INCASE has recommended the document “Guidelines for Supervised Field Experiences in Addiction Treatment” developed by the Northwest Frontier Addiction Technology Transfer Center, April 2001 as a benchmark for the practicum/fieldwork component).

DOCUMENTATION

Please document through a narrative, or through printed materials, a description of your Practicum/Fieldwork Educational Component. It should include, but not be limited to the following:

- a. Development of field placement sites and affiliation agreements with agencies, and collaboration between the college/university and the agency.
- b. Method of placement.
- c. Method(s) of supervision by worksite.
- d. Intern responsibilities, goals of internship, learning contracts.
- e. Guidelines for intern conduct.
- f. Method by which the college/university works with the agency to insure professional training, ethical conduct and confidentiality.
- g. Basis for evaluation of interns.
- h. Copies of forms and documents pertaining to the above.
- i. List of internships and number of students.

6. Other Modalities.

DOCUMENTATION

Describe other modalities used in your program.

SPECIAL NOTE: In the Curriculum Guidelines, there are additional standards to be met. Please see Part 2 of Appendix A. Please complete those components in that section.

SECTION 5

DOMAIN FOUR: FACULTY

Faculty who teach addiction studies vary tremendously in their academic backgrounds and involvement with the field. The field may include treatment, prevention, clinical supervision, administration or research subspecialties of addiction professions. We expect that academic faculty have a Masters Degree in a health or helping profession, social or behavioral science. Exceptions may be made for a minority of faculty where the individual has significant clinical experience in addictions treatment or prevention. Standards may vary for full-time vs. part-time faculty, line faculty vs. administrators, or site supervisors for internships.

DOCUMENTATION

1. Curriculum vitae of faculty, and list of academic faculty in the addiction studies program, and/or a list of faculty from catalog or other official list.
2. List of site supervisors, their agencies and the Curriculum Vitae of the Supervisor.
3. Faculty Evaluation Procedures, for full time and part time faculty.
4. Procedures for hiring, supervision, utilization, and coordination of adjunct faculty.

Note: INCASE recognizes that confidentiality, legal and contractual restraints may limit the use of faculty evaluations.

SECTION 6

DOMAIN FIVE: COMMUNITY SUPPORT AND ARTICULATION

1. Certification: ACCREDITATION of Educational Hours by ICRC or NAADAC affiliate, where appropriate.
2. Licensure: ACCREDITATION of Coursework as fulfilling Educational requirements for State/Provincial licensure or certification is required and/or available.

DOCUMENTATION

A recently dated correspondence or certificate attesting to ACCREDITATION of course content meeting ACCREDITATION of state standards for certification (i.e. counseling, prevention specialists, etc.)

3. Advisory Board. An active Advisory Board should be maintained.

DOCUMENTATION

A list of Advisory Board Member Names and Affiliations as well as minutes of at least two meetings. This should be submitted by an external Advisory Board Chair, on letterhead of their agency.

4. Other linkages to external agencies.

DOCUMENTATION

List linkages to other external agencies. This may include items covered under Domain Two or the Advisory Board, as noted above. This may include faculty membership in agency consortia, providing in-service training for the community, etc.

SECTION 7

DOMAIN SIX: GRADUATES

1. Employment of Graduates. Not all addiction trainees become employed in the field, and not all remain in the field. Nevertheless, an addiction studies training program should show evidence of employment or upgrading for a percentage of participants.
2. Credentialing of Graduates. When programs prepare students for addiction credentials, the program should be able to show that students can and do attain those credentials.

DOCUMENTATION

Describe how graduate-follow-up surveys are (will be) conducted. Provide sample letters from agencies that employ graduates, as well as sample letters from graduates describing their movement up the career ladder.

3. Articulation and Transferability.

Graduate and Postgraduate Programs: Describe your enrollment efforts from Baccalaureate Programs, articulation agreements, and strategies for enrollment of graduate and postgraduate students.

Baccalaureate Program: Describe your enrollment efforts from Associates, (or two-year programs or schools) articulation agreements, and strategies for enrollment of transfer students or graduates from Associate Degree programs.

Community, Junior or Technical Colleges: Community Colleges generally charged with establishing career and educational ladders. Where the program is not exclusively designed as a terminal degree, evidence should be shown of availability of some segment of students to continue on to Baccalaureate Programs.

DOCUMENTATION

Provide documentation of articulation agreements, from other schools showing how your program fits into an overall “workforce development plan” for the addictions fields.

SECTION 8

DOMAIN SEVEN: ADMISSION AND GUIDANCE

1. Addiction studies programs shall have:
 - a. Admissions Policies
 - b. Policy and resources in regards to remedial-level students, especially in Associates and Bachelors level programs.
 - c. Screening for individuals who are inappropriate for counseling rolls.
 - d. Tutorial or mentoring services.
 - e. Academic counseling and advisement procedures.
 - f. Psychological, recovery and disability counseling and support services.
 - g. Procedure for dealing with relapse of a recovering student, as well as with students who may be in need of initial treatment.

DOCUMENTATION

This section may be documented by a narrative description, catalog or brochure copy.

INTERNATIONAL COALITION OF ADDICTION STUDIES EDUCATORS

CURRICULUM GUIDELINES FOR ACADEMIC EDUCATION 2007 EDITION

The members of INCASE propose the following curriculum guidelines as the current “state of the art” in academic addiction studies. We urge all addiction educators to join with us as an organization of addiction educators to both learn and share the best practices in teaching the addictions. We hope these guidelines will assist you in your teaching. We also suggest that colleges and universities who have developed, or wish to develop, programs of addiction studies, utilize these guidelines in your institutional development. We hope that this publication will help you to train the future practitioners who will treat and prevent problems related to substance abuse and addictions.

GENERAL CHARACTERISTICS

Curricula for Chemical Dependency and Addiction Studies will vary from institution to institution, but will have common characteristics.

Some of the variables will be based on the following:

1. The degree level.
2. The philosophy of the discipline in which the course is taught,
--or if the courses are shared by two or more disciplines,
by providing a “minor”.
--or if the body of knowledge is enough to have an independent “major”.
--or if the coursework is recognized as a free-standing discipline
with it’s own degree title.
3. The coursework is philosophically part of a traditional multi-disciplinary Program. (e.g. Human/Social Services, Psychology, Counseling, Social Work, Pastoral Counseling, Nursing, Education, etc.)
4. The courses are geared to areas of Chemical Dependency Specialization and workforce development issues that prepare students for credentials and employment in areas such as:
--Treatment as Certified or Clinical Counselors
--Education/Schools
--Prevention Specialist
--MICA/Co-occurring Disorders
--Management/Clinical Supervision
--Nursing/Medical Treatment

--Research

5. If philosophical base is limited to substance use disorders, or inclusive of behavioral/process addictions.

The Common Characteristics however need to reflect and include the following:

1. The current science and research related to Chemical Dependency and Addictions. ,
2. Evidence Based Prevention and/or Treatment techniques,
3. Quality Clinical Supervision,
4. Education and sensitivity to Cultural and diverse populations,
5. Need to prepare students for the workplace by providing the academic preparations for credentials needed for employment.
6. Integration of 12-step and other self-help groups in the recovery process.
7. Substance Use Disorders, as well as Co-occurring Disorders and Non-chemical/Behavioral/Process Addictions should be included.

THE CURRICULUM GUIDELINES

The specifications following each standard in this section define four levels of academic training: Associates, Bachelors, Masters and Doctoral. It should be noted that in some states/provinces Internship/Training positions may be at a pre-degree level.

Some academic training is in fact “Pre-Service” (entry level), while others may be more “In-Service” (working in the field towards credentialing) and others as graduate/postgraduate training (those with credentials seeking advanced degrees or credentials) and Continuing Education (for those with clinical credentials needing to keep up with the “state of the art” of Addiction Studies).

The curriculum standards are divided into two parts:

- (A) Knowledge, Theory, Skills and Values and
- (B) Field Practice, and Supervised Training

A. KNOWLEDGE, THEORY, AND SKILL DEVELOPMENT

Standard 1

HISTORY

The curriculum shall include the historical development of the overall field of chemical dependency prevention and treatment.

The history of substance use and abuse, along with the contexts in which prevention and treatment evolved, provide a foundation for understanding the present conditions in the field, and a framework for understanding future evolution of the field. This will include the knowledge of how the field developed from various non-professional experiences, how other disciplines succeeded or failed in dealing

with substance abuse problems, as well as the social and political forces that impacted upon service delivery.

Minimum Associate Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Historical and cross-cultural survey of Substance use and abuse.
- b. Historical roots of the prevention and treatment field
- c. The evolution of the “Profession” from the “para-professional” workers
- d. Historical and current legislation impacting upon the delivery of Chemical Dependency and Addiction services both nationally and at the state level.
- e. How public and personal attitudes influence personal behavior, Public Policy and legislation related to Chemical Dependency and Addiction Services.

Minimum Bachelors Specifications for Standard 1

Demonstrates how the Knowledge and Theory related to the historical development of the field is included and analyzed within the curriculum.

- f. Differences between the systems of government, economics and consumerism.
- g. Exposure to various political and economic motivators in society that impact on prevention and treatment services.

Minimum Masters Specifications for Standard 1

Demonstrate how the Knowledge and Theory related to the historical development of the field is included and analyzed within the curriculum

- h. Analyze and develop an understanding for the elements needed to improve the service delivery to clients/patients.
- i. Analyze and develop an understanding of the theories and elements necessary for current social change, around issues of prevention and treatment.
- j. Analyze and develop an understanding of a various multicultural and international approaches to the prevention and treatment of substance abuse.

Minimum Doctoral Specifications for Standard 1

Demonstrate how the Knowledge and Theory related to the historical development of the field is analyzed and integrated into new and creative insights, skills or models of change.

Standard 2

HUMAN DEVELOPMENT

The curriculum shall provide knowledge, theory and skills related to human development as it relates to substance use disorders within the individual, family and society.

Chemical Dependency Professionals need to understand the dynamics of human growth and development as it relates to individuals and families

as it relates to the impact of substance abuse and addictions. This standard relates to both the development of, and the recovery from, substance use disorders.

Minimum Associates Specifications for Standard 2

Demonstrate the knowledge, theory and skills related to human development as it relates to the development of, and the recovery from, substance use disorders.

- a. Introduction to human development theory
- b. Introduction to family systems theory
- c. Understanding of the recovery process of substance use disorders
- d. Understanding of the family recovery process
- e. Introduction to interpersonal counseling skills
- f. Introduction to group counseling skills
- g. Understanding of self-help groups in the recovery process
- h. Client and family education about treatment and recovery
- i. Introduction to multicultural counseling theory and practice

Minimum Bachelors Specifications for Standard 2

Demonstrate how the knowledge, theory and skills related to human development as it relates to the development of, and recovery from, substance use disorders.

- j. Theories of Addiction
- k. Theories of human development
- l. Individual counseling techniques
- m. Group counseling techniques
- n. Family systems theory and counseling techniques
- o. Introduction to prevention and techniques

Minimum Masters Specifications for Standard 2

Demonstrate how the Knowledge, Theory and Skill development related to the understanding of human development as it relates to the development of, and recovery from, substance use disorders.

- p. Develop advanced understanding and skills related to individual, group and family counseling techniques.
- q. Develop advanced understanding and skills related to prevention activities
- r. Understanding of the changing roles in family systems and the impact upon prevention and treatment activities.

Minimum Doctoral Specifications for Standard 2

Demonstrate how the Knowledge, Theory and Skills related to human development are developed and integrated with other research to identify new and innovative prevention and treatment techniques.

Standard 3

HEALTH AND SOCIAL SERVICE SYSTEMS

The curriculum shall provide for knowledge and skills related to the availability and utilization of health and other social services.

Students specializing in the fields of chemical dependency prevention and treatment need to develop the knowledge of the local health and social service delivery systems (especially the substance abuse treatment systems), educational systems, criminal justice systems, and related professionals, in order to better provide comprehensive services to clients/patients. Legal requirements and professional attitudes about these systems and the skills to accept, and make, appropriate referrals are essential for providing quality prevention and treatment services.

Minimum Associate Specifications for Standard 3

Demonstrate how the Knowledge, Theory and Skills related to understanding and utilizing comprehensive services to clients.

- a. Be knowledgeable of existing health, social, educational, criminal justice systems in the community.
- b. Be familiar with the spectrum of substance abuse treatment services within the community, including multicultural services.
- c. Be aware of various professionals, their scope of practice, and respect for their professional training and scope of practice.
- d. Be aware of federal and state laws and regulations related to making referrals to other substance abuse and addiction services, as well as other community services
- e. Be knowledgeable of 42 CFR Part 2 and other regulations regarding confidentiality and the referral process.

Minimum Bachelors Specifications for Standard 3

Demonstrate how the Knowledge, Theory and Skills related to understanding and utilizing comprehensive services to clients are in the curriculum.

- f. Be knowledgeable of the differential treatment philosophies of treatment facilities
- g. Be aware of the differences between self-help and professional groups and services.
- h. Be knowledgeable of, and able to use, at least three tools to assess substance abuse dependency, be familiar with and how to utilize the ASAM Patient Placement Criteria.

Minimal Masters Specifications for Standard 3

Demonstrate how the Knowledge, Theory and Skills related to understanding and utilizing comprehensive services to clients are in the curriculum.

- i. Be knowledgeable of and understand how to use the current DSM chapter on diagnostic criteria for Substance Use Disorders and the correlation with the ASAM-PPC, so as to make appropriate referrals when necessary.

- j. Be knowledgeable of other DSM diagnostic criteria that frequently co-occur with Substance Abuse Diagnoses

Minimal Doctoral Specifications for Standard 3

Demonstrate how the Knowledge, Theory and Skills related to Health and Social Services, in the Substance Abuse field, are developed and integrated with other research to identify new and innovative prevention and treatment techniques.

Standard 4

SUBSTANCE ABUSE COUNSELING SKILLS

The curriculum will train students to have the knowledge and skills to provide the core functions of substance abuse counseling.

For students being prepared to become substance abuse counselors, the curriculum should include, at all levels, the core functions of alcohol and drug abuse counselors as required by the state in which the college/institution is located. Curricula not intended to prepare counselors may utilize only the relevant functions. Most states utilize ICRC and/or TAP 21 core functions. The core functions include (but may be modified/adapted based upon individual state requirements):

Screening

Orientation to services

Assessment (and/or diagnosis)

Treatment Planning

Individual Counseling

Group Counseling

Family Counseling

Client Education

Reports and Record Keeping

Consultation

Supervision

Referral

Minimum Associate Specifications for Standard 4

Demonstrate how the Knowledge and Skills to understand and utilize the core functions of substance abuse counseling are integrated into the curriculum.

- a. as listed above (or similar listing of core functions)

Minimum Bachelors Specifications for Standard 4

Demonstrate how the Knowledge and Skills to understand and show proficiency in how to utilize the core functions of substance abuse counseling.

- b. as listed above (or similar listing of core functions)

Minimum Masters Specifications for Standard 4

Demonstrate how the knowledge and skills related to the utilization of the core functions of substance abuse counseling are integrated into the curriculum at a Masters level.

- c. as listed above
- d. diagnosis of substance use disorders (in addition to assessment)
- e. have a basic understanding of clinical supervision skills and techniques to assist in the training of students, interns, and other counselors.
- f. provide training in these core functions to entry level counselors

Doctoral Specifications for Standard 4

Demonstrate how the knowledge and skills related to the utilization of the core functions of substance abuse counseling are integrated into the curriculum at a doctoral level.

- g. develop proficiency in providing clinical supervision
- h. provide training and clinical supervision to students, interns, undergraduate, and masters level counselors
- i. provide academic education to undergraduate and graduate students and counselors.

Standard 5

PHARMACOLOGY and PHYSIOLOGY

The curriculum shall provide knowledge, theory and skills concerning pharmacology and physiology.

Students in the field of chemical dependency studies need to have an appropriate level of understanding of pharmacology as it relates to the physical, emotional, social and intellectual dynamics of the whole person.

Minimum Associate Specifications for Standard 5

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum.

- a. Basic understanding of how drugs effect and affect the physical, emotional and social aspects of the person.
- b. Basic knowledge of symptoms of intoxication and withdrawal
- c. Basic knowledge of the physical effects of drugs on the human physiology
- d. Difference between licit and illicit drug use

Minimum Bachelors Specifications for Standard 5

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum.

- e. Basic understanding of current neurobiology of addiction
- f. Addiction as a Brain Disease

- g. Provide client education about the physiology and pharmacology of abuse, addiction and recovery to individuals, groups and family members.
- h. Working understanding of pharmacological modalities of substance use disorders.

Minimum Masters Specifications for Standard 5

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum.

- i. Advanced understanding of pharmacology and neurobiology of addiction
- j. Understanding of psychiatric medications used in the treatment of coexisting disorders, and the implications for treatment.
- k. Advanced understanding of pharmacological modalities of Substance use disorders.
- l. Develop Knowledge and Skills related to diet/nutrition and exercise as it relates to prevention, treatment and recovery.
- m. Basic understanding of current complementary medicine approaches to treating substance use disorders, including, but not limited to herbal medicines, acupuncture, meditation, etc.

Minimum Doctoral Specifications for Standard 5

Same as Masters Specifications for Standard 5

Standard 6

ASSESSMENT

The curriculum shall include specific knowledge and skills necessary to provide an assessment for substance use disorders.

Minimum Associate Specifications for Standard 6

and

Minimum Bachelors Specifications for Standard 6

Demonstrate how knowledge and skill development about standardized tools used to assess substance abuse, dependency and addictions are included in the curriculum.

These tools should include, but not be limited to:

- CAGE
- MAST
- ASI
- SASSI

Minimum Masters Specifications for Standard 6

and

Minimum Doctoral Specifications for Standard 6

Demonstrate how knowledge and skill development about standardized tools used to assess substance abuse and related problems are included in the curriculum. These tools should include, but not be limited to:

- Beck Depression Inventory
- South Oaks Compulsive Gambling Questionnaire
- Current DSM for diagnostic criteria for Substance Use Disorders, related problems and Co-occurring Disorders.

Standard 7

TREATMENT MODALITIES

The curriculum shall provide knowledge, theory and skills related to various substance abuse treatment modalities.

Document that knowledge of the treatment modalities accepted as the current levels of care are identified, described in philosophy and theory, so that appropriate treatment planning and referral can take place.

Minimum Associates Specifications for Standard 7
and

Minimum Bachelors Specifications for Standard 7

Students at this level will

- a. Be familiar with the levels of care defined by the ASAM-PPC,
- b. Be aware of referral protocols between the various service providers in the local/county/state region.
- c. Be familiar with fees, payment scales, other third party payees for various treatment providers.

Minimum Masters Specifications for Standard 7

- d. be aware of program evaluations, accreditations, etc. to assist in providing the best quality treatment for clients/patients, in cooperation with other members of the treatment team.

Minimum Doctoral Specifications for Standard 7

- e. supervise and conduct program evaluations, accreditations, etc. to assist in providing the best quality treatment for clients/patients in cooperation with other members of the treatment team.

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Standard 8

INFORMATION MANAGEMENT AND RECORDKEEPING

The curriculum shall provide for knowledge and skills in information management.

Minimum Associates Specifications for Standard 8

Demonstrate how the following are included in the curriculum:

- a. Knowledge and Skills to develop information to complete a bio-psych-social(-spiritual) assessment for the purpose of development of a treatment plan.
- b. Knowledge and Skills to gather information through client observation, interviewing, active listening, consultation with others, internet access, library/resource enters, etc.
- c. Knowledge and skills to record and organize professionally relevant information.
- d. Issues related to federal and state confidentiality rules.
- e. Appropriate levels of literacy and writing skills necessary for professional communication.
- f. Use of technology for word processing, sending e-mail, and locating and evaluating information.

Minimum Bachelors Specifications for Standard 8

Demonstrate how the following are included in the curriculum:

- g. Knowledge and skills to obtain information through the observation of how the individual functions in relationship to various systems.
- h. Knowledge and skills to assess the adequacy, accuracy and validity of information provided by others.
- i. Knowledge and skills to develop a treatment plan, document progress in achieving the goals and objectives, write relevant letters, reports advocacy position statements, and develop a discharge summary.
- j. Produce a written case presentation.
- k. Produce a limited number of reports/term papers.

Minimum Masters Specifications for Standard 8

Document how the following are included in the curriculum

- l. Knowledge and skills associated with management and clinical supervision of client records and information management.
- m. Knowledge and skills to develop basic programmatic needs assessment, program coordination and evaluation.
- n. Skills to interpret and present research findings in written or verbal form to clients, colleagues, or other professionals; and to use this information for community education and public relations.
- o. Produce a relevant masters thesis or project.

Minimum Doctoral Specifications for Standard 8

Document how the following are included in the curriculum:

- p. Knowledge and skills to gather relevant research information.
- q. Knowledge and skills to analyze relevant research information.

- r. Produce a doctoral thesis or project.
- s. Knowledge and skills to organize and publish new and relevant information.

Standard 9

INTERPERSONAL COMMUNICATIONS

Learning experiences shall be provided for the student to develop his or her interpersonal skills.

The ability to create genuine and empathetic relationships with others is central to the substance abuse professional. These skills are applicable to all levels of education, and a greater proficiency is expected at each progressively higher level.

Associates, Bachelors, Masters and Doctoral Levels

Demonstrate how the following are included in the curriculum.

- a. Clarifying expectations for self and others, as well as programs and systems.
- b. Dealing effectively with conflict and confrontation
- c. Establishing rapport with clients
- d. Maintaining behavior that is congruent with expressed values
- e. Critical thinking for analysis, problem solving, synthesis, decision making, and predicting outcomes.
- f. Becoming familiar with sub-population issues, including, but not limited to cultural/racial/ethnic, age, gender, sexual orientation, religious traditions and belief systems.

Standard 10

ADMINISTRATIVE AND SUPERVISORY

Graduate and Post-graduate training shall include Knowledge, Theory and Skills to provide administrative and supervisory competency.

At the Masters and Doctoral levels, graduates are expected to have supervisory and administrative skills, while Associates and Bachelor level workers need to know how to work under supervision.

Minimum Associates and Bachelors Specification for Standard 10

- a. Knowledge of rules and regulations regarding clinical supervision.
- b. Knowledge of what qualities to seek out in a clinical supervisor
- c. How to work under supervision in an administrative structure
- d. Know the limitations of scope of practice and function
- e. Know when to seek out additional supervision and/or consultation.

Minimum Masters and Doctoral Specifications for Standard 10

Demonstrate how the Knowledge, Theory, and Skills for the following areas are included in the curriculum:

- f. Program planning, coordination, and evaluation.
- g. Providing supervision, administrative and clinical.
- h. Grant and contract management
- i. Develop professional needs assessment and development plans
- j. Understand the legal and regulatory aspects of service delivery
- k. Understand the approaches to public policy development, the legislative and statutory process, regulation development and enforcement, etc.
- l. Constituency building, advocacy techniques such as lobbying, grass roots movements, community development, and community organizing.
- m. Train and supervise students, interns, and certified counselors.
- n. Evaluate students, interns, counselors and other staff.

Standard 11

PERSONAL GROWTH

All levels of education and training shall include knowledge, theory and skills necessary to develop, and implement, a personal growth plan for themselves that transcends their professional life.

The curriculum shall provide experiences and support to enable students to develop awareness of their own values, personalities, reaction patterns, life styles, personal/professional balance, interpersonal styles and limitations.

Associates, Bachelors, Masters, and Doctoral Specifications for Standard 11

Demonstrate how the following are included in the curriculum.

- a. Conscious use of self
- b. Reflection on professional self (e.g. journaling, development of a portfolio or project demonstrating competency)
- c. Clarification of Values
- d. Awareness of diversity
- e. Strategies for self-care

Standard 12

HEALTHY DRUG USE

All students will understand the differences between:

- healthy and unhealthy drug use
- drug use, abuse, misuse, and dependency
- Prescribed Medications and self-medication activities

as well as:

- proper use of legitimately prescribed medications for specific diagnoses, including both physical and mental health problems
- “Official 12-Step” policy on the use of legitimately prescribed medications
- healthy decision-making about OTC medications, herbal remedies, and folk remedies

Minimum Associates and Bachelors Specifications for Standard 12

Demonstrate the basic knowledge and skills to:

- a. identify the above listed concepts and distinctions.
- b. Be able to utilize the above concepts in providing client education

Minimum Masters and Doctoral Specifications for Standard 12

Demonstrate the knowledge and skills to:

- c. provide client education about proper drug use, and dangers of self medicating practices.
- d. provide client education about healthy alternatives to high risk drug use that may lead to relapse, including, but not limited to, preparation for surgical procedures and post surgical pain management.
- e. be able to provide information to medical professionals about high risk/relapse potential medications, safer alternatives, and how to monitor “risky medications”, while respecting the treating medical professional’s scope of practice.

Standard 13
CRITICAL THINKING

All students shall be exposed to the value of critical thinking as a learned skill. Examples shall include how to use critical thinking in the development of prevention programs, treatment and recovery plans, evaluation of individuals, families and programs.

Minimum Associates and Bachelor Specifications for Standard 13

- a. Students will be exposed to principles associated with critical thinking.
- b. Students will be able to identify shortcomings in “standardized” (one size fits all) approaches to prevention and treatment.

Minimum Masters and Doctoral Specifications for Standard 13

- c. Students will be able to express alternative approaches to problem solving, treatment planning, research, evaluation procedures, utilization of research, and prevention programming.
- d. Students will learn to critically interpret commercial advertising, peer pressure techniques, and public policy issues (or lack thereof) related to substance use, abuse or dependency.
- e. Students will learn principles of research and approaches and techniques used in interpretation.

B. FIELD EXPERIENCES AND SUPERVISED TRAINING

Minimum Requirements

While there is agreement that field experiences or supervised training is a critical component overall training in the field of chemical dependency and addiction services, there are variations in format, duration and placements.

Supervised experience and training is a process of professional development that integrates academic knowledge, theory and skill development, with professional behaviors that are being taught concurrently in the classroom. It should be an integral part of the total educational process. The content of the supervised experiences shall be with each academic level.

Where appropriate, the supervised training should qualify as hours that qualify for certification or licensure in a certified or licensed discipline within state requirements. These standards will not dictate the number of hours but the program must document that how the hours fulfill state mandated certification or licensure requirements in whole or in part.

Field Standard 1

The program shall provide field experience/supervised training that is integrated with the curriculum.

Specifications for all levels of Field Standard 1

- a. Demonstrate how students are exposed to substance abuse agencies, clients, self-help groups within the program.
- b. Provide a copy of the text and/or manual and guidelines given to the students advising them of field experience placement requirements.
- c. Provide documentation of written agreements with field agencies and/or clinical supervisors that specify the students role, activities, supervision, field instruction, and evaluations.
- d. Each placement shall have both a field supervisor and academic faculty supervisor.

Additional Specification for Field Standard 1

Bachelors, Masters and Doctoral levels

The program shall demonstrate how:

- a. The student is assigned and supervised with an independent caseload or the assignment of administrative function within the agency.
- b. The supervised training site is either a licensed facility that treats substance abuse or addictions, community based agency, or a practice with an appropriately licensed and trained supervisor.
- c. Masters and Doctoral levels should include training sites that provide

services to those with co-occurring disorders. Bachelors level students may also be exposed to this population.

Field Standard 2

ACADEMIC CREDIT

The program shall provide academic credit for field experiences and other supervised training.

The granting of academic credit for field experiences and other supervised training is widely accepted. It validates the experience as a genuine part of the curriculum and tends to assure quality instruction.

Specifications for all levels for Field Standard 2

- a. provide that academic credit is given for all or some of the hours required by the state certifying or licensing bodies.
- b. students are advised of the total number of hours required by state certifying or licensing bodies, and how many of these hours will be satisfied by the field placement/supervised training experience.
- c. demonstrate how the training experience is structured with clear learning experiences and methods of evaluation.

Field Standard 3

SUPERVISION

Field supervisors shall be licensed (or certified, depending on state requirements) clinical supervisors, with training in providing clinical supervision (in accordance with state regulations), to insure that field supervisors provide quality learning experiences.

Maximum learning will occur only when both the field placement and the college/university provides quality supervision to the students.

Specifications for all levels of Field Standard 3

- a. Supervisors shall have no less than the same credential or degree than the program awards. It is strongly recommended that the supervisors have no less than one degree level above the level of degree that the students are seeking. A minimum masters degree is recommended. State regulatory credentials should be minimal requirements.
- b. Supervisors should have training in how to provide clinical supervision. If the supervisor does not have a supervision credential, the school shall help provide minimum Continuing Education to the field supervisor.
- c. Demonstrate that the Faculty Course Supervisor has at least one site-visit each semester (or quarter) to help monitor the progress of the
- d. experience or meet with all clinical supervisors at least once per semester.
- e. Demonstrate that there is a written plan of learning objectives, activities,

And outcomes for each student that was agreed to by the faculty supervisor, the student, and the field supervisor.

- f. Document a final summary evaluation for each student and how the evaluation is used to assist in personal/professional growth. Included, should be a format for suggesting that the student has/has not the potential to become a substance abuse/addiction professional.

TAP 21 Crosswalk

(adapted from TAP 21 by Dr. Douglas Scheidt)

ADDICTION COUNSELOR FUNCTIONS

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

1. Clinical Evaluation

- SCREENING
- ASSESSMENT

2. Treatment Planning

3. Referral

4. Case Management

- IMPLEMENTING THE TREATMENT PLAN
- CONSULTING
- CONTINUING ASSESSMENT AND TREATMENT PLANNING

5. Counseling

- INDIVIDUAL COUNSELING
- GROUP COUNSELING
- COUNSELING FOR FAMILIES, COUPLES, AND INTIMATE DYADS

6. Client, Family, and Community Education

7. Documentation

8. Professional and Ethical Responsi

Addiction Curriculum Evaluation Scales

Addiction Curriculum Evaluation Scales

<p>INSTRUCTIONS: In the column of the class that you teach, please mark “A” if the activities of your class ASSUME that students are already competent in this area, “C” if students should achieve COMPETENCY in this area through the activities of your class, or “I/R” if you INTRODUCE or REVIEW/REINFORCE competency without teaching it fully.</p> <p>Review the results in each row for gaps (no Cs), redundancies (multiple Cs) or sequencing/prerequisite issues (A requires prerequisite C).</p>									
<p><u>A. FOUNDATIONS FOR ADDICTION PROFESSIONALS</u></p>									
<p>I. UNDERSTANDING ADDICTION The professional is able to:</p>									
<p>1) Understand a variety of models and theories of addiction and other ance-related problems.</p>									
<p>2) Appreciate the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and their living environments.</p>									
<p>3) Describe the behavioral, psychological, physical health, and social effects of psychoactive drugs, including alcohol and tobacco, on the consumer and significant others.</p>									

<p>INSTRUCTIONS: In the column of the class that you teach, please mark “A” if the activities of your class ASSUME that students are already competent in this area, “C” if students should achieve COMPETENCY in this area through the activities of your class, or “I/R” if you INTRODUCE or REVIEW/REINFORCE competency without teaching it fully.</p> <p>Review the results in each row for gaps (no Cs), redundancies (multiple Cs) or sequencing/prerequisite issues (A requires prerequisite C).</p>									
<p>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.</p>									
<p>II. TREATMENT KNOWLEDGE The professional is able to:</p>									
<p>5) Describe the philosophies, practices, policies, and outcomes of the most generally accepted models of treatment, recovery, relapse prevention and continuing care for addiction and other substance-related problems.</p>									
<p>6) Appreciate the importance of family, social networks, and community systems in the treatment and recovery process.</p>									
<p>7) Understand the importance of research and outcome data, and their application in clinical practice.</p>									
<p>8) Appreciate the value of an interdisciplinary approach to addiction treatment.</p>									

III. APPLICATION TO PRACTICE The professional is able to:									
9) Understand the established diagnostic criteria for substance dependence and abuse, and describe treatment modalities and placement criteria within the continuum of care.									
10) Describe a variety of helping strategies for reducing the negative effects of substance abuse and dependency.									
11) Tailor helping strategies and treatment modalities to the client's stage of dependency, change, or recovery.									
12) Adapt treatment services to the client's level of cultural and language literacy, acculturation, or assimilation.									
13) Appreciate the need to adapt practice to the range of treatment settings and modalities.									
14) Be familiar with medical and pharmaceutical resources in the treatment of addictive disease and other substance-related disorders.									
15) Understand the variety of insurance and health maintenance options available, and appreciate the importance of helping clients access those benefits.									
16) Recognize that crisis may indicate an underlying substance abuse problem, and may represent a window of opportunity for change.									
17) Understand the need for, and the use of, methods for measuring treatment outcome.									
IV. PROFESSIONAL READINESS The professional is able to:									

18) Understand diverse racial and ethnic cultures, including their distinct patterns of interpreting reality, world view, adaptation, and communication, and to incorporate the special needs of minority groups and the differently-abled into clinical practice.									
19) Understand the importance of self-awareness in one's personal, professional, and cultural life.									
20) Understand the addiction professional's obligation to adhere to generally accepted ethical and behavioral standards of conduct in the helping relationship.									
21) Understand the importance of ongoing supervision and continuing education in the delivery of client services.									
22) Understand the obligation of the addiction professional to participate in prevention, as well as treatment.									
23) Understand and appropriately apply agency-specific policies and procedures for handling crises or dangerous situations, including safety measures for clients and staff.									
<u>B. ADDICTION COUNSELOR COMPETENCIES</u> The knowledge, skills, and attitudes within each function that are essential to the competent practice of addiction treatment and substance abuse counseling.									
I. Clinical Evaluation The systematic approach to screening and assessment.									
Ia. SCREENING The process through which the counselor, client, and available significant others determine the most appropriate initial course of action, given the client's needs, characteristics, and available resources within the community. The counselor is able to:									

24) Establish rapport, including management of crisis situations and determination of need for additional professional assistance.									
25) Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, 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 on the client's ability to follow-through successfully with an action plan.									
26) Screen for alcohol and other drug toxicity, withdrawal symptoms, aggression or danger to others, and potential for self-inflicted harm or suicide.									
27) Help the client identify the role of substance use in his/her current life problems.									
28) Determine the client's readiness for treatment/change and the needs of others involved in the current situation.									
29) Review the treatment options relevant to the client's needs, characteristics, and goals.									
30) Apply accepted criteria for diagnosis, and the use of modalities on the continuum of care, in making treatment recommendations.									
31) Construct with the client and others, as appropriate, an initial action plan based on needs, preferences, and available resources.									
32) Based on an initial action plan, take specific steps to initiate an admission or referral, and ensure follow-through.									

<p>Ib. 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. The counselor is able to:</p>								
<p>33) Select and use comprehensive assessment instruments that are sensitive to age, gender and culture, and which address:</p> <ul style="list-style-type: none"> ● History of alcohol and other drug use ● Health, mental health, and substance-related treatment history ● History of sexual abuse or other physical, emotional, and verbal abuse, and/or other significant trauma ● Family issues ● Work history and career issues ● Psychological, emotional, and world-view concerns ● Physical and mental health status ● Acculturation, assimilation, and cultural identification(s) ● Education and basic life skills ● Socio-economic characteristics, lifestyle, and current legal status ● Use of community resources ● Behavioral indicators of problems in the domains listed above 								
<p>34) Analyze and interpret the data to determine treatment recommendations.</p>								
<p>35) Seek appropriate supervision and consultation.</p>								
<p>36) Document assessment findings and treatment recommendations.</p>								

<p>II. Treatment Planning</p> <p>A collaborative process through which the counselor and client develop desired treatment outcomes, and identify the strategies to achieve them.</p> <p>At a minimum, the treatment plan addresses the identified substance related disorder(s), as well as issues related to treatment progress, including relationships with family/friends, employment, education, spirituality, health concerns, and legal needs.</p> <p>The counselor is able to:</p>									
37) Obtain and interpret all relevant assessment information.									
38) Explain assessment findings to the client and others potentially involved in treatment.									
39) Provide the client and significant others with clarification and further information, as needed.									
40) Examine treatment implications in collaboration with the client and significant others.									
41) Confirm the readiness of the client and significant others to participate in treatment.									
42) Prioritize client needs in the order they will be addressed.									
43) Formulate mutually agreed-upon treatment outcomes for each need.									
44) Identify appropriate strategies for each outcome.									
45) Match treatment activities and community resources with prioritized client needs, in a manner consistent with the client's diagnosis and existing placement criteria.									
46) Develop, with the client, a mutually acceptable plan of action, as well as methods for monitoring and evaluating progress.									

47) Inform the client of his/her confidentiality rights, program procedures that safeguard them, and the exceptions imposed by statute.									
48) 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. The counselor is able to:									
49) Establish and maintain professional relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large in order to ensure appropriate referrals, identify service gaps, expand community resources, and help address unmet needs.									
50) Continuously assess and evaluate referral resources to determine their appropriateness.									
51) Differentiate between situations in which it is most appropriate for the client to self-refer to a resource, and instances requiring counselor referral.									
52) Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.									
53) Explain in clear and specific language the necessity for, and process of, referral to increase the likelihood of client understanding and follow-through.									

54) Exchange relevant information with the agency/professional to whom the referral is being made, in a manner consistent with confidentiality regulations and generally accepted professional standards of care.									
55) Evaluate the outcome of the referral.									
IV. Case Management 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. Case management establishes a framework for action 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, and ongoing evaluation of treatment progress and client needs.									
IVa. IMPLEMENTING THE TREATMENT PLAN The counselor is able to:									
56) Initiate collaboration with referral sources.									
57) Obtain and interpret all relevant screening, assessment, and initial treatment planning information.									
58) Confirm the client's eligibility for admission and continued readiness for treatment/change.									
59) Complete necessary administrative procedures for admission to treatment.									

60) Establish accurate treatment expectations for the client and involved significant others, including: <ul style="list-style-type: none"> ● 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 									
61) Coordinate all treatment activities with services provided to the client by other resources.									
IVb. CONSULTING The counselor is able to:									
62) Summarize the client's background, treatment plan, recovery progress, and problems inhibiting progress for the purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.									
63) Understand terminology, procedures, and the roles of other disciplines related to the treatment of addiction.									
64) Contribute as a member of a multi-disciplinary treatment team.									
65) Apply confidentiality-related legal restrictions appropriately.									
66) Demonstrate respect and nonjudgmental attitudes toward the client in all contacts with other professionals or agencies.									
IVc. CONTINUING ASSESSMENT AND TREATMENT PLANNING The counselor is able to:									
67) Maintain ongoing contact with the client, and involved significant others, to ensure adherence to the treatment plan.									

68) Understand and recognize culturally appropriate stages of change and other signs of treatment progress.									
69) Assess treatment/recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment objectives.									
70) Describe and document treatment process, progress, and outcome.									
71) Apply generally accepted measures of treatment outcome.									
72) Utilize referral skills, as described in Section 3 (above).									
73) Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.									
74) Assure the accurate documentation of case management activities throughout the course of treatment.									
75) 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 individual, couple, family, and group methods that are sensitive to individual client characteristics and the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon an understanding and appreciation of, and the ability to use appropriately, the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and intimate dyads.									
Va. INDIVIDUAL COUNSELING The counselor is able to:									

76) Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness and empathy.									
77) Facilitate the client's engagement in the treatment/recovery process.									
78) Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.									
79) Encourage and reinforce all client actions that are determined to be beneficial in progressing toward treatment goals.									
80) Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.									
81) Recognize how, when, and why to use the client's significant others to enhance or support the treatment plan.									
82) Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.									
83) Promote client knowledge, skills, and attitudes consistent with the maintenance of good health (as defined by both the client culture and the treatment culture) and the prevention of HIV/AIDS, TB, STDs, and other communicable diseases.									
84) Facilitate the development of basic and life skills associated with recovery.									
85) Adapt counseling strategies to the individual characteristics of the client, including (but not limited to): disability, gender, sexual orientation, developmental level, acculturation, ethnicity, age, and health status.									
86) Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.									

87) Apply crisis management skills.									
88) Mentor the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress, relapse prevention, and continuing care.									
Vb. GROUP COUNSELING The counselor is able to:									
89) Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with addicted or substance abusing clients.									
90) Perform the actions necessary to start a group, including: 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.									
91) Facilitate the entry of new members and the transition of exiting members.									
92) Facilitate group growth within the established ground rules, and precipitate movement toward group and individual goals by using methods consistent with group type.									
93) 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.									
94) Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs/issues that may require modification of the treatment plan.									

Vc. COUNSELING FOR FAMILIES, COUPLES, AND INTIMATE DYADS The counselor is able to:									
95) Understand the characteristics and dynamics of families, couples, and intimate dyads affected by addiction.									
96) Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and intimate dyads, including extended, kinship, or tribal family structures.									
97) Facilitate the engagement of selected members of the family, couple, or intimate dyad in the treatment and recovery process.									
98) Help members of the family, couple, or intimate dyad understand the interaction between their system and addiction.									
99) Help families, couples, and intimate dyads 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 alcohol and other drug use, as well as available prevention, treatment, and recovery resources. The counselor is able to:									
100) Design and provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.									
101) Describe factors that increase the likelihood that an individual, community, or group will be at-risk for alcohol and other drug problems.									
102) Sensitize others to issues of cultural identity, ethnic background, age, and gender role or identity in prevention, treatment, and recovery.									

103) Describe warning signs, symptoms, and the course of addictions.									
104) Describe how addiction affects families and significant/concerned others.									
105) Describe continuum of care resources that are available to significant/concerned others.									
106) Describe principles and philosophies of prevention, treatment, relapse, and recovery.									
107) Understand the health and behavioral problems related to the treatment of addiction, including transmission and prevention of HIV/AIDS, TB, STDs, and other communicable diseases.									
108) Teach basic life skills such as stress management, relaxation, communication, assertiveness, and refusal skills.									
VII. Documentation The recording of the screening and intake process, assessment, and treatment plan, as well as the preparation of written reports, clinical progress notes, discharge summaries and other client-related data. The counselor is able to:									
109) Demonstrate knowledge of accepted principles of client record management.									
110) 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.									
111) Prepare accurate and concise screening, intake, and assessment reports.									
112) Prepare and record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.									

113) Record progress of the client in relation to treatment goals and objectives.									
114) Prepare an accurate, concise, informative, and current discharge summary.									
115) Document the treatment outcome, using accepted methods and instruments.									
VIII. Professional and Ethical Responsibilities The obligations of an addiction counselor to adhere to generally accepted ethical and behavioral standards of conduct and continuing professional development. The counselor shall:									
116) Demonstrate ethical behaviors by adhering 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.									
117) Interpret and apply information from current counseling and addictions research literature in order to improve client care and enhance professional growth.									
118) Adhere to federal and state laws, and agency regulations, regarding addictions treatment.									
119) Recognize the importance of individual differences by gaining knowledge about personality, cultures, lifestyles, and other factors influencing client behavior, and applying this knowledge to practice.									
120) Utilize a range of supervisory options to process personal feelings and concerns about clients.									
121) Conduct culturally appropriate self-evaluations of professional performance, applying ethical, legal, and professional standards to enhance self-awareness and performance.									

122) Obtain appropriate continuing professional education.									
123) Assess and participate in regular supervision and consultation sessions.									
124) Develop and utilize strategies to maintain physical and mental health.									

Adapted from:

U.S. Department of Health and Human Services, 1998, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice: Technical Assistance Publication Series 21* (DHHS Publication No. (SMA) 98-3171), (Rockville, MD, Author). By Dr. Douglas Scheidt, SUNY-Brockport.

Please comment on the following two questions:

1. Do the students achieve competency in other areas through the activities of your class? Identify the class and describe the competency.

2. Should our students achieve additional competencies in other areas through the activities of your class or the program? Identify the competency (ies).

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March 31, 2008