CLINICAL SUPERVISION I

Building Chemical Dependency Counselor Skills

Participant Manual

Revised
November 2008
CLINICAL SUPERVISION I

Building Chemical Dependency Counselor Skills

Participant Manual

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At the time of this printing, Terry L. Cline, Ph.D., served as the SAMHSA Administrator. H.  
Westley Clark, MD, JD, MPH, served as the Director of CSAT, and Catherine D. Nugent, M.S.,  
M.S., LGPC, CP, served as the CSAT Project Officer.

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document is intended or should be inferred.
INTRODUCTION

Welcome to Clinical Supervision I – Building Chemical Dependency Counselor Skills. This is a workshop that focuses on the teaching and mentoring aspects of clinical supervision in addiction treatment settings. It assumes some prior training in the basics of supervision and focuses only on one aspect of a supervisor’s responsibilities – the teaching and mentoring functions that help counselors further develop their skills in providing treatment for substance use disorders.

Several important issues that impact the effectiveness of clinical supervision are not included in this course. Administrative functions like designing service policy and procedures, assuring contract compliance, formal quality assurance, networking with other resources, and staff scheduling and communications are not addressed. The dynamics of the relationship between counselor and supervisor and issues of personnel management like hiring, disciplinary actions and firing are also not given attention here.

The goal here is to provide you an opportunity to increase your understanding and skill in assessing the clinical skills of counselors and building learning plans that will assure their continued professional growth. During the workshop you will hear brief presentations, observe demonstrations, and participate in learning activities designed to build your knowledge and skills. You can expect to achieve the following learning objectives:

- Understand the tasks and functions of the clinical supervisor.
- Improve personal ability to give effective job performance feedback.
- Be able to structure a supervisory interview to meet specific goals.
- Be familiar with the Addiction Counseling Competencies:
- Increase ability to assess counselor proficiency in the Competencies.
- Design a learning plan to improve counselor performance.

The course has been designed to meet the needs of both experienced and relatively new supervisors. We hope you find the experience worthwhile and that you will take away some specific skills useful to you in your work as a clinical supervisor.

The Staff
Northwest Frontier
Addiction Technology Transfer Center
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Slide 1

Clinical Supervision
Building Counselor Skills

Day 1

Slide 2

Introductions

• Your current position
• Where you work
• Previous training in supervision
• Years experience as supervisor
• Previous work settings

Slide 3

Basic Concepts

• Supervision skills can be learned
• Agreeing to work together is a significant milestone in Clinical Supervision
• The benefits from improving counselor skills impact several levels within the agency
• Counselor “buy-in” in a learning process is important
• There is value in establishing clear goals and expectations
Course Overview

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<td>Skills Assessment</td>
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<td>Interviewing</td>
<td>Self integration</td>
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<tr>
<td>Learning Plan</td>
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Day 1: Orientation

Introduction to the course
- Definition of clinical supervision
- Tasks and functions
- Giving and receiving feedback
- Eight steps in mentoring
- Rubrics for assessing counselor proficiency
- Competency rating forms
- Addiction Counseling Competencies – TAP 21

Day 2: Tools & Methods

- Review of TAP 21, Rubrics & Rating Forms
- The Professional Development Plan
- Practice in developing a Learning Plan
- Introduction to the Supervisory Interview
- Supervisory Interview Demonstrations
- Supervisor's Checklist
- Personal Action Plan
ACTIVITY FORM:

Professional Objectives: What knowledge or skill are you wanting to enhance or develop?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Personal Objectives: What do you want to do or experience for yourself?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Objectives agreed upon in your small group that you will share with the larger group:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Slide 7

Expectations

PROFESSIONAL
What knowledge or skill do you want to develop this week?

PERSONAL
What do you want to do or experience during this training just for you?

Please turn to Page 10 in your Workbook and complete this page. Form groups to discuss your responses.

Slide 8

Course Agreements

• Time
• Attendance
• Participation
• Questions
• Confidentiality

Slide 9

ATTC REGISTRATION FORM

Please complete the ATTC registration form at this time.

Upon completion, please place it in the middle of your table.

Thank you.
ACTIVITY FORM:

Strengths I have as a supervisor:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Challenges I have in being a supervisor:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Slide 10

**Strengths & Challenges**

- On page 12 of your Workbook, please list your strengths and difficulties as a Clinical Supervisor. Take time to think and evaluate your current situation.
- Form a group to discuss your responses to these strengths and difficulties.
- Elect a recorder and reporter for your group.

---

Slide 11

**Personal History**

- Where do our strengths come from?
- What types of skills are necessary to overcome our difficulties?

---

Slide 12

**Personal History**

**Basic Concepts**
- We learn from our experience
- The difficulties we identify are often seen as outside of our control
- Our limitations may have more to do with strengths than with deficiencies
Supervision
Planning, directing, monitoring and evaluating the work of another

Basic Concepts
The Supervisor . . .
• helps workers do their jobs effectively
• is the agency representative to the worker
• communicates agency standards
• holds staff accountable
• is a model of values, behavior, ethics
• respects boundaries in the relationship
• succeeds if the worker is effective

Supervision includes:
• Administrative limit setting
• Mentoring and teaching
• Conflicts
• Stress

Supervision is not for everyone
Slide 16

Our Goals as Supervisors

• Assure delivery of quality treatment
• Create a positive work environment
• Develop staff clinical skills

Slide 17

The Supervisory Relationship

• Authority - you represent the agency
• Expectations - you communicate agency standards
• Intensity - you hold staff accountable
• Parallel process - quality of your relationship impacts client services

Slide 18

3 Task Areas of Supervision

• Clinical teaching and mentoring
• Administrative planning and clarifying
• Evaluative monitoring and assessing
## CONFLICTS THAT SUPERVISORS FACE

<table>
<thead>
<tr>
<th>CONFLICTS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
<td>There is always too much to do and never enough time.</td>
</tr>
<tr>
<td><strong>Rewards</strong></td>
<td>What do we like to do the best? The least?</td>
</tr>
<tr>
<td><strong>Peers</strong></td>
<td>When you become a supervisor, you leave your former co-workers behind as peers. It is important to be aware of, and deal with, the grief and loss that occurs. Challenges from former peers are to your role as supervisor, not to you as an individual. Challenges may be to your skill as supervisor, rather than to you as a person. You deserve the respect of former peers, but you must find your support elsewhere. Ideally from other supervisors and managers. Expect a &quot;testing&quot; process from supervisees during your first six months on the job.</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Providing direct service (client caseload) vs. supervision</td>
</tr>
<tr>
<td><strong>Agency</strong></td>
<td>How you choose to spend your time vs. what the agency chooses to have you do.</td>
</tr>
<tr>
<td><strong>Intrapersonal</strong></td>
<td>Your expectations, beliefs, experiences with self as an &quot;authority figure.&quot; Your past experiences of being supervised by a &quot;negative authority.&quot; Your preparation for the role of supervisor, both in skills needed and the emotional impact of changing role definitions - your self identity.</td>
</tr>
</tbody>
</table>
Effective Supervisors

• Are effective communicators
• Set clear expectations
• Observe counselors at work
• Provide feedback
• Teach needed skills
• Provide supportive respectful environment
• Check assumptions
• Understand how people change

Conflicts Supervisors Face
(page 18)

• Time
• Rewards
• Peers
• Focus
• Agency
• Intrapersonal

To Accomplish Our Goals

• Know the people you supervise - their knowledge, skills and attitudes
• Know their frame of reference - their beliefs, values and assumptions
• Know their views about supervision - their past experience and expectations
• Develop a common language
<table>
<thead>
<tr>
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<th>Counseling</th>
<th>Clinical Supervision</th>
<th>Administrative Supervision</th>
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<tr>
<td></td>
<td>Personal growth</td>
<td>Improved job performance</td>
<td>Assure compliance with agency policy and procedure.</td>
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<tr>
<td></td>
<td>Behavior change</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Decision making</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Better self understanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTCOME</td>
<td>Open-ended based on client needs</td>
<td>Enhanced proficiency in knowledge, skills and attitudes essential to effective job performance</td>
<td>Consistent use of approved formats, policies and procedures.</td>
</tr>
<tr>
<td>TIME FRAME</td>
<td>Self paced; Longer term</td>
<td>Short term and on going</td>
<td>Short term and ongoing</td>
</tr>
<tr>
<td>AGENDA</td>
<td>Based on client needs</td>
<td>Based on service mission and design</td>
<td>Based on agency needs</td>
</tr>
<tr>
<td>BASIC PROCESS</td>
<td>Affective process which includes listening, exploring and teaching</td>
<td>Assessing worker performance, negotiating learning objectives, and teaching/learning specific skills</td>
<td>Clarifying agency expectations, policy and procedures, assuring compliance</td>
</tr>
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</table>
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THE BOTTOM LINE

YOU . . .
• Can't avoid being the "BOSS"
• Are under constant pressure
• Need to recognize conflict will occur

The question is how to resolve conflict, not how to avoid it.

Slide 23

Counseling vs. Supervision

• Page 20 - Workbook
• Purpose
• Outcome
• Time Frame
• Agenda
• Basic Process

Slide 24

<table>
<thead>
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<td>Short term and on-going</td>
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<th>Administrative Supervision</th>
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<td>Based on service mission and design</td>
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<td></td>
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</table>
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Basic Concepts

- Clinical is different from administrative supervision
- Clinical emphasizes counselor skills
- Administrative supervision focuses on agency rules
- Clinical supervision is not therapy
- Clinical focuses on improved performance
- Supervisor: expert, authority, and mentor
- Quality supervision: respectful and clear

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Strengths and Difficulties

- What strengths do you need to be an effective counselor?
- What strengths do you need to be an effective supervisor?
- What difficulties might be encountered in each role?

Slide 27

Giving Feedback
Basic Concepts: Giving Feedback

- Clear, specific, informative feedback is pivotal to successful supervision
- We interpret observations based on our assumptions and expectations
- Feedback needs to include our assumptions and expectations
- Comparing expectations which govern our judgements allows us to collaborate and promotes constructive, voluntary change

Feedback

An overt response, verbal or nonverbal, that gives specific and subjective information to a person about how that person's behavior in a particular situation affects someone or something

Objective of Feedback:

Transmit reliable information so that persons receiving it can establish a “data bank” from which to change behavior - if they choose to do so.
Slide 31

Basic Concepts: Confirming mutual understanding

- Seeking permission to present feedback increases chance of being understood
- Temptation is to proceed too quickly to get past discomfort
- Avoid premature confirmation
- Verifying confirms intent & understanding
- Repeating, replaying, paraphrasing and confirming all parts of a message are vital

Slide 32

ORAL Model for Giving Feedback

O - Observe
R - Report
A - Assumption
L - Level

Slide 33

So how does the model sound?

“When I saw (heard) you . . .
I assumed (thought) . . .
And my reaction was . . .”
So, now it sounds like this..................

- Do you have a minute that I can talk with you now or should we plan to talk a little later today?

- I wanted to tell you about...........

- Are you receptive to some feedback?

- I assumed that..............

- My concern is..........and the impact will be..........

- Tell me what it is you heard me say..........  

- That's right, but you missed the part about..........  

- Now I’m interested in hearing your response..................

- So the understanding is.............
Slide 34

Adding 3 more parts to the model

• First, ask permission
• Request playback of the message
• Confirm mutual understanding after accurate playback

Slide 35

ORAL Process

1. Ask permission
2. Report behavior observed
3. Relate assumptions about the behavior
4. Share your feelings and concerns
5. Describe impact on clients, staff, agency
6. Request playback
7. Clarify misunderstandings
8. Confirm mutual understanding

Slide 36

SO, now it sounds like this.....

• Do you have a minute that I can talk with you now or should we plan to talk a little later today?
• I wanted to tell you about........
• Are you receptive to some feedback?
• I assumed that............
• My concern is ............. And the impact will be..............
• Tell me what it is you heard me say......
• That’s right but you missed the part........
• So it is agreed then, that................
THE ORAL FEEDBACK MODEL

FEEDBACK:

Feedback is any overt response, verbal or nonverbal, that gives specific and subjective information to a person about how her or his behavior in a particular situation affects someone or something.

THE OBJECTIVE OF FEEDBACK:

The objective of feedback is to transmit reliable information so that persons receiving it can establish a “data bank” from which to change their behavior - if they choose to do so.

THE ORAL MODEL - STEPS IN GIVING FEEDBACK:

O Observe: Observe and record behavioral information.

R Report: Repeat in specific, objective, behavioral terms as factually as possible what was seen and/or heard.

A Assume: Share your assumption or belief about the behavior you just described. What did you think the person was thinking or trying to accomplish. What assumptions are you making about the person’s motivation?

L Level: Describe your feelings and how the other person’s behavior affected you and others, including the “bottom line” expectations and long term consequences, if needed.

SAY: “When I saw (heard) you..................
I assumed (thought) .....................
and my reaction was....................”

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<thead>
<tr>
<th>ORAL PROCESS</th>
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</thead>
<tbody>
<tr>
<td>1. Ask permission</td>
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<tr>
<td>2. Report behavior observed</td>
</tr>
<tr>
<td>3. Relate assumptions</td>
</tr>
<tr>
<td>4. Share your feelings and concerns</td>
</tr>
<tr>
<td>5. Report impact on clients, colleagues, agency</td>
</tr>
<tr>
<td>6. Request playback of message sent</td>
</tr>
<tr>
<td>7. Clarify misunderstandings and omissions</td>
</tr>
<tr>
<td>8. Confirm mutual understanding</td>
</tr>
</tbody>
</table>
OBSERVATION TOOL FOR EXERCISE

Was permission asked of supervisee? __________yes __________no

Did the supervisor cite specific behavior? __________yes __________no

Did the supervisor describe the behavior in the following terms:
- Specific and factual: ________________________________________________
- Observable: ______________________________________________________

Did the supervisor share her or his assumptions: ________yes ________no

Did the supervisor describe the impact of the observed behavior on him or her?
___________yes _____________no

Did the supervisor state the potential impact of that behavior on clients, colleagues, and agency as a whole? _________yes __________no

In what ways did the supervisor ask for playback? __________________________________

How do you know the supervisee and supervisor understand mutually? ____________________

NOTES:
Practice Instructions

- Group of 3: Supervisor, Counselor, Observer
- Each person will have the chance to play each
- Practice giving counselor feedback
- Observer uses p. 32 to structure comments
- All participants share their reaction to each practice interview, focusing on use of the ORAL model

Review Questions

- Were all steps included?
- What is the value of the model?
- Was the message received accurately?
- Was the desired outcome achieved?
- Have you improved your skill in giving feedback?

Mentoring and Clinical Supervision

- The next step in creating a format for your clinical supervision model is to understand the need for mentoring in clinical supervision.

- Let’s do a guided imagery.
THE EIGHT STEPS of Mentoring

1. Agree to work together
2. Define and agree on learning goal
3. Understand the value of the goal
4. Break goal into manageable parts
5. Pick styles and methods of learning
6. Observation and evaluation
7. Feedback
8. Demonstration and celebration of mastery
Slide 40

**Essential Steps of Mentoring**

*Basic Concepts*
- Gain acceptance for learning new skills
- Establish clear goals and expectations
- Reach agreement on goals
- Collaborate on learning steps and methods
- Learning styles should fit the learner
- Balance effort with the learner
- Help learner use available means to learn

---

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**The Eight Steps of Mentoring**

1. Agree to work together
2. Define and agree on learning goal
3. Understand the value of the goal
4. Break goal into manageable parts
5. Pick styles and methods of learning
6. Observation and evaluation
7. Feedback
8. Demonstration and celebration of mastery

---

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**The Supervisor's Challenge**

*We need a conceptual model to help us:*
- Understand the work of the counselor
- Identify what a counselor needs
- Present our observations
- Translate our observations into learning strategies
The Rubrics
for Assessing Counselor Performance
(The GREEN section in your manual)

Let’s examine the Rubrics document …

Turn to the Rubrics in your workbook, the Green pages. . .

The Basic Concepts
• Combining the Rubrics and TAP 21 will provide a description of successive levels of proficiency.
• The Rubrics can help you visualize how a fully developed skill looks in practice.
• With an agreed goal, you can work together to identify learning steps and progress measures.
Rubric

- A heading or classification within a larger system
- Rubrics are a description of expected behavior at 3 distinct stages in a counselor’s development
- The stages are benchmarks along a continuum of counselor development

<table>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing</td>
<td>Proficient</td>
<td>Exemplary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Rubrics describe stages of counselor development

- Both the rubrics and competencies which we will look at next, are documents useful in defining and visualizing the process of skill development
- Rubrics represent a series of benchmark descriptions of counselor behavior

The Rubrics

- Developing Counselors - limited understanding and inconsistent
- Proficient Counselors - apply Knowledge, Skills and attitudes consistently and effectively
- Exemplary Counselors - develop and implement effective strategies for complex and difficult situations
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Counselor Performance Appraisal

- How could you use this document to appraise counselor performance?
- Is this a tool you would use in assessing counselor performance?

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Performance Assessment

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>Assessment Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Dimension</td>
<td>Rubrics</td>
</tr>
<tr>
<td>Competency</td>
<td>Rating Form</td>
</tr>
<tr>
<td>Knowledge, Skills &amp; Attitudes</td>
<td>Performance Measures</td>
</tr>
</tbody>
</table>

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TAP 21 and The Rating Forms

- Now let's look at TAP 21 and the Rating Forms which provide an additional method of rating counselor performance.
- TAP 21 is your Addiction Counseling Competencies book.
- The Rating Forms section in your workbook provides rating forms for each dimension in the TAP 21.
Basic Concepts

- When we have reached agreement to work together on enhancing competency, the next step is to define the goal.
- The ACC (TAP 21) provides definitions of expected counselor performance.
- A competency is a definition of job performance expected of a fully proficient addictions counselor.

Competency

A behavior comprised of requisite knowledge, skills and attitudes that plays an essential role in the practice of addiction counseling.

Addiction Counseling Competencies

Section 1: Transdisciplinary Foundations

Section 2: Professional Practice Dimensions
Transdisciplinary Foundations

• Understanding Addiction
• Treatment Knowledge
• Application to Practice
• Professional Readiness

Practice Dimensions

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

Addiction Counseling Competencies

Practice Dimension - Clinical Evaluation

Screening

Competency - Establish Rapport

Knowledge | Skills | Attitudes
Slide 58

**Using the Competency Rating Form**

- Turn to the Rating Forms section in your workbook. Notice that there is a rating form for each competency in the TAP 21.
- Look at the rating form for Screening and find the Screening section in the TAP 21.

Slide 59

**Assessing Proficiency**

From the rating form, would you be able to find the appropriate knowledge, skills and attitudes in TAP 21 necessary to improve a counselor’s performance from your observation of their work?

Slide 60

**A Rating System will help to:**

- Increase common understanding of what is expected.
- Increase reliability and objectivity of our assessment of counselor performance.
Supervision Case Study 1

Your counselor is a beginning counselor. This is his first paid job as a counselor and his experience working with clients has been limited to his practicum course in a local community college.

He has been working for the agency three months and has primarily been responsible for conducting orientation groups for the residential program. In that capacity he explains house rules, expectations and requirements for clients who are enrolled in the program. In addition, he has been observing the screening, intake and assessment process.

This is the first day he has conducted an education group. You asked him to review the content of the curriculum materials and have asked him on several occasions if he had questions about the content or concerns about his presentation. You told him you would observe and report to him on the quality of his presentation.

This counselor came in 10 minutes after the scheduled time for the group to begin. You, the clinical supervisor, had been sitting in the room for the ten minutes along with 11 client residents. You remained quiet in the back of the room away from the group circle so that you might observe in the least obtrusive manner. When the counselor did arrive, he apologized for being late and explained to the group he was on a phone call that he needed to complete.

The counselor sorted through several file folders as he entered the room and continued to offer apologies as he prepared his materials. He shuffled through several stacks of materials and finally announced, “I think I’ll do this presentation instead of the one I have on the schedule”. At that time, he passed out a two page typed handout on methamphetamine abuse. He asked the participants to take a few minutes to read the handout and then there would be a discussion. One of the clients who was reading the material, said “man, this is crap, I know more about meth than this”. The counselor looked up and asked him to wait until the other clients had finished reading so the discussion could begin. Several clients were still reading the material when the counselor announced, “Ok, let’s discuss. Now I’m not interested in what you think you know about meth, but I want to tell you what is fact about meth.” He proceeded to read the first paragraph of the handout and made some comments about the content. When the clients who had made a comment about the materials being “crap” challenged his comments, the counselor said, “you really need to listen and understand this material. I got this off the NIDA website and it is the real thing. There is probably a reason you are in treatment, you just don’t know everything you think you know about meth”.

Participant Manual
Exercise

From the scenario provided you will:
1. Identify areas for performance improvement; those that need immediate improvement and those which are appropriate for a learning plan requiring long term planning.
2. Complete a rating form using either the rubrics or the rating form or both.
3. Identify the appropriate K.S.A’s in the TAP 21 needed to improve performance.

Report to the Group

• What areas were identified as those needing improvement?
• Which should be addressed immediately vs. those which would be appropriate for a learning plan.
• Which KSAs were identified for the learning objectives?

Excellent Work!

• Thank you for your hard work and perseverance today.
• Tomorrow we will begin by completing a learning plan from this exercise and then negotiate the learning plan in a supervisory interview.
Slide 1

Clinical Supervision
Welcome Back
Day 2

---

Slide 2

What we did yesterday . . .

• Defined and characterized clinical supervision
• Communication skill building – feedback, the ORAL model of communication
• Steps for mentoring a counselor
• TAP 21, Rubrics and Rating Forms

---

Slide 3

What we will do today . . .

• Completing the Professional Development Plan
• The Supervisory Interview
• Styles of Learning and Process
• Styles of Supervisees
• Assessing Counselor Performance
• Personal Action Plan
Slide 4

The Supervisor’s Challenge

We need a conceptual model to help us:
• Understand the work of the counselor
• Identify what a counselor needs
• Present our observations
• Translate our observations into learning strategies

Slide 5

Let’s Review

We covered a lot of material yesterday and sometimes it is confusing using two types of performance ratings, then adding all the information in TAP 21. Let’s review briefly TAP 21 and the Rating Forms again.

Slide 6

Addiction Counseling Competencies

TAP 21
Slide 7

**Basic Concepts**

- When we have reached agreement to work together on enhancing competency, the next step is to define the goal.
- The ACCs provide definitions of expected counselor performance.
- A competency is a definition of job performance expected of a fully proficient addictions counselor.

Slide 8

**Competency**

A behavior comprised of requisite knowledge, skills and attitudes that plays an essential role in the practice of addiction counseling.

Slide 9

**Transdisciplinary Foundations**

- Understanding Addiction
- Treatment Knowledge
- Application to Practice
- Professional Readiness
Addiction Counseling Competencies

Practice Dimension - Clinical Evaluation

Screening

Competency - Establish Rapport

Knowledge
Skills
Attitudes

NFATTC

Janet Carter, RADACT
**Practice Dimensions**

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

---

**Slide 11**

**Addiction Counseling Competencies**

Practice Dimension - Clinical Evaluation

Screening

Competency - Establish Rapport

Knowledge | Skills | Attitudes

---

**Slide 12**

**Addiction Counseling Competencies**

Practice Dimension - Clinical Evaluation

Screening

Competency - Establish Rapport

Knowledge | Skills | Attitudes

(a) | (b) | (c)

Janet Carter, RADACT
SECTION II: PROFESSIONAL PRACTICE DIMENSIONS

**Competency Rating Form**

1=Understands  2=Developing  3=Competent  4=Skilled  5=Master

<table>
<thead>
<tr>
<th>PRACTICE DIMENSION I</th>
<th>CLINICAL EVALUATION - SCREENING: Pages 39 - 45</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening is the process through which a counselor, client and available significant others review the current situation, symptoms, and other available information to determine the most appropriate initial course of action, given the client's needs and characteristics and the available resources within the community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. 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 historical substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and or/economic constraints.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Determine the client’s readiness for treatment and change as well as the needs of others involved in the current situation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Review the treatment options that are appropriate for the client needs, characteristics, goals, and financial resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A Rating System will help to:

- Increase common understanding of what is expected.
- Increase reliability and objectivity of our assessment of counselor performance.

Summary notes:

- The Competencies and Rubrics provide potential learning objectives
- The Rubrics help identify benchmarks for improvement
- The Competencies provide specific KSAs for enhancing proficiency in specific competencies

The Professional Development Plan

Basic Concepts

- Breaking KSAs into learning steps is key to becoming proficient in the competencies
- Looking for a progression of improvement
- Proficiency requires attention to K-S-A
- TAP 21 document can help with creating learning steps
**PROFESSIONAL DEVELOPMENT PLAN**

Staff name: ___________________  Supervisor: ___________________  Today's date: ___________________

Professional Practice Dimension: ____________________________________________________________  Element: _______________________

Competency (ies) to be addressed and page number from TAP 21____________________________________________________________

Strengths:________________________________________________________________________________
________________________________________________________________________________________

Challenges/Concerns: ______________________________________________________________________
________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Present level of proficiency from rating forms</th>
<th>Level of proficiency to be achieved with this learning plan</th>
<th>Date of completion of this plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**What is the issue:**
Indicate the knowledge, skill and attitudes to be addressed

<table>
<thead>
<tr>
<th>Knowledge:</th>
<th>Goal</th>
<th>Activities necessary to achieve the goal</th>
<th>Metrics</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>What is to be accomplished?</td>
<td>How will progress be measured?</td>
<td>Date for goal completion</td>
</tr>
<tr>
<td>Skill:</td>
<td></td>
<td>What will be done?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical Supervision: Building Chemical Dependency Counselor Skills

Additional comments:


Supervisor signature: ___________________________  Counselor: ___________________________

Re-observation Date: ___________________________

Results:


Professional Development Plan

Staff____________________  Position______________________       Date_____________

Practice Dimension:______________________________________________________________

Dimension definition: ____________________________________________________________

Present level of proficiency:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>understands</td>
<td>developing</td>
<td>competent</td>
<td>skilled</td>
<td>master</td>
</tr>
</tbody>
</table>

Describe counselor’s strengths and deficiencies in this area:________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Goal proficiency level:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>understands</td>
<td>developing</td>
<td>competent</td>
<td>skilled</td>
<td>master</td>
</tr>
</tbody>
</table>

Describe the preferred performance in observable terms:________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

1=Understands Comprehends the tasks and functions of counseling
2=Developing: Applies knowledge and skills inconsistently
3=Competent Consistent performance in routine situations
4=Skilled Effective counselor in most situations
5=Master Skillful in complex counseling situations
List the knowledge, skills and attitudes relevant to achieving the target proficiency:

Knowledge

Skills

Attitudes

Identify the specific ideas, models, behaviors, approaches or experiences you want the counselor to be familiar with

What will be done to accomplish the learning? What activities, methods or tasks will help the counselor achieve the learning objectives?

How will progress be evaluated? How will proficiency be demonstrated?

Supervisor Signature_______________________________  Date______________

Counselor Signature _______________________________  Date______________

UPDATE
Date of demonstration_______________________________________

Demonstration successful? _____Yes _____No

If “No,” demonstration needs the following correction and follow-up demonstration rescheduled:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Supervisor Signature ____________________________  Date______________

Counselor Signature ____________________________  Date______________

Adapted from:
Designing and Implementing Clinical Supervision
Pamela Mattel, CSW, CASAC
Institute for the Professional Development in the Addictions
**Professional Development Plan**

Staff_______________________ Position______________________ Date_____________

Practice Dimension:______________________________________________________________

Dimension definition: ____________________________________________________________

Present level of proficiency:

1  2  3  4  5  
understands developing competent skilled master

Describe counselor’s strengths and deficiencies in this area: ______________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Goal proficiency level:

1  2  3  4  5  
understands developing competent skilled master

Describe the preferred performance in observable terms:_________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

1=Understands Comprehends the tasks and functions of counseling
2=Developing: Applies knowledge and skills inconsistently
3=Competent Consistent performance in routine situations
4=Skilled Effective counselor in most situations
5=Master Skillful in complex counseling situations
List the knowledge, skills and attitudes relevant to achieving the target proficiency:

Knowledge

Skills

Attitudes

Identify the specific ideas, models, behaviors, approaches or experiences you want the counselor to be familiar with:

What will be done to accomplish the learning? What activities, methods or tasks will help the counselor achieve the learning objectives?

How will progress be evaluated? How will proficiency be demonstrated?

Supervisor Signature_______________________________  Date______________

Counselor Signature _______________________________  Date______________
UPDATE

Date of demonstration

Demonstration successful? _____ Yes _____ No

If “No,” demonstration needs the following correction and follow-up demonstration rescheduled:

Supervisor Signature ____________________________  Date______________

Counselor Signature ____________________________  Date______________

Adapted from:
Designing and Implementing Clinical Supervision
Pamela Mattel, CSW,CASAC
Institute for the Professional Development in the Addictions
Slide 16

Knowledge, Skills and Attitudes

- The essential elements of a competency
- Help us break needed learning into manageable parts
- Counselor may not need to address every KSA in their learning plan
- The professional development plan is individualized to the needs of the counselor

Slide 17

The Professional Development Plan format

- On Page 60 in your workbook is the one-page learning plan.
- This format is in WORD format and can be downloaded to a computer.
- This learning plan can “grow” by expanding each box to include all information needed.

Slide 18

The Professional Development Plan: Let’s do a walk through

- Indicate the counselor’s name, position, supervisor’s name and the current date
- Record the practice dimension
- Identify the target competency (Dimension Definition)
- Indicate the present level of proficiency and goal
- Indicate the completion date for the learning plan
- List the KSAs (the issue(s))
- Identify what needs to be learned (the goal)
- Select activities that will facilitate learning
- Choose how progress will be evaluated
- Indicate specific dates for completion of each activity
- The Learning Plan should be signed and dated by the counselor and clinical supervisor
Slide 19

**Now look at the 3 page Professional Development Plan**

- The 3 page Professional Development plan on Pages 62 -64 contains all the information as the one-page plan but in a design more friendly for those who plan to hand write.
- There are two copies of the Professional Development plan in your workbook.

Slide 20

**Page One**

- Identify the counselor, position, supervisor and current date
- Indicate the Practice Dimension from TAP 21
- Identify the competency (ies) from TAP and indicate the page number.
- List the counselor's strengths and challenges.
- Identify the present level of proficiency and the proficiency goal
- Describe in measurable terms the expected performance as a result of successful completion of this professional development plan.

Slide 21

**Page Two**

From the competency you have selected in your group, discuss and select the KSA's most relevant to the counselor's development of this competency.

Identify specific ideas, models, behaviors, approaches, or experiences you want the counselor to learn and be able to perform.

What will be done to accomplish the learning? List the activities necessary to achieve the learning objectives.

How will progress be evaluated and how will the counselor demonstrate the learning?

The counselor and supervisor should each sign and date the learning plan.
Slide 22

This page is for the “Update”
Indicate if the demonstration of skills was successful and if not, what corrections are needed for success
The counselor and supervisor should sign and date this plan.

Slide 23

Small Group Project

From your work yesterday in which you identified areas for performance improvement let’s translate that into a professional development plan.

You may want to refer to both the TAP 21 and the Rubrics.

Slide 24

Complete your Professional Development Plan

Complete your professional development plan and select a reporter to present it to the group.
Present your Professional Development Plan

1. What counselor performance has been agreed upon for improvement?
2. How will that improvement occur?
3. What activities will be completed?
4. How will completion be acknowledged?
5. How will new skills be demonstrated?
6. How will this mastery be celebrated?

___________________________________
___________________________________
___________________________________
___________________________________
___________________________________
___________________________________

Content of the Professional Development Plan

Page 76-81 of your Workbook are Bloom’s Proficiency Levels Rating Forms. Do you see any relationship between these rating scales and the Rubrics? Addiction Counseling Competencies? Discuss how this language can be incorporated into your Professional Development Plans

___________________________________
___________________________________
___________________________________
___________________________________
___________________________________
___________________________________

Professional Development Plan Review

Are there things you would change on your professional development plan after reviewing Bloom’s language?

Will this language be helpful in writing your professional development plans?

___________________________________
___________________________________
___________________________________
___________________________________
___________________________________
___________________________________
### BLOOM’S PROFICIENCY LEVELS RATING SCALES *

#### KNOWLEDGE HIERARCHY

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level</th>
<th>Meaning</th>
<th>Action Verb</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Remembering</td>
<td>• Recognition and recall of facts and specifics.</td>
<td>to define to name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Remembers previously learned material.</td>
<td>to recognize to label</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Recalls terminology, facts, and events.</td>
<td>to match to recall</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to memorize to list</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to repeat to relate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to select to inquire</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to distinguish to record</td>
</tr>
<tr>
<td>2</td>
<td>Comprehension</td>
<td>• Interprets, translates, summarizes, or paraphrases given information.</td>
<td>to translate to infer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Grasps the meaning of the knowledge being learned.</td>
<td>to change to generalize</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Understands communication on specific topics.</td>
<td>to rearrange to interpret</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to express to summarize</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to give examples to discuss</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to illustrate to describe</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to explain to tell</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to comment to tell</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to transform to locate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to restate to operate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to classify to calculate</td>
</tr>
<tr>
<td>3</td>
<td>Application</td>
<td>• Uses information in a situation different from original learning context.</td>
<td>to apply to choose</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Requires comprehension of information in order to apply in a new situation(s).</td>
<td>to organize to dramatize</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Uses learned material in a new way.</td>
<td>to sketch to restructure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Uses specific knowledge to solve a problem.</td>
<td>to solve to classify</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to transfer to practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to generalize to illustrate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to use to operate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>to calculate to demonstrate</td>
</tr>
<tr>
<td>Rating</td>
<td>Level</td>
<td>Meaning</td>
<td>Action Verb</td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
</tbody>
</table>
| 4      | Analysis | • Separates whole into its parts, until relationship among the elements is clear.  
• Requires ability to apply information in order to analyze.  
• Breaks material down into its elements or parts so that it’s organizational structure may be understood.  
• Breaks down material into its component parts and detects interrelationships. | to distinguish  
to compare  
to deduce  
to diagram  
to describe  
to diagram  
to classify  
to analyze  
to use  
to classify  
to differentiate  
to discriminate |
| 5      | Synthesis | • Combines elements to form new entity from originals.  
• Requires analysis in order to synthesize.  
• Combines previous experience with new material to form a whole structure.  
• Draws together the parts to form a new whole. | to design  
to plan  
to solve  
to produce  
to formulate |
## SKILLS HIERARCHY

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level</th>
<th>Meaning</th>
<th>Action Verb</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Imitation</td>
<td>- Observes and attempts to repeat it.</td>
<td>to observe to copy (movements)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Knows what to do and how to do it.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Manipulation</td>
<td>- Performs skills according to instruction rather than observation.</td>
<td>to manipulate (as instructed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Emphasizes skills in following directions.</td>
<td>to perform (as instructed)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Imitates, and practices counseling as instructed.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Precision</td>
<td>- Reproduces a skill with accuracy, proportion and exactness; usually performed independently of original source.</td>
<td>to perform (with precision) to articulate skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Performs counseling activities without direct instruction</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Articulation</td>
<td>- Combines more than one skill in sequence with harmony and consistency.</td>
<td>to coordinate series of tasks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Performs a coordinated skill.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Naturalization</td>
<td>- Completes one or more skills with ease and becomes automatic with limited physical or mental exertion.</td>
<td>to internalize a skill to perform tasks habitually</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Act is routine, automatic and spontaneous, with limited physical or mental exertion.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Devises individual ways to skill performance according to individual perception.</td>
<td></td>
</tr>
</tbody>
</table>
## ATTITUDES HIERARCHY

<table>
<thead>
<tr>
<th>Rating</th>
<th>Level</th>
<th>Meaning</th>
<th>Action Verbs</th>
</tr>
</thead>
</table>
| 1      | Receive     | • Aware of; passively attending to certain phenomena and stimuli; e.g., listening.  
          |              | • Willingness to pay attention.                                           | to accept to choose to ask to listen to select to attend |
|        |             | • Willingness to receive input.                                          |                                |
| 2      | Active Recall | • Complies with given expectation by attending or reacting to events or situations.  
          |              | • Active participation.                                                   | to approve to tell to acclaim to volunteer to recite to help |
|        |             | • Responds and participate with others.                                  |                                |
| 3      | Value       | • Displays behavior consistent with a belief or attitude in situations where the student is not forced to comply or obey.  
          |              | • Student attaches worth or value to a particular objective, behavior, phenomenon.  
<pre><code>      |              | • Acceptance and commitment to values.                                    | to choose to share to support to invite to appreciate to join |
</code></pre>
<p>|        |             |                                                                        |                                |</p>
<table>
<thead>
<tr>
<th>Rating</th>
<th>Level</th>
<th>Meaning</th>
<th>Action Verbs</th>
</tr>
</thead>
</table>
| 4      | Build Value System  | • Committed to a set of values as displayed by behavior.  
• Concerned with bringing together different values, resolving conflicts and building an internally consistent value system  
• Organizing values into a system and recognition of the more important elements. | to formulate  
to relate  
to defend  
to abstract  
to define  
to put in order                                                                                     |
| 5      | Consistent Use      | • Total behavior is consistent with values internalized.  
• Pervasive, consistent, predictable behavior.  
• Possesses a unique set of values that make up individuality, a philosophy of life.                                      | to complete  
to behave  
to practice                                                                                       |

*Adapted from “Blooms Taxonomy” found at: http://www.hct.ac.ae/gat/sec2/sec2_ab2.htm*
**ACTIVITY FORM**

Pick one of the screening competencies that your imaginary supervisee needs to improve, and then identify which KSAs would need to be targeted for future learning.

<table>
<thead>
<tr>
<th>Screening competency targeted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge issues:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td>Skill issues:</td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Attitude issues:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>
Learning Methods

- Another key to success: Counselor's preferred learning methods
- Learning is more effective when we use multiple methods
- We need to have a broad repertoire of learning methods at our disposal
- It is important to tailor the professional development plan to fit the preferences and strengths of the counselor

Learning Methods Brainstorm

- For a Knowledge objective
- For a Skill objective
- For an Attitude objective

The Supervisory Interview

Pulling it all together!
The Supervisory interview is a structured communications process with a clearly defined purpose: to enable the counselor to improve job performance and increase effectiveness in providing client services.
Clinical Supervision Agenda

1. ESTABLISH AN AGENDA FOR TODAY’S MEETING
   a. Provide structure
   b. Decrease anxiety
   c. Foster trust, rapport and the partnership in this relationship
   d. Ask the counselor if he/she has agenda items for this meeting

2. PROVIDE FEEDBACK
   a. Empower the supervisee and use the Oral Model for communication
   b. Individualize the supervision and be specific

3. TEACH and MENTOR
   a. Confirm common understanding of the performance issues
   b. Determine if there is an agreement on the importance of the performance issue
   c. Take the opportunity to teach, mentor and provide information or resources for improvement

4. SECURE A COMMITMENT
   a. Determine the willingness and interest of the counselor to change and grow
   b. Clarify expectations, responsibilities and create mutual accountability

5. END ON A POSITIVE NOTE
   a. Comment on the positive aspects of the counselor’s performance
   b. Encourage and reassure your confidence in the counselor, their current work and their ability to learn and improve performance
Purpose and Focus
The purpose is to create an atmosphere and structure which facilitates:
1. Two way feedback
2. Teaching
3. Learning
4. Evaluation

FOCUS: Skill Development

DISCUSSION
Do you currently have an agenda for your clinical supervision meeting?

Do you feel comfortable in having an agenda and sharing that with your counselors?

Any benefits to having an agenda?

Clinical Supervision Agenda
1. ESTABLISH AN AGENDA FOR TODAY’S MEETING
   a. Provide structure
   b. Decrease anxiety
   c. Foster trust, rapport and the partnership in this relationship
   d. Ask the counselor if he/she has agenda items for this meeting

2. PROVIDE FEEDBACK
   a. Empower the supervisee and use the Oral Model for communication
   b. Individualize the supervision and be specific

3. TEACH and MENTOR
   a. Confirm common understanding of the performance issue
   b. Determine if there is an agreement on the importance of the performance issue
   c. Take the opportunity to teach, mentor and provide information or resources for improvement

4. SECURE A COMMITMENT
   a. Determine the willingness and interest of the counselor to change and grow
   b. Clarify expectations, responsibilities and create mutual accountability

5. END ON A POSITIVE NOTE
   a. Comment on the positive aspects of the counselor’s performance
   b. Encourage and reassure your confidence in the counselor, their current work and their ability to learn and improve performance
# SUPERVISORY INTERVIEW OBSERVATIONS

<table>
<thead>
<tr>
<th>STEPS</th>
<th>STATEMENTS/BEHAVIORS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 SET AGENDA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2 GIVE FEEDBACK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3 TEACH and NEGOTIATE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 4 SECURE COMMITMENT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Slide 34

**Remember the ORAL model?**

- Do you have a minute that I can talk with you now or should we plan to talk a little later today?
- I wanted to tell you about...........
- Are you receptive to some feedback?
- I assumed that.............
- My concern is ............. And the impact will be..............
- Tell me what it is you heard me say......
- That's right but you missed the part........
- So it is agreed then, that...............  

---

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**Supervisory Interview Practice**

- Using the scenario from which you developed your professional development plan, practice negotiating the supervisory interview to encourage the counselor to improve his/her performance.
- Practice so that each participant in your group has an opportunity to role play the counselor and supervisor.

---

Slide 36

**Present your Interview**

- Using the supervisory agenda, role play your supervisory interview using the ORAL model, the professional development plan and TAP 21, rating forms or rubrics.
- Observers, please use the observation form in your workbook, page 81 to record your thoughts and comments.
## TYPES AND NEEDS OF WORKERS

<table>
<thead>
<tr>
<th>SUPERVISEE</th>
<th>BEHAVIORS</th>
<th>SUPERVISION NEEDS</th>
</tr>
</thead>
</table>
| "C" CHALLENGERS | * NOT responsible  
* Consistently inconsistent  
* Rarely meet deadlines  
* Below standard always | * Constant attention  
* Provide close attention to minimize errors  
* Minimize room for failure |
| "B" BETTER BE THERE | * Semi-responsible  
* Semi-consistent  
* Sometimes meet deadlines  
* Sometimes meets standards | * Clear expectations  
* Teaching/Reinforcing  
* Consistency and support  
* "A presence" |
| "A" ALWAYS | * Responsible and reliable  
* Timely, meets deadlines  
* Consistent  
* Exceeds expectations  
* Exceeds standards  
* Works late, comes early  
* Often works too much | * Minimal oversight  
* High level of discretion  
* Likes challenges  
* Limit-setting re: self-care  
* Personal recognition  
* Needs boundary setting  
* Needs "10 minute" supervision |
### SUPERVISOR’S CHECKLIST

<table>
<thead>
<tr>
<th>Step</th>
<th>TASK</th>
<th>Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>I have explained the reason for forming a partnership to work toward improving the counselor’s skills:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counselor has agreed to work together to improve clinical skills:</td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>Defined practice dimension:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Defined competency:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Visualized level of proficiency to attain:</td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td>Counselor fully comprehends nature and goal of tasks:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counselor believes the goal is achievable:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counselor feels attaining the goal is valuable to self and others:</td>
<td></td>
</tr>
<tr>
<td>Step 4</td>
<td>Relevant KSAs have been reviewed with counselor:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>KSAs have been broken down into manageable learning steps:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning steps are observable and measurable:</td>
<td></td>
</tr>
<tr>
<td>Step 5</td>
<td>Preferred styles and methods of learning have been discussed:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning steps have been identified and agreed to:</td>
<td></td>
</tr>
<tr>
<td>Step 6</td>
<td>Methods of evaluation have been discussed and negotiated:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Each unit of learning’s method of evaluation is agreed upon:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline for each unit of learning has been determined:</td>
<td></td>
</tr>
<tr>
<td>Step 7</td>
<td>We have a schedule to meet on a regular basis for feedback:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Format for final demonstration has been agreed upon:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date for final demonstration has been set:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Final demonstration has taken place:</td>
<td></td>
</tr>
<tr>
<td>Step 8</td>
<td>Process to achieve proficiency has been reviewed with counselor:</td>
<td></td>
</tr>
<tr>
<td>Step 9</td>
<td>Celebration has been discussed and designed:</td>
<td></td>
</tr>
</tbody>
</table>
Slide 37

**Styles of Supervision**

- Let's review the types of counselors you may be working with.

---

Slide 38

<table>
<thead>
<tr>
<th>Supervisee</th>
<th>Behaviors</th>
<th>Supervision Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;C&quot; Challengers</td>
<td>NOT responsible</td>
<td>Constant Attention</td>
</tr>
<tr>
<td></td>
<td>Consistently inconsistent</td>
<td><em>Provide constant attention to minimize errors</em></td>
</tr>
<tr>
<td></td>
<td>Rarely meet deadlines</td>
<td><em>Minimize room for failure</em></td>
</tr>
<tr>
<td></td>
<td>Below standard always</td>
<td></td>
</tr>
<tr>
<td>&quot;B&quot; Better be there</td>
<td>Semi-responsible</td>
<td>Clear expectations</td>
</tr>
<tr>
<td></td>
<td>Semi-consistent</td>
<td><em>Teaching/Reinforcing</em></td>
</tr>
<tr>
<td></td>
<td>Sometimes meets deadlines</td>
<td><em>Consistency and support</em></td>
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<td></td>
<td>Sometimes meets standards</td>
<td><em>A presence</em></td>
</tr>
<tr>
<td>&quot;A&quot; Always</td>
<td>Responsible and reliable</td>
<td>Minimal oversight</td>
</tr>
<tr>
<td></td>
<td>Timely, meets deadlines</td>
<td><em>High level of discretion</em></td>
</tr>
<tr>
<td></td>
<td>Consistent</td>
<td><em>Likes challenges</em></td>
</tr>
<tr>
<td></td>
<td>Exceeds expectations</td>
<td><em>Limit setting re: self care</em></td>
</tr>
<tr>
<td></td>
<td>Exceeds standards</td>
<td><em>Personal recognition</em></td>
</tr>
<tr>
<td></td>
<td>Works late, comes early</td>
<td><em>Needs boundary setting</em></td>
</tr>
<tr>
<td></td>
<td>Often works too much</td>
<td><em>Needs &quot;10 minute&quot; supervision</em></td>
</tr>
</tbody>
</table>

---

Slide 39

**What are your strategies.....**

- For working with the "A"s?
- The "B"s?
- What do you do with the "C"s?
- In CS II you will learn the Corrective Interview in case the learning plan approach does not work.
Slide 40

**Supervisor’s Checklist**

- On Page 90 we have outlined a beginning process to introduce this model of clinical supervision.
- Review this list and add any other steps that may be necessary for success in your agency.

---

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**Evaluating Progress**

- Rating proficiency is a subjective activity.
- We must move beyond superficial impressions into identifying specific evidence.
- Our supervisory work must include direct observation of counselor at work.
- The initial performance rating becomes the baseline for measuring future progress.

---

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**Quantifiable Measures**

- Number of articles read
- Attending workshop
- Earning 3 hours of college credit
- Watching 3 taped counseling sessions
- Reviewing 4 clinical records
- Speaking with 2 colleagues once per week
- Writing and reviewing 7 treatment plans
Qualitative Measures

- Assessing proficiency with the Rubrics
- Use a competency rating form
- Develop a rating scale to assess each KSA
- Tailor a measure based on the specific learning task

CHANGE is a process.....

......not a decision point!

If your agency makes a decision to implement a model of clinical supervision or make substantial changes that impact a large number of employees and clients, it is important to develop a strategic plan for change. Consistency is a key element.

Steps in Making CHANGE occur

1. CHANGE should be permanent.
2. It should follow a plan.
3. The goal should be presented to a CHANGE TEAM and that group of leaders within the agency should have significant opportunity to contribute to the change process.
4. If change is a "process", everyone can have the opportunity to contribute to the success of the change strategy.
PERSONAL ACTION PLAN

1. Two concepts or skills that I would like to implement in my supervisory practice:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Whose understanding and commitment of support do I need before implementing this approach to supervision?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. I am committed to taking these specific actions:

A. ________________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. ________________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

C. ________________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. My support person who will keep me on track is:

__________________________________________
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**TAKE IT SLOWLY**

Use the CHANGE book and follow the steps meticulously.

Don't rush the process.

Identify the early adaptors and give them opportunities for leadership.

Include the "resistors" and offer them opportunities for leadership roles as well.

Clients should also have input.

---

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**Think of Steps to Implement the Clinical Supervision Model**

1. Introduce the rating forms
2. Discuss this training with your staff.
3. Introduce TAP 21
4. Ask for feedback on the current clinical supervision model.
5. Discuss methods to improve counselor performance/learning strategies and clinical supervision.
6. What's next…………………?

---

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**TAP 21 A**

Find your TAP 21 A

Turn to Section III Foundation Areas on Page 13.

Foundation Areas include:

1. Theories, Roles and Modalities of Clinical Supervision
2. Leadership
3. Supervisory Alliance
4. Critical Thinking
5. Organizational Management and Administration

---
Performance Domains IV

This section includes:
1. Counselor Development
2. Professional and Ethical Standards
3. Program Development and Quality Assurance
4. Performance Evaluation
5. Administration

Self Evaluation

• Pick one area and read the competencies.
• Do a self rating on a scale of 1 – 5. Five being the highest level

Are there areas in which you need to develop skills to become more proficient?

Personal Action Plan

• Please turn to Page 96 in your Manual
• Complete the Personal Action Plan
• Discuss your plan in small groups
• Share with the large group
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FINAL EVALUATION FORM

• Please complete the final evaluation form and leave it on your work area.
• Your feedback is very important for us to continue to improve our format for presentation of this material.
• Your comments are appreciated.

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Thank You!

• Good Luck and let us hear from you.
Appendix 1

Addiction Counseling Competencies
Competency Rating Forms
Supervisors and counselor educators have expressed a desire for a tool to assess counselor competence in the Addiction Counseling Competencies. In 1999, the Northwest Frontier Addiction Technology Transfer Center (NFATTC) convened a Regional Addiction Studies Workgroup to design a rating system. The group included educators, practitioners and state government representatives from Idaho, Oregon and Washington. After considerable deliberation the group devised a 7-point scale that ranged from no familiarity with the subject to mastery.

The original scale has been modified to eliminate the first two points on the scale (no familiarity and awareness) since both assumed no counseling experience whatsoever. The remaining points were then reduced to a 5-point scale. The labels for each have been modified for our purposes here, but the meaning of the levels has remained in tact. The following table shows the five points and the definition for each.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Understands:</strong> The counselor can explain and discuss key issues and concepts; has studied clinical applications and is familiar with the tasks and functions of counseling; has little practical experience.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Developing:</strong> The counselor integrates counseling knowledge and skills with a limited degree of consistency in routine counselor tasks.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Competent:</strong> The counselor applies counseling knowledge and skills with consistency in routine counseling interactions and responsibilities.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Skilled:</strong> The counselor demonstrates, applies, and integrates counseling knowledge and skills with a high degree of consistency and effectiveness in most situations.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Master:</strong> The counselor is especially skillful in demonstrating, applying and integrating counseling knowledge and skills with the highest degree of consistency and effectiveness in routine and complex clinical interactions.</td>
</tr>
</tbody>
</table>
It should be noted that this attempt at developing a rating form is preliminary. Neither field review nor empirical validation has been undertaken. The work represents the thinking of a number of addiction professionals and provides a basis for discussion and research.

Supervisors, counselors and educators are encouraged to experiment with the following rating forms. They might be useful in summarizing observations of a counselor’s performance and provide a sense of how far a counselor, trainee or student has progressed. The frame of reference for such an evaluation would be a continuum of competence ranging from a baseline understanding of counselor roles and responsibilities at the one end to mastery of a counselor task or function at the opposing end.

The most useful rating would be accompanied by specific behavioral feedback regarding counselor knowledge, skills and attitudes that have been observed during the course of the counselor’s practice. Evaluative ratings by themselves provide little constructive information regarding how a counselor might improve on the competence or practice domain being assessed. Without effective feedback the counselor has little guidance for enhancing job performance.

**The Rating Forms**

On the following pages you will find a rating form for each of the Transdisciplinary Foundations and Practice Dimensions. In those cases where a Practice Dimension has more than one domain (e.g. counseling), each of the domains (individual, group and family/couple/significant others) has a rating form.

Each form includes the rating scale. The user may need to refer back to the definitions on the previous page frequently until they become committed to memory. The scale labels by themselves are not complete enough to transmit true understanding of what is meant at each point.

Feel free to experiment with these rating forms. For example, you might be concerned with only one or a subset of competencies within a Practice Dimension. In that case, rate only those competencies that are of concern. On the other hand, you might want to give feedback about the entire constellation of competencies that comprises a Practice Dimension. In that case you might rate a counselor on all the competencies for that Dimension to yield an overall sense of strengths and areas needed further development.

It is not suggested that you rate a counselor on every Transdisciplinary Foundation and Practice Dimension at one time, unless you wish to provide an overall snapshot of a counselor’s development. Upon graduation from a training program might be one time when you would use all the forms. Another time might be at an annual performance review or to give feedback to a counselor being considered for promotion. Such a rating would be significant commitment of time and energy for the rater and would require considerable time for sharing and debriefing the ratings with the counselor being evaluated.
# Addiction Counseling Competencies

## Section I: TRANSDISCIPLINARY FOUNDATIONS

### COMPETENCY RATING FORM

1 = Understand, 2 = Developing, 3 = Competent, 4 = Skilled, 5 = Master

<table>
<thead>
<tr>
<th>Transdisciplinary Foundation I</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNDERSTANDING ADDICTION</strong> Pages 9 - 12</td>
<td></td>
</tr>
<tr>
<td>1. Understand a variety of models and theories of addiction and other problems related to substance use.</td>
<td></td>
</tr>
<tr>
<td>2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resilience factors that characterize individuals and groups and their living environments.</td>
<td></td>
</tr>
<tr>
<td>3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transdisciplinary Foundation II</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TREATMENT KNOWLEDGE:</strong> Pages 15 - 17</td>
<td></td>
</tr>
<tr>
<td>5. 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.</td>
<td></td>
</tr>
<tr>
<td>6. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.</td>
<td></td>
</tr>
<tr>
<td>7. Understand the importance of research and outcome data and their application in clinical practice.</td>
<td></td>
</tr>
<tr>
<td>8. Understand the value of an interdisciplinary approach to addiction treatment.</td>
<td></td>
</tr>
<tr>
<td>Transdisciplinary Foundation III</td>
<td>APPLICATION TO PRACTICE  Pages 21 - 26</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>9. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum care.</td>
<td></td>
</tr>
<tr>
<td>10. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.</td>
<td></td>
</tr>
<tr>
<td>11. Tailor helping strategies and treatment modalities to the client’s stage of dependence, change or recovery.</td>
<td></td>
</tr>
<tr>
<td>12. Provide treatment services appropriate to the personal and cultural identity and language of the client.</td>
<td></td>
</tr>
<tr>
<td>13. Adapt practice to the range of treatment settings and modalities.</td>
<td></td>
</tr>
<tr>
<td>14. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.</td>
<td></td>
</tr>
<tr>
<td>15. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.</td>
<td></td>
</tr>
<tr>
<td>16. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.</td>
<td></td>
</tr>
<tr>
<td>17. Understand the need for and the use of methods for measuring treatment outcome.</td>
<td></td>
</tr>
</tbody>
</table>
## COMPETENCY RATING FORM

1= Understand, 2= Developing, 3= Competent, 4= Skilled, 5= Master

<table>
<thead>
<tr>
<th>Rating</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.</td>
<td></td>
</tr>
<tr>
<td>19. Understand the importance of self-awareness in one’s personal, professional, and cultural life.</td>
<td></td>
</tr>
<tr>
<td>20. Understand the addiction professional’s obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.</td>
<td></td>
</tr>
<tr>
<td>21. Understand the importance of ongoing supervision and continuing education in the delivery of client services.</td>
<td></td>
</tr>
<tr>
<td>22. Understand the obligation of the addiction professional to participate in prevention as well as treatment.</td>
<td></td>
</tr>
<tr>
<td>23. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.</td>
<td></td>
</tr>
</tbody>
</table>
### SECTION II: Professional Practice Dimensions

**COMPETENCY RATING FORM**

1= Understand, 2= Developing, 3= Competent, 4= Skilled, 5= Master

<table>
<thead>
<tr>
<th>Practice Dimension I</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL EVALUATION - SCREENING  Pages 39 - 45</strong></td>
<td></td>
</tr>
<tr>
<td>Screening is the process through which a counselor, client and available significant others review the current situation, symptoms, and other available information to determine the most appropriate initial course of action, given the client's needs and characteristics and the available resources within the community.</td>
<td></td>
</tr>
<tr>
<td>24. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.</td>
<td></td>
</tr>
<tr>
<td>25. 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 historical substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints.</td>
<td></td>
</tr>
<tr>
<td>26. 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.</td>
<td></td>
</tr>
<tr>
<td>27. 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.</td>
<td></td>
</tr>
<tr>
<td>28. Determine the client’s readiness for treatment and change as well as the needs of others involved in the current situation.</td>
<td></td>
</tr>
<tr>
<td>29. Review the treatment options that are appropriate for the client needs, characteristics, goals, and financial resources.</td>
<td></td>
</tr>
<tr>
<td>30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.</td>
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</tr>
<tr>
<td>31. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.</td>
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<tr>
<td>32. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.</td>
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</tbody>
</table>
**COMPETENCY RATING FORM**

1= Understand, 2= Developing, 3= Competent, 4= Skilled, 5= Master

<table>
<thead>
<tr>
<th>Practice Dimension I</th>
<th>CLINICAL EVALUATION - ASSESSMENT  Pages 46 - 52</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong> is 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.</td>
<td></td>
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</tr>
<tr>
<td><strong>33.</strong> 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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- History of alcohol and other drug use;</td>
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<tr>
<td>- Physical health, mental health, and addiction treatment histories;</td>
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<tr>
<td>- Family issues;</td>
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<td>- Work history and career issues;</td>
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<tr>
<td>- History of criminality;</td>
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<tr>
<td>- Current status of physical health, mental health, and substance use;</td>
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<tr>
<td>- Spiritual concerns of the client;</td>
<td></td>
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<tr>
<td>- Education and basic life skills;</td>
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<tr>
<td>- Socioeconomic characteristics, lifestyle and current legal status</td>
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<tr>
<td>- Use of community resources:</td>
<td></td>
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<tr>
<td>- Treatment readiness;</td>
<td></td>
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<tr>
<td>- Level of cognitive and behavioral functioning.</td>
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<tr>
<td><strong>34.</strong> Analyze and interpret the data to determine treatment recommendations.</td>
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<tr>
<td><strong>35.</strong> Seek appropriate supervision and consultation.</td>
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<tr>
<td><strong>36.</strong> Document assessment findings and treatment recommendations.</td>
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</tbody>
</table>
### COMPETENCY RATING FORM

1= Understand, 2= Developing, 3= Competent, 4= Skilled, 5= Master

<table>
<thead>
<tr>
<th>Practice Dimension II</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td><strong>TREATMENT PLANNING  Page 55 - 66</strong></td>
<td></td>
</tr>
<tr>
<td>A collaborative process in which professionals and the client develop a written document that identifies important treatment goals: describes measurable, time-sensitive action steps toward achieving those goals with expected outcomes; and reflects a verbal agreement between counselor and client. At a minimum an individualized treatment plan addresses the identified substance use disorder(s) as well as issues related to treatment progress, including relationships with family and significant others, potential mental conditions, employment, education, spirituality, health concerns, and social and legal needs.</td>
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<tr>
<td>37. Use relevant assessment information to guide the treatment planning process.</td>
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<tr>
<td>38. Explain assessment findings to the client and significant others.</td>
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<tr>
<td>39. Provide the client and significant others with clarification and additional information as needed.</td>
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<tr>
<td>40. Examine treatment options in collaboration with the client and significant others.</td>
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<tr>
<td>41. Consider the readiness of the client and significant others to participate in treatment.</td>
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<tr>
<td>42. Prioritize client needs in the order they will be addressed in treatment.</td>
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<tr>
<td>43. Formulate mutually agreed upon and measurable treatment goals and objectives.</td>
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<tr>
<td>44. Identify appropriate strategies for each treatment goal.</td>
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<tr>
<td>45. Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria.</td>
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<tr>
<td>46. Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.</td>
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<tr>
<td>47. Inform the client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.</td>
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<tr>
<td>48. Reassess the treatment plan at regular intervals or when indicated by changing circumstances.</td>
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</tbody>
</table>
### COMPETENCY RATING FORM

1 = Understand, 2 = Developing, 3 = Competent, 4 = Skilled, 5 = Master

<table>
<thead>
<tr>
<th>Practice Dimension III</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFERRAL Pages 69-75</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>49. 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.</td>
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</tr>
<tr>
<td>50. Continuously assess and evaluate referral resources to determine their appropriateness.</td>
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<tr>
<td>51. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.</td>
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<tr>
<td>52. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.</td>
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<tr>
<td>53. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.</td>
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<tr>
<td>54. 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.</td>
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<tr>
<td>55. Evaluate the outcome of the referral.</td>
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</tbody>
</table>
**COMPETENCY RATING FORM**

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<table>
<thead>
<tr>
<th>Practice Dimension IV</th>
<th>SERVICE COORDINATION IMPLEMENTING THE TREATMENT PLAN  Pages 79 - 85</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Rating</th>
<th>56. Initiate collaboration with referral source.</th>
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<tbody>
<tr>
<td></td>
<td>57. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.</td>
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<tr>
<td></td>
<td>58. Confirm the client’s eligibility for admission and continued readiness for treatment and change.</td>
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<tr>
<td></td>
<td>59. Complete necessary administrative procedures for admission to treatment.</td>
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<tr>
<td></td>
<td>60. Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to:</td>
</tr>
<tr>
<td></td>
<td>- The nature of services,</td>
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<td></td>
<td>- Program goals,</td>
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<td></td>
<td>- Program procedures,</td>
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<td>- Rules regarding client conduct,</td>
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<td></td>
<td>- The schedule of treatment activities,</td>
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<td>- Costs of treatment,</td>
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<td></td>
<td>- Factors affecting duration of care,</td>
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<td></td>
<td>- Client’s rights and responsibilities,</td>
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<td></td>
<td>- The effects of treatment and recovery on significant others.</td>
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<td></td>
<td>61. Coordinate all treatment activities with services provided to the client by other resources.</td>
</tr>
</tbody>
</table>
### COMPETENCY RATING FORM

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<table>
<thead>
<tr>
<th>Practice Dimension IV</th>
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</thead>
<tbody>
<tr>
<td>SERVICE COORDINATION - CONSULTING  Pages 86 - 89</td>
<td></td>
</tr>
<tr>
<td>62. Summarize client’s personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gaining feedback, and planning changes in the course of treatment.</td>
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<tr>
<td>63. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.</td>
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<tr>
<td>64. Contribute as part of a multidisciplinary treatment team.</td>
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<tr>
<td>65. Apply confidentiality regulations appropriately.</td>
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<tr>
<td>66. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.</td>
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<table>
<thead>
<tr>
<th>Practice Dimension IV</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>SERVICE COORDINATION CONTINUING ASSESSMENT &amp; TREATMENT PLANNING  Pages 90 - 97</td>
<td></td>
</tr>
<tr>
<td>67. Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan.</td>
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<tr>
<td>68. Understand and recognize stages of change and other signs of treatment progress</td>
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<tr>
<td>69. 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.</td>
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<tr>
<td>70. Describe and document treatment process, progress, and outcome.</td>
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<tr>
<td>71. Use accepted treatment outcome measures.</td>
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<tr>
<td>72. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.</td>
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<tr>
<td>73. Document service coordination activities throughout the continuum of care.</td>
<td></td>
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<tr>
<td>74. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.</td>
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</tbody>
</table>
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<table>
<thead>
<tr>
<th>Practice Dimension V</th>
<th>Rating</th>
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<tbody>
<tr>
<td>INDIVIDUAL COUNSELING Pages 101 - 111</td>
<td></td>
</tr>
<tr>
<td>A collaborative process that facilitates the client's progress toward meeting 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 on 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, couples and significant others.</td>
<td></td>
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<tr>
<td><strong>75.</strong> Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.</td>
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<tr>
<td><strong>76.</strong> Facilitate the client’s engagement in the treatment and recovery process.</td>
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<tr>
<td><strong>77.</strong> Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.</td>
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<tr>
<td><strong>78.</strong> Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.</td>
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<tr>
<td><strong>79.</strong> Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.</td>
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<tr>
<td><strong>80.</strong> Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.</td>
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<tr>
<td><strong>81.</strong> Recognize how, when, and why to involve the client’s significant others in enhancing or supporting the treatment plan.</td>
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</tr>
<tr>
<td><strong>82.</strong> 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.</td>
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</tr>
<tr>
<td><strong>83.</strong> Facilitate the development of basic and life skills associated with recovery.</td>
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<tr>
<td><strong>84.</strong> Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, ethnicity, age, and health status.</td>
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<tr>
<td><strong>85.</strong> Make constructive therapeutic responses when client’s behavior is inconsistent with stated recovery goals.</td>
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<tr>
<td><strong>86.</strong> Apply crisis, prevention and management skills.</td>
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<tr>
<td><strong>87.</strong> 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.</td>
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<tr>
<td>Practice Dimension V</td>
<td>GROUP COUNSELING  Pages 112 - 129</td>
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<tr>
<td><strong>88.</strong> Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.</td>
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<tr>
<td><strong>89.</strong> 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.</td>
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<tr>
<td><strong>90.</strong> Facilitate the entry of new members and the transition of exiting members.</td>
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<tr>
<td><strong>91.</strong> Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.</td>
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</tr>
<tr>
<td><strong>92.</strong> 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.</td>
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<tr>
<td><strong>93.</strong> 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.</td>
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</table>
## COMPETENCY RATING FORM

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<table>
<thead>
<tr>
<th>Practice Dimension V</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>COUNSELING FOR FAMILIES, COUPLES &amp; SIGNIFICANT OTHERS  Pages 117 - 129</td>
<td></td>
</tr>
<tr>
<td>94. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.</td>
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</tr>
<tr>
<td>95. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.</td>
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<tr>
<td>96. Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process.</td>
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<tr>
<td>97. Assist families, couples, and significant others to understand the interaction between the system and substance use behaviors.</td>
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<tr>
<td>98. Assist families, couples, and significant others to adopt strategies and behaviors that sustain recovery and maintain healthy relationships.</td>
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<table>
<thead>
<tr>
<th>Practice Dimension VI</th>
<th>CLIENT, FAMILY AND COMMUNITY EDUCATION Pages 133 - 139</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td><strong>CLIENT, FAMILY AND COMMUNITY EDUCATION</strong> Pages 133 - 139</td>
<td>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.</td>
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</tr>
<tr>
<td>99.</td>
<td>Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.</td>
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<tr>
<td>100.</td>
<td>Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders.</td>
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<tr>
<td>101.</td>
<td>Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.</td>
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<tr>
<td>102.</td>
<td>Describe warning signs, symptoms, and the course of substance use disorders.</td>
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<tr>
<td>103.</td>
<td>Describe how substance use disorders affect families and concerned others.</td>
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<tr>
<td>104.</td>
<td>Describe the continuum of care and resources available to family and concerned others.</td>
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<tr>
<td>105.</td>
<td>Describe principles and philosophy of prevention, treatment, and recovery.</td>
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<tr>
<td>106.</td>
<td>Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C and other infectious diseases.</td>
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<tr>
<td>107.</td>
<td>Teach life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.</td>
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<tr>
<td>Practice Dimension VII</td>
<td>Rating</td>
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<tr>
<td>DOCUMENTATION Pages 143 - 150</td>
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<tr>
<td>The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.</td>
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<tr>
<td>108. Demonstrate knowledge of accepted principles of client record management.</td>
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<tr>
<td>109. 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.</td>
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<tr>
<td>110. Prepare accurate and concise screening, intake, and assessment reports.</td>
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<tr>
<td>111. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.</td>
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<tr>
<td>112. Record progress of client in relation to treatment goals and objectives.</td>
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<tr>
<td>113. Prepare accurate and concise discharge summaries.</td>
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<tr>
<td>114. Document treatment outcome, using accepted methods and instruments.</td>
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<thead>
<tr>
<th>Practice Dimension VIII</th>
<th>Rating</th>
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<tbody>
<tr>
<td>PROFESSIONAL AND ETHICAL RESPONSIBILITIES  Pages 153 - 160</td>
<td></td>
</tr>
<tr>
<td>The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.</td>
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</tr>
<tr>
<td><strong>115.</strong> 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.</td>
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</tr>
<tr>
<td><strong>116.</strong> Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.</td>
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<tr>
<td><strong>117.</strong> Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.</td>
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<tr>
<td><strong>118.</strong> Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice.</td>
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<tr>
<td><strong>119.</strong> Utilize a range of supervisory options to process personal feelings and concerns about clients.</td>
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<tr>
<td><strong>120.</strong> Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.</td>
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<tr>
<td><strong>121.</strong> Obtain appropriate continuing professional education.</td>
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<tr>
<td><strong>122.</strong> Participate in ongoing supervision and consultation.</td>
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<tr>
<td><strong>123.</strong> Develop and utilize strategies to maintain one’s own physical and mental health.</td>
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</table>
Appendix 2

Performance Assessment Rubrics for the Addiction Counseling Competencies