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Performance Assessment Rubrics FOR THE ADDICTION COUNSELING COMPETENCIES

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Oregon Health and Science University*

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INTRODUCTION TO THE 2ND EDITION

Addiction Counseling Competencies

The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT), in cooperation with the *Addiction Technology Transfer Center (ATTC) Network*, originally published *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice* as a Technical Assistance Publication (TAP 21) in 1988. In the years since, TAP 21 has become a standard for the development of addiction counseling curricula and the assessment of counseling proficiency. In 2005 the document underwent a thorough review and revision to align with evolving developments in the field. The revision was published in 2006 and reprinted in 2007, 2008 and 2009 (CSAT, 2006).

TAP 21 identifies 123 competencies essential to the effective practice of counseling for individuals and families experiencing psychoactive substance use disorders. This document is a companion product to TAP 21. It describes counselor/clinician proficiency along a continuum marked by four distinct benchmark descriptions of counselor ability for each of the competencies. Such a continuum is referred to as a rubric. More will be said about the continuum later.

From the time of its original publication to the present day, the authors of TAP 21 have viewed the competencies not as a completed body of work, but rather as "a dynamic document that will continue to evolve as addiction science and technology progress" (CSAT, 1998). The 2006 revision of TAP 21 is consistent with this initial belief. After eight years, the research base, understanding of the disorders, and the nature of the system of care had all changed enough to warrant a critical review. Today, it appears even more change is on the horizon. Healthcare reform is in the planning stages, with potential redefinitions of how, where and by whom addiction services will be delivered very likely by 2014.

For now, let's consider the revised TAP 21. As before, the competencies are divided into two broad categories, four Transdisciplinary Foundations and eight Practice Dimensions. The Foundations include 23 competencies which comprise the core knowledge and attitudes thought to be requisite to the development of evaluation, brief intervention treatment and recovery support skills. It is assumed providers from multiple disciplines will want to become proficient in these foundation areas as their roles change and they become expected to integrate at least screening and brief intervention for substance users into their practice.

The Transdisciplinary Foundations include:

- I. Understanding Addiction: Basic knowledge about substance use disorders,
- II. Treatment Knowledge: Familiarity with behavior change and recovery models,
- III. Application to Practice: Methods for applying intervention and recovery knowledge to practice, and
- IV. Professional readiness: Issues related to self awareness, diversity, ethics, and continuing education.

The eight Practice Dimensions include 100 discrete competencies believed essential to the provision of effective intervention, treatment and recovery services for individuals, families, and significant others. For each competency a set of knowledge, skill, and attitude descriptions which characterize proficiency in the competency is included to provide direction for students and clinicians alike as they strive to improve their skill set.

The Practice Dimensions include:

- I. Clinical Evaluation
 - a. Screening
 - b. Assessment
- II. Treatment Planning,
- III. Referral,
- IV. Service Coordination
 - a. Implementing the Treatment Plan
 - b. Consulting
 - c. Continuing Assessment and Treatment Planning
- V. Counseling
 - a. Individual Counseling
 - b. Group Counseling
 - c. Counseling Families, Couples and Significant Others
- VI. Client, Family, and Community Education
- VII. Documentation, and
- VIII. Professional and Ethical Responsibilities

The Transdisciplinary Foundations and Practice Dimensions constitute an ideal standard which counselors and other clinicians continuously strive to master. They describe in general terms what accomplished counselors can do. They do not, however, speak to how a clinician might progress toward mastery over time. To assess such progress, counselors, supervisors and counselor educators need a series of benchmarks or descriptions of counselor knowledge and behavior along a learning continuum. To that end, a set of performance assessment rubrics have been developed to compliment the Addiction Counseling Competencies. Those rubrics comprise the bulk of this document.

Performance Assessment Rubrics

A rubric is defined as a heading or classification within a larger system. Rubrics in learning environments are benchmarks along a learning continuum. Those benchmarks are behavioral descriptions that help instructors, supervisors and learners assess their progress in achieving specific learning objectives. The original set of rubrics included in the first edition of this document described counselor behavior at three distinct stages in a counselor's development of both the Transdisciplinary Foundations and the Practice Dimensions (Arrasmith & Gallon, 2001). Some inherent flaws were discovered in the original document which made the assessment of proficiency in each competency problematic. The rubrics served to assess overall proficiency in a Foundation or Practice Dimension, but did not address each competency separately. Thus, an overall rating could be achieved, but the need to build knowledge and skill in a particular competency was left to the judgment of the rater.

Another problem was in the original scheme there were only three benchmarks along the learning continuum. Students in pre-service settings did not have a rubric that helped assess their progress. The system was focused on assessing counselor proficiency and did not take into account the learning milestones students need to achieve before they begin working as a counselor. This second edition of the document has been developed to help correct some of the shortcomings of the first edition. There is now a rubric for each competency and four benchmark descriptions along a learning continuum within each rubric. The benchmark headings have also been revised and different headings have been developed for the benchmarks in both the Transdisciplinary Foundations and the Practice Dimensions.

TRANSDISCIPLINARY FOUNDATIONS

Benchmark headings for the Foundations include Awareness, Understanding, Applied Knowledge and Mastery. A definition of each heading follows.

> **AWARENESS** implies a limited or beginning understanding of the multiple factors involved in substance use disorders and the evidence-based interventions, treatment tools, and recovery models available.

These individuals may be students, counselor trainees, professionals in related disciplines, or entry-level clinicians who are not yet eligible for full credentials. They have limited or no experience in providing assessment, intervention and recovery services.

> **UNDERSTANDING** indicates a knowledgeable, well informed individual who may or may not provide addiction services directly. This level of knowledge is typically achieved only after a number of years of study and/or practice.

> **APPLIED KNOWLEDGE** is achieved by individuals who are knowledgeable about addiction and recovery and who apply their knowledge either in general practice or specialty treatment/recovery settings. Typically this level of expertise is achieved by specialists in addiction, but individuals at this level may also work in settings which are multi-disciplinary with a special sensitivity, charge or mission to identify and provide limited services to people with substance use disorders.

> **MASTERY** is typically achieved as a result of several years practice in clinical settings, either generalist or specialist. The individual is often a clinical leader who continuously reviews client services and the professional literature to assure the most effective treatment design. She is able to create new tools or activities intended to improve client services

PRACTICE DIMENSIONS

There are eight Practice Dimensions and some have multiple divisions, resulting in thirteen competency areas. A set of rubrics has been developed for each of those areas. The benchmark headings within each include Awareness, Initial Application, Competent Practice and Mastery. Those headings are defined below.

> **AWARENESS** within the Practice Dimensions requires familiarity with a far wider array of issues than those described within the Transdisciplinary Foundations. The aware individual is familiar with an expanding body of literature in the targeted competency and in most cases has collaborated with current practitioners and agency representatives in order to understand the issues embraced by the larger practice dimension.

> INITIAL APPLICATION describes an intermediate level of expertise short of full proficiency in the practice. It includes being able to perform the basics with oversight provided by a credentialed supervisor. The counselor's practice is limited and not independent. While the work performed is consistent with agency and protocol standards, the counselor lacks the experience to make independent decisions regarding needed modifications in service delivery to meet consumer needs.

> COMPETENT PRACTICE integrates knowledge, skills and attitudes with consistency and effectiveness in a variety of counseling interactions. The counselor has achieved an ability to provide fully proficient services within the competency in question and demonstrates consistent sound judgment in clinical situations. These counselors have the capacity to make independent decisions and are eligible for, or have achieved, the necessary credentials and/or qualifications for professional practice.

> MASTERY is demonstrated by the strategic application and integration of the counseling competencies with consistency and effectiveness in a variety of clinical settings. The practitioner can conceptualize recovery oriented interventions and incorporate services across a broad range of disciplines. The counselor can modify the application of clinical protocols to assure responsiveness to consumer needs. Such individuals provide leadership and serve as role models and consultants to other clinical staff.

Practicing counselors typically have an array of skills ranging from awareness to mastery. A variety of skills and knowledge are needed for most jobs in addiction treatment. **Full proficiency, however, is not required in all competencies for all addiction treatment positions.** Each job has specific skills and knowledge that are essential to satisfactory performance of the required duties. It is expected counselors with a limited scope of practice will not and should not be expected to develop proficiency in the full set of addiction counseling competencies. The array of skills and knowledge possessed by an addictions counselor or trainee represents the person's strengths, professional development needs, and the individual's career goals.

Performance Assessment Measures

For every Transdisciplinary Foundation and Practice Dimension measures for gathering performance data could contribute to an assessment of an individual's proficiency in the addiction counseling competencies. Multiple sources of information may be required to fully assess the performance of counselors. Many of the competencies require specific knowledge which can be assessed with paper and pencil tests. Proficiency, however, is best assessed by observing a counselor engaged in tasks involving clients or situations that simulate counseling experiences. Assessment of a counselor's performance relies on the judgment and perceptions of the clinical supervisor, treatment team members, clients and other people concerned with the client's treatment. The rubrics provide some suggestion for the content of measures and observations which could contribute to an assessment of counselor performance.

In the most basic performance assessment, a supervisor can use the rubrics to rate knowledge and the quality of treatment services delivered by a counselor or trainee. The benchmark statements could serve as a scale of performance with the descriptions of awareness and mastery defining the end points of the scale. Additional scale points could be defined, differentiating between initial application, competent practice, and mastery.

It should be noted these rubrics are operational descriptions of the competencies included within a particular Transdisciplinary Foundation or Practice Dimension. In using the rubrics there will often be a need for more specific information about the knowledge, skills, and attitudes that contribute to one's ability to demonstrate competence. The TAP 21 competencies document (CSAT, 2006) includes this specificity. The Performance Assessment Rubrics and TAP 21 are intended to be used together as companion documents. The Rubrics provide a means of gauging proficiency in the Practice Dimensions, while TAP 21 provides specific detailed information on what needs to be learned in order to enhance proficiency or competence in a given dimension.

Format

The rubrics for each Transdisciplinary Foundation and Practice Dimension are presented in a consistent format within this document. The foundation or practice dimension is first defined within each set of rubrics. Then, the individual competencies are reprinted and numerically listed consistent with the numbering system used in the 2006 edition of TAP 21.

The rubrics appear next within a table including a benchmark description of proficiency for each of the rubric headings. One limitation of both The Competencies and the Performance Assessment Rubrics is neither document identifies specific research supported models, strategies or tools useful in applying a given competency. Instead, a bibliography is included in TAP 21 for each of the Transdisciplinary Foundations and Practice Dimensions. That bibliography can provide a beginning point for developing a plan to assist the counselor in building greater proficiency in the competencies incorporated in each section of TAP 21.

Rating Forms

To summarize an assessment of proficiency in the Addiction Counseling Competencies a set of rating forms is included in the Appendix. Those forms provide an overall impression of knowledge, skills and attitudes within an entire Transdisciplinary Foundation or Practice Dimension. They can summarize a proficiency evaluation in a single page and can be useful in either introducing an evaluation and/or summarizing the results.

Acknowledgements

This second edition of the Performance Assessment Rubrics is the result of both the encouragement and committed assistance from a number of our colleagues across the country. Dr. Dean Arrasmith at the Northwest Regional Educational Laboratory in Portland provided the original inspiration over a decade ago. Since then, the Rubrics have been used in both educational and clinical settings to help assess the development of students and the performance of addiction professionals. When it became clear a revision of the original work was needed, a regional workgroup of addiction educators from Oregon, Washington, Idaho, and Alaska volunteered to begin the project. They recognized their students had a difficult time gauging their readiness and charting next steps in their preparation to become addiction professionals.

The workgroup wrestled with how best to expand the original document to make it more useful to both students and professionals. The final product reflects their interest in keeping the rubrics simple, measurable, and specific. The desire was to have meaningful separation from one benchmark to the next along a developmental continuum. Building upon the workgroup's initial effort, we tackled the detailed job of defining each of the four benchmarks and then developing a rubric for each of the 123 competencies in the revised TAP 21.

When our initial work was ready for review, we called on several colleagues to view the document afresh and provide us feedback and suggestions for improvement. Donna Hirt, Maureen Jenne, and Pat Stilen all reviewed the document and went beyond our expectations in helping us increase the precision of our descriptions and stick to the parameters of each competency. The temptation was to stray at times into new territory. Donna, Maureen and Pat made sure our feet stayed firmly planted in the language of TAP 21. Another stalwart was Jennifer Verbeck, who processed our work, asked good questions and maintained a positive "can do" outlook no matter how many revisions came her way. Without all of you, we would still be refining, editing, and conjuring up new and different ways to operationalize the work of the addictions counselor.

Finally, thanks go to SAMHSA / CSAT for the funding which helped us get the work this far. Workforce development is a major part of the ATTC Network mission. While these rubrics need to meet the test of research and will no doubt continue to undergo updates and modifications as the profession develops in the coming years, for now they provide a tool to assist students and professionals alike in their quest for excellence in the delivery of recovery oriented addiction counseling. Our thanks go out to all who contributed.

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Center for Substance Abuse Treatment (1998, 2006). *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. Technical Assistance Publication (TAP) Series 21. HHS Publication No. (SMA) 08-471. Rockville, MD: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Transdisciplinary Foundations

- A. Understanding Addiction: Basic knowledge about substance use disorders,
- B. Treatment Knowledge: Familiarity with behavior change and recovery models,
- C. Application to Practice: Methods for applying intervention and recovery knowledge to practice, and
- D. Professional readiness: Issues related to self awareness, diversity, ethics, and continuing education.

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

This section focuses on four sets of competencies which are transdisciplinary, in that they underlie the work not just of the counselors but of all healthcare, and addiction specialists in particular. The four areas of knowledge identified here serve as prerequisites to the development of competency in any of the addiction-focused disciplines.

Transdisciplinary Foundations A:

UNDERSTANDING ADDICTION

THE COMPETENT PROFESSIONAL IS ABLE TO:



1. Understand a variety of models and theories of addiction and other problems related to substance use.
2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
4. Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.

UNDERSTANDING ADDICTION

| 1. Understand a variety of models and theories of addiction and other problems related to substance use. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Identifies a variety of models and theories of addiction and other problems related to substance use. | 1 | 1 |
| UNDERSTANDING | Discusses a variety of models and theories of addiction and other problems related to substance use. | 2 | 2 |
| APPLIED KNOWLEDGE | Applies knowledge of models and theories of addiction and other substance related problems to clinical practice. | 3 | 3 |
| MASTERY | Uses knowledge of a variety of models and theories of addiction and other substance related problems to design interventions and resolve issues in clinical settings. | 4 | 4 |

| 2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Recognizes a variety of contexts within which addiction and substance abuse exist. | 1 | 1 |
| UNDERSTANDING | Appreciates the variety of contexts in which addiction and substance abuse occur, including factors that characterize individuals and groups and their living environments. | 2 | 2 |
| APPLIED KNOWLEDGE | Demonstrates sensitivity and utilizes knowledge of contextual variables in the planning and delivery of addiction services. | 3 | 3 |
| MASTERY | Fully integrates knowledge of the contextual variables into treatment planning, service delivery and problem solving. | 4 | 4 |

Transdisciplinary Foundations A:

UNDERSTANDING ADDICTION

THE COMPETENT PROFESSIONAL IS ABLE TO:

1. Understand a variety of models and theories of addiction and other problems related to substance use.
2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
4. Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.



UNDERSTANDING ADDICTION

| 3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is aware of the behavioral, psychological, physical health, and social effects of using various psychoactive substances. | 1 | 1 |
| UNDERSTANDING | Understands the various short and long term effects of psychoactive substances on the user and significant others. | 2 | 2 |
| APPLIED KNOWLEDGE | Uses an understanding of the variety of short and long term effects of psychoactive substances in the identification of substance use disorders. | 3 | 3 |
| MASTERY | Incorporates knowledge of the multiple effects of substance use in assessment and treatment planning for substance users and their significant others. | 4 | 4 |

| 4. Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Has a beginning knowledge that substance use disorders have the potential to mimic a variety of medical and mental health disorders. | 1 | 1 |
| UNDERSTANDING | Recognizes the symptoms and understands the potential for substance use disorders to coexist with mental health and medical conditions. | 2 | 2 |
| APPLIED KNOWLEDGE | Recognizes and differentiates substance use disorders from other medical or mental health conditions without judgment. | 3 | 3 |
| MASTERY | Accurately assesses co-occurring health, mental and substance use disorders, and plans integrated treatment services. | 4 | 4 |

Transdisciplinary Foundations B:

TREATMENT KNOWLEDGE

THE COMPETENT PROFESSIONAL IS ABLE TO:



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.
6. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
7. Understand the importance of research and outcomes data and their application in clinical practice.
8. Understand the value of an interdisciplinary approach to addictions treatment.

TREATMENT KNOWLEDGE

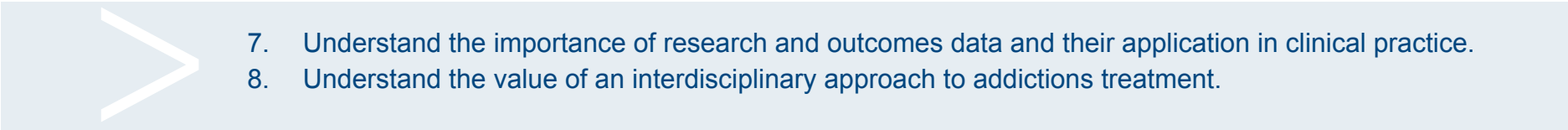
| 5. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Identifies the philosophies, practices, policies, and outcomes of the most generally accepted therapeutic models. | 1 | 1 |
| UNDERSTANDING | Discusses the most generally accepted and scientifically supported models of care for addiction and other substance related problems. | 2 | 2 |
| APPLIED KNOWLEDGE | Utilizes with fidelity a limited number of accepted and researched-based models of care for substance use disorders. | 3 | 3 |
| MASTERY | Adapts to a variety of models of care including new evidence-based approaches in individualizing the care for substance use disorders. | 4 | 4 |

| 6. Recognize the importance of family, social networks, and community systems in the treatment and recovery process. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Appreciates the importance of addressing family, social networks, and community systems in the treatment and recovery process. | 1 | 1 |
| UNDERSTANDING | Describes the importance of incorporating family and social networks in planning for recovery oriented services from substance use disorders. | 2 | 2 |
| APPLIED KNOWLEDGE | Includes relevant family members, social networks, and community system in recovery planning. | 3 | 3 |
| MASTERY | Integrates family and social networks into individualized recovery plans on a routine basis. | 4 | 4 |

Transdisciplinary Foundations B:

TREATMENT KNOWLEDGE

THE COMPETENT PROFESSIONAL IS ABLE TO:

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.
 6. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
- 
7. Understand the importance of research and outcomes data and their application in clinical practice.
 8. Understand the value of an interdisciplinary approach to addictions treatment.

TREATMENT KNOWLEDGE

| 7. Understand the importance of research and outcomes data and their application in clinical practice. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Is aware of scientific research and its relationship to clinical practice. | 1 | 1 |
| UNDERSTANDING | Understands how research and outcome data can contribute to effective clinical practice. | 2 | 2 |
| APPLIED KNOWLEDGE | Uses research and outcome data in the assessment of current clinical practice. | 3 | 3 |
| MASTERY | Critically reviews treatment strategies and methods using research and outcome data in the design and evaluation of clinical practices. | 4 | 4 |

| 8. Understand the value of an interdisciplinary approach to addictions treatment. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Describes an interdisciplinary approach to addictions treatment. | 1 | 1 |
| UNDERSTANDING | Articulates the roles and contributions of multiple disciplines to treatment efficacy. | 2 | 2 |
| APPLIED KNOWLEDGE | Uses relevant terms and concepts to communicate effectively across disciplines. | 3 | 3 |
| MASTERY | Contributes leadership to an interdisciplinary team in planning and delivering treatment services. | 4 | 4 |

Transdisciplinary Foundations C:

APPLICATION TO PRACTICE

THE COMPETENT PROFESSIONAL IS ABLE TO:



9. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.
10. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.
11. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.
12. Provide treatment services appropriate to the personal and cultural identity and language of the client.
13. Adapt practices to the range of treatment settings and modalities.
14. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.
15. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
16. Recognize a crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
17. Understand the need for and the use of methods for measuring treatment outcome.

APPLICATION TO PRACTICE

| 9. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Is familiar with the established diagnostic and placement criteria. | 1 | 1 |
| UNDERSTANDING | Describes diagnostic criteria and treatment modalities for substance use disorders and their relationship to placement criteria. | 2 | 2 |
| APPLIED KNOWLEDGE | Applies diagnostic and placement criteria in the assignment of persons with substance use disorders to appropriate treatment modalities. | 3 | 3 |
| MASTERY | Consistently assigns persons with substance use disorders to appropriate treatment modalities, including persons with co-existing physical health and mental disorders. | 4 | 4 |

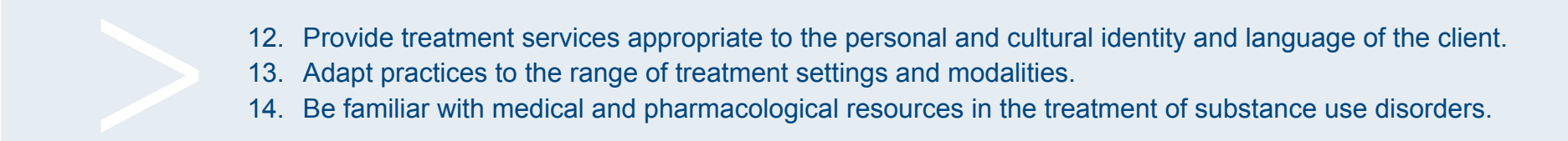
| 10. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Lists a variety of helping strategies for reducing the negative effects of substance use, abuse and dependence. | 1 | 1 |
| UNDERSTANDING | Describes the relationship between a variety of helping strategies and how they work to effectively reduce substance use, abuse and dependency. | 2 | 2 |
| APPLIED KNOWLEDGE | Applies a variety of helping strategies tailored to meet the unique needs of persons with substance use disorders. | 3 | 3 |
| MASTERY | Integrates helping strategies into treatment services that reduce the negative effects of substance use, abuse, and dependence. | 4 | 4 |

| 11. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Identifies stages of dependence, change, and recovery. | 1 | 1 |
| UNDERSTANDING | Relates a clients change readiness to helping strategies and treatment modalities. | 2 | 2 |
| APPLIED KNOWLEDGE | Tailors helping strategies to a client's stage of readiness to engage in recovery oriented activities. | 3 | 3 |
| MASTERY | Accounts for client's racial, ethnic, cultural and socio economic status when planning recovery strategies consistent with the client's readiness for change. | 4 | 4 |

Transdisciplinary Foundations C:

APPLICATION TO PRACTICE

THE COMPETENT PROFESSIONAL IS ABLE TO:

9. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.
 10. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.
 11. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.
- 
12. Provide treatment services appropriate to the personal and cultural identity and language of the client.
 13. Adapt practices to the range of treatment settings and modalities.
 14. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.
15. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
 16. Recognize a crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
 17. Understand the need for and the use of methods for measuring treatment outcome.

APPLICATION TO PRACTICE

| 12. Provide treatment services appropriate to the personal and cultural identity and language of the client. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is familiar with cultural norms, values, beliefs, language, and behaviors for the predominant subgroups in the local area. | 1 | 1 |
| UNDERSTANDING | Understands the relationship between specific treatment services and the personal and cultural identities of the client population including the predominant language. | 2 | 2 |
| APPLIED KNOWLEDGE | Provides services appropriate to the personal identity and culture of the client. | 3 | 3 |
| MASTERY | Individualizes services appropriate to specific cultural groups who may communicate in a language unique to their culture. | 4 | 4 |


| 13. Adapt practices to the range of treatment settings and modalities. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Knows how to access local treatment services. | 1 | 1 |
| UNDERSTANDING | Understands the strengths and limitations of available treatment services. | 2 | 2 |
| APPLIED KNOWLEDGE | Accesses and makes referrals to available treatment settings and treatment modalities. | 3 | 3 |
| MASTERY | Incorporates the range of existing treatment settings and modalities into daily practice. | 4 | 4 |

| 14. Be familiar with medical and pharmacological resources in the treatment of substance use disorders. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Describes the range of locally available medical and pharmacological resources. | 1 | 1 |
| UNDERSTANDING | Assesses the strengths and liabilities of local medical and pharmacological interventions. | 2 | 2 |
| APPLIED KNOWLEDGE | Accesses health practitioners and pharmacy resources in the community who are knowledgeable about addiction and recovery. | 3 | 3 |
| MASTERY | Strategically selects medical and pharmacological practitioners to assist in recovery services for substance use disorders. | 4 | 4 |

Transdisciplinary Foundations C:

APPLICATION TO PRACTICE

THE COMPETENT PROFESSIONAL IS ABLE TO:

9. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.
 10. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.
 11. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.
 12. Provide treatment services appropriate to the personal and cultural identity and language of the client.
 13. Adapt practices to the range of treatment settings and modalities.
 14. Be familiar with medical and pharmacological resources in the treatment of substance use disorders.
- 
15. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
 16. Recognize a crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
 17. Understand the need for and the use of methods for measuring treatment outcome.

APPLICATION TO PRACTICE

| 15. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is familiar with insurance and health maintenance organizations providing coverage for substance use and co-existing disorders. | 1 | 1 |
| UNDERSTANDING | Knows how to access resources of third party payers, including policies and procedures used by available payment plans. | 2 | 2 |
| APPLIED KNOWLEDGE | Assists clients in accessing insurance benefits related to the treatment of substance use disorders. | 3 | 3 |
| MASTERY | Consistently collaborates with insurance and health maintenance personnel in accessing benefits for treatment services. | 4 | 4 |

| 16. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is aware of the relationship between crisis, readiness for change, and available resources for the management of crisis situations. | 1 | 1 |
| UNDERSTANDING | Describes the types of crises that frequently occur in persons with substance use disorders and the principles for intervening to facilitate entry into treatment. | 2 | 2 |
| APPLIED KNOWLEDGE | Assists with management of crisis situations, utilizing established intervention principles and available resources for assistance. | 3 | 3 |
| MASTERY | Independently manages and stabilizes complex crisis situations, including collaboration with and referral to locally available resources. | 4 | 4 |

| 17. Understand the need for and the use of methods for measuring treatment outcome. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Recognizes researched-based methods for measuring treatment outcomes. | 1 | 1 |
| UNDERSTANDING | Understands the need to measure treatment outcomes using appropriate scientific methods. | 2 | 2 |
| APPLIED KNOWLEDGE | Collects outcome measures as directed and uses the measures in monitoring treatment progress. | 3 | 3 |
| MASTERY | Routinely analyzes and utilizes outcome data to evaluate treatment service delivery. | 4 | 4 |

Transdisciplinary Foundations D:

PROFESSIONAL READINESS

THE COMPETENT PROFESSIONAL IS ABLE TO:



18. Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
19. Understand the importance of self-awareness in one's personal, professional, and cultural life.
20. Understand the addiction professional's obligations to ethical and behavioral standards of conduct in the helping relationship.

21. Understand the importance of ongoing supervision and continuing education in the delivery of client services.
22. Understand the obligation of the addiction professional to participate in prevention and treatment activities.
23. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

PROFESSIONAL READINESS

| 18. Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is familiar with resources broadly defining diversity and the importance of culture, including the needs and rights of persons with a variety of disabilities. | 1 | 1 |
| UNDERSTANDING | Knowledgeable about the diversity of cultures in the local service area and their implications for services in substance use disorder treatment settings. | 2 | 2 |
| APPLIED KNOWLEDGE | Demonstrates an understanding of diversity principles and culturally sensitive counseling methods relevant to local populations and people with disabilities. | 3 | 3 |
| MASTERY | Promotes integration of culturally sensitive counseling practices in the planning and delivery of clinical services. | 4 | 4 |

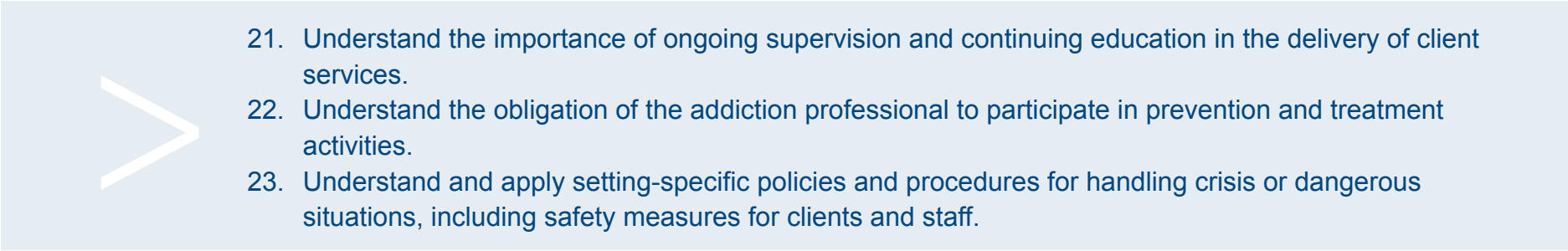
| 19. Understand the importance of self-awareness in one's personal, professional, and cultural life. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Has some awareness of personal, professional, and cultural strengths and challenges. | 1 | 1 |
| UNDERSTANDING | Appreciates the relationship between personal and professional traits and their impact on client interactions and relationships. | 2 | 2 |
| APPLIED KNOWLEDGE | Interacts with clients in a manner demonstrating accurate self-awareness. | 3 | 3 |
| MASTERY | Utilizes accurate self knowledge in the development of relationships with a diversity of clientele. | 4 | 4 |

| 20. Understand the addiction professional's obligations to ethical and behavioral standards of conduct in the helping relationship. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is familiar with contemporary ethical and behavioral standards of conduct. | 1 | 1 |
| UNDERSTANDING | Appreciates and discusses the application of ethical and behavioral standards to clinical practice. | 2 | 2 |
| APPLIED KNOWLEDGE | Complies with ethical and regulatory guidelines in the delivery of clinical services. | 3 | 3 |
| MASTERY | Assesses, clarifies and helps resolve incidents which are potential violations of existing ethical and regulatory guidelines. | 4 | 4 |

Transdisciplinary Foundations D:

PROFESSIONAL READINESS

THE COMPETENT PROFESSIONAL IS ABLE TO:

18. Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
 19. Understand the importance of self-awareness in one's personal, professional, and cultural life.
 20. Understand the addiction professional's obligations to ethical and behavioral standards of conduct in the helping relationship.
- 
21. Understand the importance of ongoing supervision and continuing education in the delivery of client services.
 22. Understand the obligation of the addiction professional to participate in prevention and treatment activities.
 23. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

PROFESSIONAL READINESS

| 21. Understand the importance of ongoing supervision and continuing education in the delivery of client services. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Describes the role of supervision and continuing education in on-going professional development. | 1 | 1 |
| UNDERSTANDING | Appreciates the need for regular supervisory review of job performance and the continuous accumulation of new knowledge related to service delivery. | 2 | 2 |
| APPLIED KNOWLEDGE | Collaborates with supervisor in reviewing of job service delivery and participates in continuing learning opportunities for professional growth. | 3 | 3 |
| MASTERY | Seeks ongoing clinical consultation and continuing professional development opportunities. | 4 | 4 |

| 22. Understand the obligation of the addiction professional to participate in prevention and treatment activities. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is aware of the relationship between prevention and treatment. | 1 | 1 |
| UNDERSTANDING | Describes the most commonly accepted prevention models and their relationship to treatment. | 2 | 2 |
| APPLIED KNOWLEDGE | Integrates local prevention resources in the delivery of clinical services when appropriate. | 3 | 3 |
| MASTERY | Seeks opportunities to integrate prevention and treatment services to enhance the overall continuum of care. | 4 | 4 |

| 23. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is familiar with policies and procedures related to crisis management. | 1 | 1 |
| UNDERSTANDING | Describes how agency policies and procedures apply to potential crisis situations. | 2 | 2 |
| APPLIED KNOWLEDGE | Adheres to agency policies, procedures, and practices in the management of crises and dangerous situations. | 3 | 3 |
| MASTERY | Provides leadership in the development and implementation of policies and procedures related to crisis management. | 4 | 4 |

The Practice Dimensions

- I. Clinical Evaluation,
- II. Treatment Planning,
- III. Referral,
- IV. Service Coordination,
- V. Counseling,
- VI. Client, Family, and Community Education
- VII. Documentation, and
- VIII. Professional and Ethical Responsibilities

In the Addiction Counseling Competencies (TAP 21) the work of the addictions counselor is separated into eight practice dimensions. Several of those dimensions are subdivided into elements. All together there are 100 discrete competencies comprising the Practice Dimensions. While a counselor needs to be proficient in only those competencies consistent with her training and professional responsibilities, the Practice Dimensions provide a description of the full spectrum of skills and abilities defining the multi-disciplinary addiction counseling profession.

Practice Dimension I:

CLINICAL EVALUATION

Element I - Screening

THE COMPETENT PROFESSIONAL IS ABLE TO:



24. Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.
25. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods sensitive to age, development level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints.
26. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.
27. Assist the client in identifying the effect of substance use in his or her current life problems and the effects of continued harmful use or abuse.
28. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
29. Review the treatment options appropriate for the client's needs, characteristics, goals, and financial resources.
30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
31. Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.
32. Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

Element I - Screening


| | | | |
|--|---|------------|-----------|
| 24. Establish rapport, including management of a crisis situation and determination of need for additional professional assistance. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Describes effective methods for establishing rapport and managing the initial contact with persons who may be in crisis. | 1 | 1 |
| INITIAL APPLICATION | Demonstrates effective engagement skills, including the ability to recognize crisis situations. | 2 | 2 |
| COMPETENT PRACTICE | Effectively establishes rapport in a variety of situations including crises and potentially volatile circumstances. | 3 | 3 |
| MASTERY | Uses rapport building skills in managing crisis situations and establishing an effective working relationship with persons who may be in need of immediate professional assistance. | 4 | 4 |
| 25. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, development level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Is familiar with validated screening instruments and methods in the identification of substance use disorders and related health and mental health conditions. | 1 | 1 |
| INITIAL APPLICATION | Introduces and administers standard screening tools and gathers information necessary to initially identify substance use and related disorders. | 2 | 2 |
| COMPETENT PRACTICE | Integrates the use of screening and data gathering methods to formulate an initial understanding and written plan for addressing client needs. | 3 | 3 |
| MASTERY | Gathers comprehensive screening information utilizing science-based tools and interviewing skills to gather information that yields an accurate summary of history, current functioning and need for additional services. | 4 | 4 |
| 26. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Lists specific symptoms of toxicity, intoxication, withdrawal, aggression, suicidal ideation, co-occurring mental disorders and dangerousness. | 1 | 1 |
| INITIAL APPLICATION | Identifies specific substance use and mental disorder symptoms and behaviors in conducting screening interviews. | 2 | 2 |
| COMPETENT PRACTICE | Recognizes symptoms, indicators and behaviors diagnostic of commonly occurring substance use and mental disorders, including dangerousness, suicide and toxic reactions to substances. | 3 | 3 |
| MASTERY | Screens for a wide range of conditions, including substance toxicity and withdrawal, dangerousness, child abuse and neglect, potential for self inflicted harm and co-occurring mental disorders. | 4 | 4 |

Practice Dimension I:

CLINICAL EVALUATION

Element I - Screening

THE COMPETENT PROFESSIONAL IS ABLE TO:

24. Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.
 25. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods sensitive to age, development level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints.
 26. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.
- 
 27. Assist the client in identifying the effect of substance use in his or her current life problems and the effects of continued harmful use or abuse.
 28. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
 29. Review the treatment options appropriate for the client's needs, characteristics, goals, and financial resources.
30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
 31. Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.
 32. Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

Element I - Screening

| 27. Assist the client in identifying the effect of substance use in his or her current life problems and the effects of continued harmful use or abuse. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Lists the effects of psychoactive substances on thinking, feelings, health status, and relationships. | 1 | 1 |
| INITIAL APPLICATION | Confirms with the client the effects of substance use and assesses client readiness to change. | 2 | 2 |
| COMPETENT PRACTICE | Assists the client in recognizing the effects of substance use on his or her current life problems. | 3 | 3 |
| MASTERY | In addition to assessing the current effects of substance use, helps the client to understand the potential risks of continued use. | 4 | 4 |

| 28. Determine the client's readiness for treatment and change, as well as the needs of others involved in the current situation. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Articulates the essential elements of one or more stages of change models. | 1 | 1 |
| INITIAL APPLICATION | Utilizes the stages of change model in screening and determining a client's initial readiness to engage in new behavior. | 2 | 2 |
| COMPETENT PRACTICE | Incorporates an understanding of the client's motivation and the readiness of the social environment to determine the appropriateness for treatment. | 3 | 3 |
| MASTERY | Incorporates the client's self assessment with information gathered from collaterals in the screening process to determine client's readiness for treatment. | 4 | 4 |


| 29. Review the treatment options appropriate for the client's needs, characteristics, goals, and financial resources. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Describes a variety of generally accepted treatment approaches and community resources available to address common treatment needs. | 1 | 1 |
| INITIAL APPLICATION | Links treatment activities and community resources to specific client needs. | 2 | 2 |
| COMPETENT PRACTICE | Collaborates with client to identify needed local resources and integrate them with treatment objectives into a course of action. | 3 | 3 |
| MASTERY | Creates a comprehensive treatment plan to address the client's objectives in recovering from substance use and related disorders. | 4 | 4 |

Practice Dimension I:

CLINICAL EVALUATION

Element I - Screening

THE COMPETENT PROFESSIONAL IS ABLE TO:

24. Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.
 25. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, development level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints.
 26. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.
 27. Assist the client in identifying the effect of substance use in his or her current life problems and the effects of continued harmful use or abuse.
 28. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
 29. Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.
- 
30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
 31. Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.
 32. Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.

Element I - Screening

| 30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Lists criteria for substance abuse and dependency and is familiar with commonly accepted criteria for placement in levels of care. | 1 | 1 |
| INITIAL APPLICATION | As a result of screening, clinician establishes a tentative diagnosis and potential placement for further care. | 2 | 2 |
| COMPETENT PRACTICE | Upon completion of screening, clinician uses specific diagnostic criteria to articulate a diagnostic impression of use, abuse, or dependence and makes recommendations for level of care placement. | 3 | 3 |
| MASTERY | Upon completion of screening, clinician incorporates client's readiness for change and preferences into a plan of action consistent with a substance use disorder diagnosis and client placement criteria. | 4 | 4 |

| 31. Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is familiar with frequently occurring client needs, available community resources, and an accepted action plan format. | 1 | 1 |
| INITIAL APPLICATION | Discusses an initial action plan with the client and appropriate others. | 2 | 2 |
| COMPETENT PRACTICE | Secures with the client and appropriate others a commitment to a documented action plan to address needs and preferences within available community resources. | 3 | 3 |
| MASTERY | Facilitates the development of an action plan incorporating the preferences of the client and appropriate others into a documented contract. | 4 | 4 |

| 32. Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is familiar with admission protocols, referral resources and relevant confidentiality guidelines. | 1 | 1 |
| INITIAL APPLICATION | Follows guidelines for admitting clients to services identified in the initial action plan. | 2 | 2 |
| COMPETENT PRACTICE | Facilitates client admission to appropriate treatment setting. Confirms actual client entry into the recommended level of care, prepares accurate documentation, and assures follow through. | 3 | 3 |
| MASTERY | Uses knowledge of local resources to negotiate client admission to the appropriate level of care, identifies and resolves potential barriers, and documents client follow-through. | 4 | 4 |

Practice Dimension I:

CLINICAL EVALUATION

Element II - Assessment

THE COMPETENT PROFESSIONAL IS ABLE TO:

- 
33. Select and use a comprehensive assessment process sensitive to age, gender, racial and ethnic culture, and disabilities, including but is not limited to:
 - History of alcohol and drug use
 - Physical health, mental health, and addictions treatment histories
 - Family issues
 - Work history and career issues
 - History of criminality
 - Psychological, emotional, and worldview concerns
 - Current status of physical health, mental health, and substance use
 - Spiritual concerns of the client
 - Education and basic life skills
 - Socioeconomic characteristics, lifestyle, and current legal status
 - Use of community resources
 - Treatment readiness
 - Level of cognitive and behavioral functioning.
 34. Analyze and interpret the data to determine treatment recommendations.
 35. Seek appropriate supervision and consultation.
 36. Document assessment findings and treatment recommendations.

Element II - Assessment

| 33. Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic culture, and disabilities. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Is familiar with the information, instruments, and protocols constituting a comprehensive assessment. | 1 | 1 |
| INITIAL APPLICATION | Uses approved instruments and protocol in conducting a comprehensive assessment. | 2 | 2 |
| COMPETENT PRACTICE | Introduces the purpose and incorporates client's perceptions in conducting a comprehensive assessment of the client and relevant significant others. The counselor demonstrates sensitivity to a broad variety of contextual issues throughout the process. | 3 | 3 |
| MASTERY | Selectively uses a variety of instruments to assess client history and current living circumstances. Provides client opportunities to discuss issues of concern and identifies needs for additional specialized assistance. | 4 | 4 |

| 34. Analyze and interpret the data to determine treatment recommendations. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is familiar with the scoring and interpretation of client self report data and relevant collateral information. | 1 | 1 |
| INITIAL APPLICATION | Uses client self report and collateral information to identify needs and appropriate treatment options. | 2 | 2 |
| COMPETENT PRACTICE | Interprets assessment data to the client, links client needs with appropriate treatment options and shares recommendations with the client and appropriate significant others. | 3 | 3 |
| MASTERY | Demonstrates flexibility in negotiating treatment recommendations in order to accommodate the needs and preferences of the client and significant others. | 4 | 4 |

Practice Dimension I:

CLINICAL EVALUATION

Element II - Assessment

THE COMPETENT PROFESSIONAL IS ABLE TO:

33. Select and use a comprehensive assessment process sensitive to age, gender, racial and ethnic culture, and disabilities, including but is not limited to:
 - History of alcohol and drug use
 - Physical health, mental health, and addictions treatment histories
 - Family issues
 - Work history and career issues
 - History of criminality
 - Psychological, emotional, and worldview concerns
 - Current status of physical health, mental health, and substance use
 - Spiritual concerns of the client
 - Education and basic life skills
 - Socioeconomic characteristics, lifestyle, and current legal status
 - Use of community resources
 - Treatment readiness
 - Level of cognitive and behavioral functioning.
34. Analyze and interpret the data to determine treatment recommendations.
35. Seek appropriate supervision and consultation.
36. Document assessment findings and treatment recommendations.



Element II - Assessment

| 35. Seek appropriate supervision and consultation. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Describes personal scope of practice based on training and education. Describes how supervision contributes to quality of care and continuous development of clinical skills. | 1 | 1 |
| INITIAL APPLICATION | Seeks regular supervision and consultation regarding the knowledge and skills essential to clinical evaluation. | 2 | 2 |
| COMPETENT PRACTICE | Utilizes supervision and/or peer consultation in the preparation of comprehensive assessments. | 3 | 3 |
| MASTERY | As a result of supervision, clinician has awareness and acceptance of personal and professional limitations and incorporates information from supervision and consultation into assessment findings. | 4 | 4 |

| 36. Document assessment findings and treatment recommendations. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is aware of agency assessment protocols, procedures, and documentation standards. | 1 | 1 |
| INITIAL APPLICATION | Prepares and presents in oral and written form assessment findings and treatment implications to other professionals within the agency. | 2 | 2 |
| COMPETENT PRACTICE | Provides clear, concise documentation of assessment findings, and their treatment implications in a manner consistent with agency standards. | 3 | 3 |
| MASTERY | Exceeds standard of quality and incorporates information from a variety of sources in the accurate documentation of assessment findings and treatment recommendations. | 4 | 4 |

Practice Dimension II:

TREATMENT PLANNING

THE COMPETENT PROFESSIONAL IS ABLE TO:



37. Use relevant assessment information to guide the treatment planning process.
38. Explain assessment findings to the client and significant others.
39. Provide the client and significant others with clarification and additional information as needed.
40. Examine treatment options in collaboration with the client and significant others.
41. Consider the readiness of the client and significant others to participate in treatment.
42. Prioritize the client's needs in the order they will be addressed in treatment.
43. Formulate mutually agreed-on and measureable treatment goals and objectives.
44. Identify appropriate strategies for each treatment goal.
45. Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria.
46. Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.
47. Inform the client of confidentiality rights, program procedures safeguarding them, and the exceptions imposed by regulations.
48. Reassess the treatment plan at regular intervals or when indicated by changing circumstances.

TREATMENT PLANNING

| 37. Use relevant assessment information to guide the treatment planning process. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Is familiar with general assessment topics and their importance to treatment planning. | 1 | 1 |
| INITIAL APPLICATION | Gathers and review assessment findings prior to sharing with the client and significant other. | 2 | 2 |
| COMPETENT PRACTICE | Integrates all assessment findings and initial placement and treatment recommendations with the client to begin the treatment planning process. | 3 | 3 |
| MASTERY | Establishes a productive rapport with the client and appropriate significant others and engages them in a collaborative review of assessment information and treatment options. | 4 | 4 |

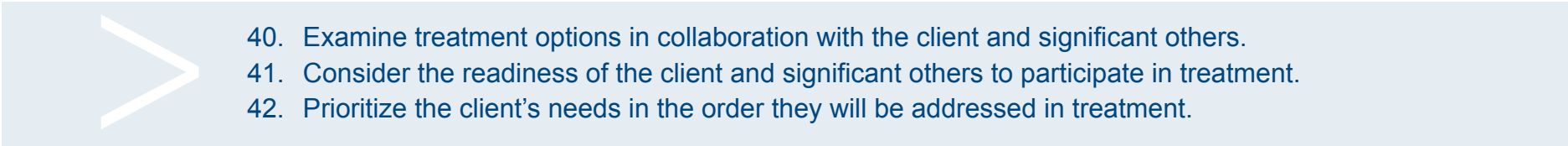
| 38. Explain assessment findings to the client and significant others. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Understands the variety of potential assessment findings. | 1 | 1 |
| INITIAL APPLICATION | Presents basic assessment findings to client and significant others. | 2 | 2 |
| COMPETENT PRACTICE | Interprets assessment findings to client and significant others. | 3 | 3 |
| MASTERY | Collaborates with client and significant others regarding assessment findings and implications for treatment planning. | 4 | 4 |

| 39. Provide the client and significant others with clarification and additional information as needed. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Describes the process of rapport building and engagement. | 1 | 1 |
| INITIAL APPLICATION | Engages the client and significant others in a discussion of assessment findings. | 2 | 2 |
| COMPETENT PRACTICE | Provides client and significant others with additional information to clarify results of the assessment. | 3 | 3 |
| MASTERY | Works collaboratively with the client and appropriate others to understand the assessment and enhance motivation to engage in a recovery process. | 4 | 4 |

Practice Dimension II:

TREATMENT PLANNING

THE COMPETENT PROFESSIONAL IS ABLE TO:

37. Use relevant assessment information to guide the treatment planning process.
 38. Explain assessment findings to the client and significant others.
 39. Provide the client and significant others with clarification and additional information as needed.
- 
40. Examine treatment options in collaboration with the client and significant others.
 41. Consider the readiness of the client and significant others to participate in treatment.
 42. Prioritize the client's needs in the order they will be addressed in treatment.
43. Formulate mutually agreed-on and measurable treatment goals and objectives.
 44. Identify appropriate strategies for each treatment goal.
 45. Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria.
 46. Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.
 47. Inform the client of confidentiality rights, program procedures safeguarding them, and the exceptions imposed by regulations.
 48. Reassess the treatment plan at regular intervals or when indicated by changing circumstances.

TREATMENT PLANNING

| 40. Examine treatment options in collaboration with the client and significant others. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is aware of a variety of treatment/recovery options commonly available. | 1 | 1 |
| INITIAL APPLICATION | Reviews locally available options with the client and significant others. | 2 | 2 |
| COMPETENT PRACTICE | Collaborates with client and significant others to assess available treatment options. | 3 | 3 |
| MASTERY | Works with the client and significant others to identify the treatment options best addressing the client's needs. | 4 | 4 |

| 41. Consider the readiness of the client and significant others to participate in treatment. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Is familiar with a research-based model of change and how to assess readiness for treatment. | 1 | 1 |
| INITIAL APPLICATION | Uses an accepted model and tool to assess the client and significant others readiness for treatment. | 2 | 2 |
| COMPETENT PRACTICE | Integrates an assessment of readiness into a collaborative discussion of the assessment results and available treatment options with the client and significant others. | 3 | 3 |
| MASTERY | Incorporates a readiness assessment into negotiating best available treatment plans with the client and available significant others. | 4 | 4 |

| 42. Prioritize the client's needs in the order they will be addressed in treatment. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Recognizes the need to prioritize the hierarchy of client needs so as to address the most important first. | 1 | 1 |
| INITIAL APPLICATION | Prioritizes severity of client needs and potential resources to meet those needs. | 2 | 2 |
| COMPETENT PRACTICE | Demonstrates skill in prioritizing client needs in an order that addresses the most important first. | 3 | 3 |
| MASTERY | Utilizes practical judgment in prioritizing a complex set of client needs in a way that can be effectively addressed in treatment. | 4 | 4 |

Practice Dimension II:

TREATMENT PLANNING

THE COMPETENT PROFESSIONAL IS ABLE TO:

- 37. Use relevant assessment information to guide the treatment planning process.
- 38. Explain assessment findings to the client and significant others.
- 39. Provide the client and significant others with clarification and additional information as needed.
- 40. Examine treatment options in collaboration with the client and significant others.
- 41. Consider the readiness of the client and significant others to participate in treatment.
- 42. Prioritize the client's needs in the order they will be addressed in treatment.



- 43. Formulate mutually agreed-on and measurable treatment goals and objectives.
- 44. Identify appropriate strategies for each treatment goal.
- 45. Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria.

- 46. Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.
- 47. Inform the client of confidentiality rights, program procedures safeguarding them, and the exceptions imposed by regulations.
- 48. Reassess the treatment plan at regular intervals or when indicated by changing circumstances.

TREATMENT PLANNING

| 43. Formulate mutually agreed-on and measureable treatment goals and objectives. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Articulates the difference between treatment goals and objectives. | 1 | 1 |
| INITIAL APPLICATION | Assists the client in establishing measurable treatment goals and objectives consistent with the assessment information. | 2 | 2 |
| COMPETENT PRACTICE | Collaborates on mutually agreeable and measurable recovery oriented goals and objectives with the client and significant others. | 3 | 3 |
| MASTERY | Engages the client in negotiating mutually agreeable and realistic goals and objectives which accommodate the client's readiness to change. | 4 | 4 |

| 44. Identify appropriate strategies for each treatment goal. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Accesses resources that describe a variety of treatment strategies sensitive to the diversity of clients served in the agency. | 1 | 1 |
| INITIAL APPLICATION | Uses community resource information to link client needs with available services, taking into account client readiness for change and hierarchy of needs. | 2 | 2 |
| COMPETENT PRACTICE | Effectively matches client needs and preferences with available community resources and treatment strategies. | 3 | 3 |
| MASTERY | Demonstrates flexibility in actively matching treatment strategies with client and significant others preferences and available community resources. | 4 | 4 |

| 45. Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Understands the relationship between the client's diagnosis, placement criteria, treatment activities, and community resources. | 1 | 1 |
| INITIAL APPLICATION | Develops a beginning treatment plan that utilizes assessment information in determining level of care and the appropriate use of available community resources. | 2 | 2 |
| COMPETENT PRACTICE | Collaborates with client and significant others in building a treatment plan, taking into consideration the client's age, developmental and educational level, gender, and racial and ethnic culture in order to utilize community resources and meet client needs most effectively. | 3 | 3 |
| MASTERY | Actively collaborates with community resources, client, and significant others in developing a plan of coordinated treatment activities consistent with the client's diagnosis, needs, preferences, and placement criteria. | 4 | 4 |

Practice Dimension II:

TREATMENT PLANNING

THE COMPETENT PROFESSIONAL IS ABLE TO:

37. Use relevant assessment information to guide the treatment planning process.
38. Explain assessment findings to the client and significant others.
39. Provide the client and significant others with clarification and additional information as needed.
40. Examine treatment options in collaboration with the client and significant others.
41. Consider the readiness of the client and significant others to participate in treatment.
42. Prioritize the client's needs in the order they will be addressed in treatment.
43. Formulate mutually agreed-on and measurable treatment goals and objectives.
44. Identify appropriate strategies for each treatment goal.
45. Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria.



46. Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.
47. Inform the client of confidentiality rights, program procedures safeguarding them, and the exceptions imposed by regulations.
48. Reassess the treatment plan at regular intervals or when indicated by changing circumstances.

TREATMENT PLANNING

| 46. Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Appreciates the importance of evaluating treatment progress in the ongoing assessment and renegotiation of the treatment plan. | 1 | 1 |
| INITIAL APPLICATION | Negotiates, comes to agreement, and documents a treatment plan using positive, jargon-free terms that includes clear goals and measureable objectives. | 2 | 2 |
| COMPETENT PRACTICE | Collaborates with client in developing an individualized, measureable treatment plan balancing strengths, resources, deficits, and needs. | 3 | 3 |
| MASTERY | Negotiates and establishes a method for monitoring and evaluating progress in achieving client goals and objectives in the context of an individualized, mutually acceptable treatment plan. | 4 | 4 |

| 47. Inform the client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Has familiarity with federal, state, and agency confidentiality rules, regulations, requirements, and policies. | 1 | 1 |
| INITIAL APPLICATION | Distributes and discusses written summaries of client confidentiality rights, program safeguards, and the exceptions imposed by regulations. | 2 | 2 |
| COMPETENT PRACTICE | Provides clarification of client rights to privacy and confidentiality, exceptions imposed by regulatory authorities, and how these rights are upheld by the agency. | 3 | 3 |
| MASTERY | Explains and clarifies the roles of various authorities and agency staff members with regard to upholding the boundaries of confidentiality. Interviews on behalf of the client when client rights are threatened. | 4 | 4 |

| 48. Reassess the treatment plan at regular intervals or when indicated by changing circumstances. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Appreciates the need to periodically reassess the treatment plan. | 1 | 1 |
| INITIAL APPLICATION | Utilizes existing measures of treatment progress to evaluate and discuss client's response to treatment. | 2 | 2 |
| COMPETENT PRACTICE | Based on client progress, modifies the treatment plan in collaboration with client and significant others. | 3 | 3 |
| MASTERY | Assesses client progress toward treatment goals utilizing a variety of measures and input from client, significant others, and community resources, making adjustments when indicated. | 4 | 4 |

Practice Dimension III:

REFERRAL

THE COMPETENT PROFESSIONAL IS ABLE TO:



49. Establish and maintain relationships 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 address unmet needs.
50. Continuously assess and evaluate referral resources to determine their appropriateness.
51. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral.
52. Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs.
53. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow-through.
54. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care.
55. Evaluate the outcome of the referral.

REFERRAL

| | | | |
|---|--|------------|-----------|
| 49. Establish and maintain relationships 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 address unmet needs. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Is aware of the importance of community resources and their impact on client needs. | 1 | 1 |
| INITIAL APPLICATION | Knows local community resources and how to access them to improve client care. | 2 | 2 |
| COMPETENT PRACTICE | Builds effective relationships with community resources, utilizing them to help meet client needs in a manner consistent with confidentiality rules and regulations. | 3 | 3 |
| MASTERY | Routinely involved with community partners in the treatment planning process, helping establish new resources to better meet unmet client needs. | 4 | 4 |
| 50. Continuously assess and evaluate referral resources to determine their appropriateness. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Recognizes the need to include community partners in the treatment process. | 1 | 1 |
| INITIAL APPLICATION | Makes initial contact with community partners and learns the function, mission, and resources of each service agency. | 2 | 2 |
| COMPETENT PRACTICE | Assesses the effectiveness of community resources, providing them feedback in order to assure or improve quality of care. | 3 | 3 |
| MASTERY | Utilizes and maintains collaborative relationships among service organizations, advocating for innovative quality care. | 4 | 4 |
| 51. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Knows client self-referral to a resource is different from counselor referral. | 1 | 1 |
| INITIAL APPLICATION | Makes referrals to community resources when referral is part of the treatment plan. | 2 | 2 |
| COMPETENT PRACTICE | Identifies situations in which it is appropriate for client to make initial contact with a community resource. Monitors client to assure follow through and makes referrals in situations requiring agency initiative. | 3 | 3 |
| MASTERY | Empowers client to access needed community resources and collaborates with the client in situations requiring agency referral, utilizing crisis intervention methods when necessary. | 4 | 4 |

Practice Dimension III:

REFERRAL

THE COMPETENT PROFESSIONAL IS ABLE TO:

49. Establish and maintain relationships 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 address unmet needs.
50. Continuously assess and evaluate referral resources to determine their appropriateness.
51. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral.



52. Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs.
 53. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow-through.
-
54. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care.
 55. Evaluate the outcome of the referral.

REFERRAL


| 52. Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Researches protocols and procedures necessary to refer clients to community services. | 1 | 1 |
| INITIAL APPLICATION | Uses referral protocols, documents the process, and follows up to assure client engagement. | 2 | 2 |
| COMPETENT PRACTICE | Seeks opportunities for clients to engage community resources and makes necessary arrangements to insure engagement. | 3 | 3 |
| MASTERY | Makes effective referrals and nurtures relationships with community resources to assure access to and creation of services that meet client needs. | 4 | 4 |

| 53. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow-through. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Recognizes importance of explaining thoroughly to client how to accept community resources to enhance early recovery. | 1 | 1 |
| INITIAL APPLICATION | Explains the treatment plan and how use of community resources relates to client goals and objectives. | 2 | 2 |
| COMPETENT PRACTICE | Interprets the treatment plan utilizing negotiation and education in securing client commitment to use of community resources. | 3 | 3 |
| MASTERY | Secures client commitment to all aspects of the treatment plan, assuring client engagement with relevant community resources. | 4 | 4 |

Practice Dimension III:

REFERRAL

THE COMPETENT PROFESSIONAL IS ABLE TO:

49. Establish and maintain relationships 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 address unmet needs.
 50. Continuously assess and evaluate referral resources to determine their appropriateness.
 51. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral.
 52. Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs.
 53. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow-through.
- 
54. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care.
 55. Evaluate the outcome of the referral.

REFERRAL

| 54. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is familiar with referral protocols, confidentiality rights, agency rules, and ethical standards of practice. | 1 | 1 |
| INITIAL APPLICATION | Obtains informed client consent, forwards relevant information to referral resource and documents the process consistent with agency protocol and the assurance of privacy rights. | 2 | 2 |
| COMPETENT PRACTICE | Accurately exchanges relevant client information with community resources utilizing oral, written, and electronic technology as appropriate. | 3 | 3 |
| MASTERY | Demonstrates professionalism in communicating with a variety of community resources including legal and health care professionals in the exchange of client information. | 4 | 4 |

| 55. Evaluate the outcome of the referral. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is aware of the importance of referral follow up in determining success of the referral. | 1 | 1 |
| INITIAL APPLICATION | Initiates contact with both client and referral resource to seek reports on client engagement and progress. | 2 | 2 |
| COMPETENT PRACTICE | Utilizes a variety of methods and techniques to evaluate referral outcomes. | 3 | 3 |
| MASTERY | Uses appropriate measurement processes and instruments, both objective and subjective to evaluate and improve referral outcomes. | 4 | 4 |

Practice Dimension IV:

SERVICE COORDINATION

Element I - Implementing the Treatment Plan

THE COMPETENT PROFESSIONAL IS ABLE TO:



56. Initiate collaboration with the referral source.
57. Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information.
58. Confirm the client's eligibility for admission and continued readiness for treatment and change.
59. Complete necessary administrative procedure for admission to treatment.
60. Establish accurate treatment and recovery expectations with the client and involved significant others, including but not limited to:
 - The nature of services
 - Program goals
 - Program procedures
 - Rules regarding client conduct
 - The schedule of treatment activities
 - Costs of treatment
 - Factors affecting duration of care
 - Clients' rights and responsibilities
 - The effect of treatment and recovery on significant others
61. Coordinate all treatment activities with services provided to the client by other resources.

Element I - Implementing the Treatment Plan

| 56. Initiate collaboration with the referral source. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Recognizes the importance of collaboration with referral sources in the implementation of individualized treatment plans. | 1 | 1 |
| INITIAL APPLICATION | Communicates specific client needs in the exchange of referral data, maintaining awareness of the importance of collaborative relationships with the referral resource. | 2 | 2 |
| COMPETENT PRACTICE | Routinely communicates client needs effectively in collaboration with other professionals in a manner consistent with confidentiality rules and regulations. | 3 | 3 |
| MASTERY | Demonstrates a willingness to make treatment adjustments to accommodate the needs of both clients and referral resources taking into account eligibility criteria, service availability, and unanticipated circumstances. | 4 | 4 |

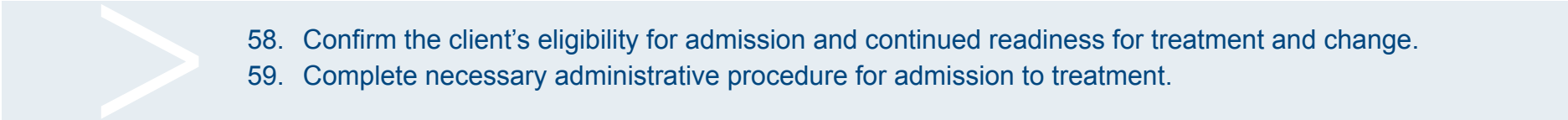
| 57. Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Appreciates importance of obtaining and reviewing all relevant screening, assessment, and treatment planning information. | 1 | 1 |
| INITIAL APPLICATION | Obtains and reviews all relevant clinical information used in screening, assessment, and treatment planning. | 2 | 2 |
| COMPETENT PRACTICE | Assures the collection and analysis of all relevant clinical evaluation material, as well as initial treatment plan in preparing to deliver treatment services. | 3 | 3 |
| MASTERY | Reviews and interprets all available clinical information including the client's self assessment in formulating an understanding of the client's treatment plan. | 4 | 4 |

Practice Dimension IV:

SERVICE COORDINATION

Element I - Implementing the Treatment Plan

THE COMPETENT PROFESSIONAL IS ABLE TO:

56. Initiate collaboration with the referral source.
 57. Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information.
- 
58. Confirm the client's eligibility for admission and continued readiness for treatment and change.
 59. Complete necessary administrative procedure for admission to treatment.
60. Establish accurate treatment and recovery expectations with the client and involved significant others, including but not limited to:
 - The nature of services
 - Program goals
 - Program procedures
 - Rules regarding client conduct
 - The schedule of treatment activities
 - Costs of treatment
 - Factors affecting duration of care
 - Clients' rights and responsibilities
 - The effect of treatment and recovery on significant others
 61. Coordinate all treatment activities with services provided to the client by other resources.

Element I - Implementing the Treatment Plan

| 58. Confirm the client's eligibility for admission and continued readiness for treatment and change. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Understands eligibility criteria and readiness to change concepts in considering the client's admission to care. | 1 | 1 |
| INITIAL APPLICATION | Reviews all clinical material including the treatment plan and determines client willingness to engage in all aspects of the treatment plan. | 2 | 2 |
| COMPETENT PRACTICE | Matches available clinical information and observed commitment level of client and involved significant others with agency admission criteria to confirm appropriateness of admission or continued care. | 3 | 3 |
| MASTERY | Confirms client's ongoing eligibility for care incorporating an understanding of client cognitive/psychiatric impairment in collaboration with other medical and/or mental health professionals. | 4 | 4 |


| 59. Complete necessary administrative procedure for admission to treatment. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is familiar with administrative procedures for admission to treatment including limitations imposed by federal, state, agency and payor regulations. | 1 | 1 |
| INITIAL APPLICATION | Demonstrates accurate and concise oral and written communication skills in completing agency procedures for client admission. | 2 | 2 |
| COMPETENT PRACTICE | Consistently meets administrative requirements for client admission to the most appropriate level of care. | 3 | 3 |
| MASTERY | Assures completion of all administrative requirements for admission to the assigned level of care. | 4 | 4 |

Practice Dimension IV:

SERVICE COORDINATION

Element I - Implementing the Treatment Plan

THE COMPETENT PROFESSIONAL IS ABLE TO:

56. Initiate collaboration with the referral source.
 57. Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information.
 58. Confirm the client's eligibility for admission and continued readiness for treatment and change.
 59. Complete necessary administrative procedure for admission to treatment.
- 
60. Establish accurate treatment and recovery expectations with the client and involved significant others, including but not limited to:
 - The nature of services
 - Program goals
 - Program procedures
 - Rules regarding client conduct
 - The schedule of treatment activities
 - Costs of treatment
 - Factors affecting duration of care
 - Clients' rights and responsibilities
 - The effect of treatment and recovery on significant others
 61. Coordinate all treatment activities with services provided to the client by other resources.

Element I - Implementing the Treatment Plan

| 60. Establish accurate treatment and recovery expectations with the client and involved significant others. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Appreciates the importance of orienting clients and involved significant others to the treatment program, rules regarding client conduct, costs of care, and client rights and responsibilities. | 1 | 1 |
| INITIAL APPLICATION | Engages in orienting clients and involved significant others to all aspects of the treatment and recovery process. | 2 | 2 |
| COMPETENT PRACTICE | Develops accurate understanding of administrative and clinical rules and procedures, schedule of activities, program participation, and nature of service with the client and involved significant others. | 3 | 3 |
| MASTERY | Demonstrates respect for the input of clients and significant others in establishing clear treatment and recovery expectations, including guidelines for both agency staff and client behavior and responsibilities. | 4 | 4 |

| 61. Coordinate all treatment activities with services provided to the client by other resources. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Lists the most important issues related to effective coordination of client care. | 1 | 1 |
| INITIAL APPLICATION | Participates as a member of the treatment team and coordinates client activities both within the agency and community as directed by the team leader. | 2 | 2 |
| COMPETENT PRACTICE | Regularly engages in client advocacy, facilitation of client activities, resolution of conflicts, and problem solving in the delivery of agency and community services indicated in the treatment plan. | 3 | 3 |
| MASTERY | Coordinates all aspects of client care including utilization of recovery services, resolution of service reimbursement issues, and assuring thorough documentation of client progress and services received. | 4 | 4 |

Practice Dimension IV:

SERVICE COORDINATION

Element II - Consulting

THE COMPETENT PROFESSIONAL IS ABLE TO:



62. Summarize the client's personal and cultural background, treatment plan, recovery process, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.
63. Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.
64. Contribute as part of a multidisciplinary treatment team.
65. Apply confidentiality rules and regulations appropriately.
66. Demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies.

Element II - Consulting

| 62. Summarize the client's personal and cultural background, treatment plan, recovery process, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Understands the need to periodically assess treatment progress, taking into account the client's personal and cultural background, current biopsychosocial status, treatment plan, and emerging needs. | 1 | 1 |
| INITIAL APPLICATION | Uses clear and concise oral and written communication in summarizing the relationship between the treatment plan, current status, and problems that might impede progress. | 2 | 2 |
| COMPETENT PRACTICE | Synthesizes available treatment information, solicits and interprets feedback related to progress and integrates relevant data into continuous treatment planning. | 3 | 3 |
| MASTERY | Formulates and presents comprehensive case summaries. Prioritizes and integrates relevant client data into the treatment planning process. Recognizes setbacks as opportunities for improvement. | 4 | 4 |

| 63. Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is aware of the roles a variety of disciplines and community service providers play in facilitating recovery. | 1 | 1 |
| INITIAL APPLICATION | Gathers and seeks to understand information from a variety of sources regarding client progress and treatment. | 2 | 2 |
| COMPETENT PRACTICE | Demonstrates familiarity with the terminology and procedures used by other disciplines in the treatment of substance use disorders. | 3 | 3 |
| MASTERY | Participates in interdisciplinary collaboration, demonstrating knowledge and appreciation for the role played by the range of involved community resources. | 4 | 4 |

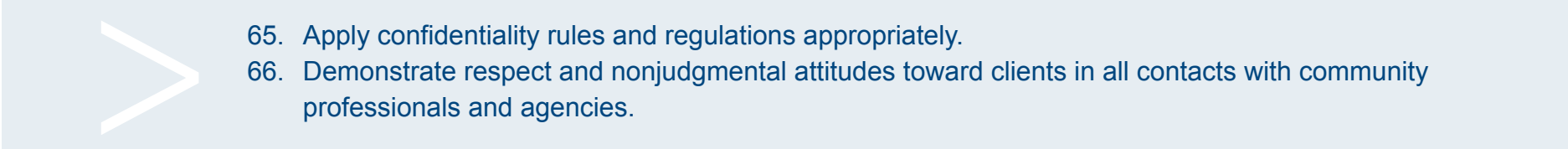
| 64. Contribute as part of a multidisciplinary treatment team. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Appreciates the value of a multidisciplinary treatment team. | 1 | 1 |
| INITIAL APPLICATION | As a member of the multidisciplinary treatment team, contributes to problem solving and decision making related to client progress. | 2 | 2 |
| COMPETENT PRACTICE | With an understanding of treatment team processes, helps coordinate treatment services with external providers, maintaining appropriate confidentiality boundaries. | 3 | 3 |
| MASTERY | Demonstrates leadership in facilitating the development of an effective interdisciplinary treatment team and the coordination of client care within the community. | 4 | 4 |

Practice Dimension IV:

SERVICE COORDINATION

Element II - Consulting

THE COMPETENT PROFESSIONAL IS ABLE TO:

62. Summarize the client's personal and cultural background, treatment plan, recovery process, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.
 63. Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.
 64. Contribute as part of a multidisciplinary treatment team.
- 
65. Apply confidentiality rules and regulations appropriately.
 66. Demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies.

Element II - Consulting

| 65. Apply confidentiality rules and regulations appropriately. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Has knowledge of confidentiality rules and regulations, consent guidelines, and client rights and responsibilities. | 1 | 1 |
| INITIAL APPLICATION | Helps clients understand their rights, responsibilities and applicable confidentiality rules, regulations and protections. | 2 | 2 |
| COMPETENT PRACTICE | Applies confidentiality guidelines appropriately in communicating with the client, family, significant others, and community service providers. | 3 | 3 |
| MASTERY | Manages client emergency situations in a manner honoring clients' rights, prevailing confidentiality rules and regulations. | 4 | 4 |

| 66. Demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Acknowledges importance of maintaining a non-judgmental attitude toward all clients and community agencies. | 1 | 1 |
| INITIAL APPLICATION | Adopts an objective and respectful communication style in communicating with clients, significant others, and allied community providers. | 2 | 2 |
| COMPETENT PRACTICE | Demonstrates clear, concise and accurate communication when exchanging client information with other service providers. | 3 | 3 |
| MASTERY | Advocates in a professional manner on behalf of the client in planning the most appropriate course of action among community partners consistent with confidentiality guidelines. | 4 | 4 |

Practice Dimension IV:

SERVICE COORDINATION

Element III - Continuing Assessment and Treatment Planning

THE COMPETENT PROFESSIONAL IS ABLE TO:



67. Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.
68. Understand and recognize stages of change and other signs of treatment progress.
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.
70. Describe and document the treatment process, progress, and outcome.
71. Use accepted treatment outcome measures.
72. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.
73. Document service coordination activities throughout the continuum of care.
74. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

Element III - Continuing Assessment and Treatment Planning

| 67. Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Recognizes the importance of continuously assessing client motivation and progress toward treatment objectives. | 1 | 1 |
| INITIAL APPLICATION | Engages the client and involved others in treatment activities, documenting adherence to the treatment plan, while continuously assessing progress toward treatment goals. | 2 | 2 |
| COMPETENT PRACTICE | Provides encouragement and support to client and involved others, continually assessing client investment in the treatment process; recognizing and addressing ambivalence and other barriers to progress. | 3 | 3 |
| MASTERY | Assists client in maintaining motivation for change, increasing appreciation of personal strengths and skills and acknowledging incremental progress toward treatment goals. | 4 | 4 |

| 68. Understand and recognize stages of change and other signs of treatment progress. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Describes stages of change and methods for assessing treatment progress. | 1 | 1 |
| INITIAL APPLICATION | Utilizes standard measures in documenting treatment progress, including adherence to the treatment plan. | 2 | 2 |
| COMPETENT PRACTICE | Recognizes how individual client characteristics affect preparedness for change and progress towards treatment goals. | 3 | 3 |
| MASTERY | Provides support, encouragement, and optimism regarding treatment progress, reinforcing positive change and observable steps toward achievement of treatment goals. | 4 | 4 |

| 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. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Understands methods for evaluating and keeping the client and significant others engaged in a recovery process. | 1 | 1 |
| INITIAL APPLICATION | Assesses client progress by participating in client activities and sharing observations with the treatment team. | 2 | 2 |
| COMPETENT PRACTICE | Assesses treatment progress in consultation with the client and significant others, negotiating appropriate changes to the treatment plan. | 3 | 3 |
| MASTERY | Values individual differences and the role of significant others in the recovery process, assisting all parties in adjusting the treatment plan to achieve treatment goals. | 4 | 4 |

Practice Dimension IV:

SERVICE COORDINATION

Element III - Continuing Assessment and Treatment Planning

THE COMPETENT PROFESSIONAL IS ABLE TO:

- 67. Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.
- 68. Understand and recognize stages of change and other signs of treatment progress.
- 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.



- 70. Describe and document the treatment process, progress, and outcome.
- 71. Use accepted treatment outcome measures.
- 72. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.

- 73. Document service coordination activities throughout the continuum of care.
- 74. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

Element III - Continuing Assessment and Treatment Planning

| 70. Describe and document the treatment process, progress, and outcome. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Has a basic understanding of treatment planning, documentation of client progress, and generally accepted outcome measures. | 1 | 1 |
| INITIAL APPLICATION | Communicates clearly in both oral and written form, statements of client progress, and outcome. | 2 | 2 |
| COMPETENT PRACTICE | Applies progress and outcome measures in documenting client treatment achievements and setbacks. | 3 | 3 |
| MASTERY | Prepares clear and concise documentation of treatment processes and recovery progress in a manner useful to the multidisciplinary treatment team. | 4 | 4 |

| 71. Use accepted treatment outcome measures. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Understands the concepts of validity and reliability of outcome measures. | 1 | 1 |
| INITIAL APPLICATION | Describes how outcome measures can be useful in treatment planning. | 2 | 2 |
| COMPETENT PRACTICE | Uses outcome measures to assess treatment progress and make adjustments to the treatment plan. | 3 | 3 |
| MASTERY | Routinely utilizes treatment outcome measures in providing feedback, negotiating changes in the treatment plan and maintaining client engagement in the treatment process. | 4 | 4 |

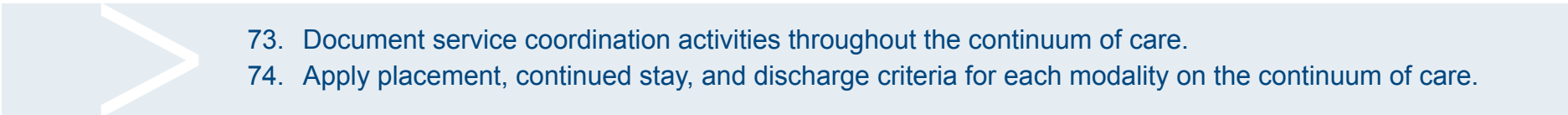
| 72. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is familiar with the principles of relapse prevention, continuing care, and discharge planning. | 1 | 1 |
| INITIAL APPLICATION | Uses knowledge of relapse and early recovery to assist client and significant others in developing basic relapse prevention and continuing care plans. | 2 | 2 |
| COMPETENT PRACTICE | Utilizes information from both treatment and community resources in negotiating a continuing recovery plan with the client and involved significant others. | 3 | 3 |
| MASTERY | Negotiates continuing care planning in a manner emphasizing client autonomy, conflict, and problem solving skills and encouragement to engage in continuing strength based recovery. | 4 | 4 |

Practice Dimension IV:

SERVICE COORDINATION

Element III - Continuing Assessment and Treatment Planning

THE COMPETENT PROFESSIONAL IS ABLE TO:

67. Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.
 68. Understand and recognize stages of change and other signs of treatment progress.
 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.
 70. Describe and document the treatment process, progress, and outcome.
 71. Use accepted treatment outcome measures.
 72. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.
- 
73. Document service coordination activities throughout the continuum of care.
 74. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

Element III - Continuing Assessment and Treatment Planning

| 73. Document service coordination activities throughout the continuum of care. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Understands the importance of maintaining accurate documentation of all service coordination activities. | 1 | 1 |
| INITIAL APPLICATION | Prepares clear and concise summaries of service coordination activities for the clinical record. | 2 | 2 |
| COMPETENT PRACTICE | Documents service coordination in an accurate and timely manner, consistent with confidentiality rules and regulations. | 3 | 3 |
| MASTERY | Uses available technology to maximize efficiency, accuracy, and timeliness of clinical documentation related to service coordination. | 4 | 4 |

| 74. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is familiar with initial patient placement, continuing care, and discharge criteria utilized in the treatment planning process. | 1 | 1 |
| INITIAL APPLICATION | Assures initial treatment plan and subsequent revisions are consistent with placement and continuing care criteria. | 2 | 2 |
| COMPETENT PRACTICE | Uses placement, continued stay, and discharge criteria in an objective manner taking into account client needs, conflicts, and preferences. | 3 | 3 |
| MASTERY | Negotiates modifications to treatment and continuing care plans, effectively mediating conflicts and problems in a manner consistent with placement, continued stay, and discharge criteria. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element I - Individual Counseling

THE COMPETENT PROFESSIONAL IS ABLE TO:



75. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.
76. Facilitate the client's engagement in the treatment and recovery process.
77. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
78. Promote client knowledge, skills, and attitudes contributing to a positive change in substance use behaviors.
79. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
80. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
81. Recognize how, when, and why to involve the client's significant other in enhancing or supporting the treatment plan.
82. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.
83. Facilitate the development of basic and life skills associated with recovery.
84. Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
85. Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.
86. Apply crisis prevention and management skills.
87. Facilitate the client's identification, selection, and practice of strategies, helping to sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

Element I - Individual Counseling

| 75. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is familiar with the concepts of warmth, respect, genuineness, and empathy. | 1 | 1 |
| INITIAL APPLICATION | Practices skills essential to the development of an elective helping relationship. | 2 | 2 |
| COMPETENT PRACTICE | Establishes client relationships marked by collaboration, respect, genuineness, and empathy. | 3 | 3 |
| MASTERY | Consistently develops effective relationships in which clients feel respected, understood, and valued. | 4 | 4 |

| 76. Facilitate the client's engagement in the treatment and recovery process. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Understands the importance of client readiness for change as a precursor to engaging in successful recovery. | 1 | 1 |
| INITIAL APPLICATION | Utilizes motivational enhancement strategies to engage clients in recovery activities. | 2 | 2 |
| COMPETENT PRACTICE | Implements evidence based engagement strategies in culturally appropriate ways, while also assessing client responses to determine readiness to move forward with change. | 3 | 3 |
| MASTERY | Demonstrates understanding and respect for client's state of readiness while also facilitating engagement in culturally appropriate treatment and recovery activities. | 4 | 4 |


| 77. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Understands and recognizes important benchmarks in the recovery processes and provides clients with the strategies needed to achieve those benchmarks. | 1 | 1 |
| INITIAL APPLICATION | Facilitates client identification of treatment goals the necessary activities to achieve those goals. | 2 | 2 |
| COMPETENT PRACTICE | Assists the client in formulating goals and action plans that include methods of measuring treatment outcome. | 3 | 3 |
| MASTERY | Consistently demonstrates appreciation for individual client resources and preferences in the formulation of concise, measurable action plans consistent with client goals. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element I - Individual Counseling

THE COMPETENT PROFESSIONAL IS ABLE TO:

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 76. Facilitate the client's engagement in the treatment and recovery process.
 77. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
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78. Promote client knowledge, skills, and attitudes contributing to a positive change in substance use behaviors.
 79. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
 80. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
81. Recognize how, when, and why to involve the client's significant other in enhancing or supporting the treatment plan.
 82. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.
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 84. Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
 85. Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.
 86. Apply crisis prevention and management skills.
 87. Facilitate the client's identification, selection, and practice of strategies, helping to sustain skills, and attitudes needed for maintaining treatment progress and preventing relapse.

Element I - Individual Counseling

| 78. Promote client knowledge, skills, and attitudes, contributing to a positive change in substance use behaviors. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Describes client knowledge, skills, and attitudes consistent with making a change in alcohol and/or drug use. | 1 | 1 |
| INITIAL APPLICATION | Accurately identifies clients' strengths and readiness for change, using motivational enhancement strategies to begin resolving ambivalence and building awareness of appropriate recovery strategies. | 2 | 2 |
| COMPETENT PRACTICE | Provides client feedback and coaching regarding treatment progress and the resolution of ambivalence regarding change. | 3 | 3 |
| MASTERY | Identifies and document signs of incremental progress while communicating and utilizing strength based principles in mentoring clients toward the achievement of treatment goals. | 4 | 4 |

| 79. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Recognizes the importance of support, encouragement, and optimism in the prevention of relapse and the celebration of progress towards treatment goals. | 1 | 1 |
| INITIAL APPLICATION | Reinforces positive client behaviors consistent with the development, maintenance, and attainment of treatment goals. | 2 | 2 |
| COMPETENT PRACTICE | Uses objective information to reinforce desired client behavior and demonstrates appreciation for client progress based on objective, measureable indicators. | 3 | 3 |
| MASTERY | Assesses regularly and reinforces positive client behaviors consistent with the achievement of measurable treatment objectives. | 4 | 4 |


| 80. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Understands the difference between behaviors consistent with successful engagement in recovery and thoughts and behaviors indicative of impending or actual relapse. | 1 | 1 |
| INITIAL APPLICATION | Recognizes behaviors potentially impeding treatment progress, providing feedback enhancing client awareness of inconsistencies between thoughts, behavior, and achieving treatment goals. | 2 | 2 |
| COMPETENT PRACTICE | Reframes and redirects counter productive client behavior, utilizing conflict resolution, decision making, and problem solving skills. | 3 | 3 |
| MASTERY | Engages the client in discovering underlying issues that may impede treatment progress and uses strength based principles to resolve conflicts and enhance client autonomy and personal recovery skills. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element I - Individual Counseling

THE COMPETENT PROFESSIONAL IS ABLE TO:

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 80. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
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 81. Recognize how, when, and why to involve the client's significant other in enhancing or supporting the treatment plan.
 82. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.
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 84. Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
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 86. Apply crisis prevention and management skills.
 87. Facilitate the client's identification, selection, and practice of strategies, helping to sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

Element I - Individual Counseling

| 81. Recognize how, when, and why to involve the client's significant other in enhancing or supporting the treatment plan. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Appreciates the importance of involving client's significant others in the treatment and recovery process. | 1 | 1 |
| INITIAL APPLICATION | Assists the client in appreciating the importance of including family and significant others and how their involvement might contribute to treatment process. | 2 | 2 |
| COMPETENT PRACTICE | Recognizes when the involvement of the client's family and significant others could enhance treatment progress, and takes appropriate action to engage significant others in treatment activities. | 3 | 3 |
| MASTERY | Engages significant others in becoming familiar with the client's treatment plan, how they might contribute to client progress, and facilitating their helpful participation in activities consistent with the client achieving treatment goals. | 4 | 4 |


| 82. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Describes the relationship among substance using lifestyles, risky sexual behaviors, the transmission of infectious diseases, and current concepts and practices related to disease prevention. | 1 | 1 |
| INITIAL APPLICATION | Promotes and reinforces preventative behaviors, using mentoring and education to encourage health-enhancing activities and safe sex practices. | 2 | 2 |
| COMPETENT PRACTICE | Modifies the delivery of health maintenance information based on cultural factors and client readiness in a way that facilitates client's use of available community and public health resources. | 3 | 3 |
| MASTERY | Engages clients in open discussions about health, lifestyle and sexuality, employing coaching and teaching techniques sensitive to client's culture, socio-economic condition, and current sexual practices. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element I - Individual Counseling

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 87. Facilitate the client's identification, selection, and practice of strategies, helping to sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

Element I - Individual Counseling

| 83. Facilitate the development of basic and life skills associated with recovery. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is familiar with basic and life skills associated with recovery. | 1 | 1 |
| INITIAL APPLICATION | Provides education in basic life skills leading to achieving benchmarks in early recovery. | 2 | 2 |
| COMPETENT PRACTICE | Utilizes available assessment information to determine the client's level of life skills attainment, adapting education to the client's situation and skill level. | 3 | 3 |
| MASTERY | Adept at enhancing client appreciation and practice of life skills in recovery, including the use of relapse prevention to enhance learning and skills acquisition. | 4 | 4 |

| 84. Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Understands the need to consider a variety of client characteristics in the application of counseling strategies to individual clients. | 1 | 1 |
| INITIAL APPLICATION | Approaches each client in a non-judgmental respectful manner seeking to use counseling strategies consistent with the client's gender, socio-cultural characteristics, age, and health status. | 2 | 2 |
| COMPETENT PRACTICE | Skillfully adapts counseling strategy for specific populations in accordance with client's cultural identity, readiness for change, and communication style. | 3 | 3 |
| MASTERY | Effective in developing flexible, individualized counseling strategies tailored to the unique needs of a broad cross section of clients. | 4 | 4 |


| 85. Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Identifies several therapeutic responses to client when behavior is inconsistent with treatment goals. | 1 | 1 |
| INITIAL APPLICATION | Monitors client behaviors objectively and encourages client to take action more consistent with treatment goals. | 2 | 2 |
| COMPETENT PRACTICE | Is able to point out inconsistencies and utilize appropriate intervention strategies to assist the client in establishing behaviors consistent with early recovery. | 3 | 3 |
| MASTERY | Demonstrates perseverance in supporting clients in their attempt to establish behaviors consistent with early recovery, utilizing a variety of relapse prevention and therapeutic intervention strategies. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element I - Individual Counseling

THE COMPETENT PROFESSIONAL IS ABLE TO:

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 85. Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.
- 
86. Apply crisis prevention and management skills.
 87. Facilitate the client's identification, selection, and practice of strategies, helping to sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

Element I - Individual Counseling

| 86. Apply crisis prevention and management skills. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Understands typical human responses to a variety of crises and the difference between crisis prevention, intervention, and management. | 1 | 1 |
| INITIAL APPLICATION | Assesses the severity of crisis situations, the degree to which assistance is needed, and secures assistance necessary for the client and their significant others. | 2 | 2 |
| COMPETENT PRACTICE | Confident in assessing immediate safety concerns in crisis situations, providing interventions within limits of professional expertise and making referrals as necessary. | 3 | 3 |
| MASTERY | Proficient in preventing and managing a variety of crisis situations, assisting clients in processing their experience and assuring the delivery of follow-up care. | 4 | 4 |

| 87. Facilitate the client's identification, selection, and practice of strategies, helping to sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Possesses familiarity with a variety of recovery strategies assisting the client in moving beyond initial recovery and prevent relapse. | 1 | 1 |
| INITIAL APPLICATION | Is able to teach relapse prevention and other recovery oriented skills including encouraging the use of mutual help groups. | 2 | 2 |
| COMPETENT PRACTICE | Reinforces client progress while engaging in the development of relapse prevention plans and facilitating the client's recognition of personal responsibility for recovery. | 3 | 3 |
| MASTERY | Facilitates the client's selection of continuing care strategies that sustain treatment progress, prevent relapse, and result in self-directed recovery for the client, client's family, and significant others. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element II - Group Counseling

THE COMPETENT PROFESSIONAL IS ABLE TO:



88. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.
89. 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.
90. Facilitate the entry of new members and the transition of existing members.
91. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.
92. Understand the concepts of process and content, and shift the focus of the group when such a shift will help the group move toward its goal.
93. Describe and summarize the client's behavior within the group to document the client's progress and identify needs and issues that may require a modification in the treatment plan.

Element II - Group Counseling

| 88. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Describes multiple models and strategies of group counseling appropriate to people with substance use disorders. | 1 | 1 |
| INITIAL APPLICATION | Utilizes group facilitation skills strategically to meet basic needs of group members. | 2 | 2 |
| COMPETENT PRACTICE | Flexibly utilizes culturally appropriate counseling strategies that result in individual needs being met through group interaction. | 3 | 3 |
| MASTERY | Able to design and implement strategies and activities in group counseling settings that facilitate effective interaction when membership includes representatives from different cultural groups. | 4 | 4 |


| 89. 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. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is familiar with issues related to group formation, establishment of group goals, participation guidelines, and criteria for a transformation to the next level of care. | 1 | 1 |
| INITIAL APPLICATION | Incorporates understanding of group formation in group member selection and orientation; demonstrates ability to clarify initial goals, ground rules, and criteria for successful completion. | 2 | 2 |
| COMPETENT PRACTICE | In addition to forming and establishing a counseling group, facilitator secures member commitment to the goals, ground rules, process, and completion criteria. | 3 | 3 |
| MASTERY | Facilitator skillfully establishes the membership, goals, and guidelines for interaction and intended outcomes for a variety of group types. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element II - Group Counseling

THE COMPETENT PROFESSIONAL IS ABLE TO:

88. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.
 89. 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.
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 90. Facilitate the entry of new members and the transition of existing members.
 91. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.
92. Understand the concepts of process and content, and shift the focus of the group when such a shift will help the group move toward its goal.
 93. Describe and summarize the client's behavior within the group to document the client's progress and identify needs and issues that may require a modification in the treatment plan.

Element II - Group Counseling

| 90. Facilitate the entry of new members and the transition of existing members. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Understands the importance of integrating new members and how the transition of exiting members affects both those remaining and those leaving the group. | 1 | 1 |
| INITIAL APPLICATION | Utilizes group activities to introduce and facilitate acceptance of new members; prepares for and processes reactions to members leaving the group. | 2 | 2 |
| COMPETENT PRACTICE | Skillfully facilitates the entry and exit of group members, including processing resistance, grief, and other issues related to group membership. | 3 | 3 |
| MASTERY | Effectively balances individual needs with group needs, as the counselor facilitates the entry of new members and exiting of experienced members, anticipating the emotional reaction to change and a potential regression in group behavior. | 4 | 4 |

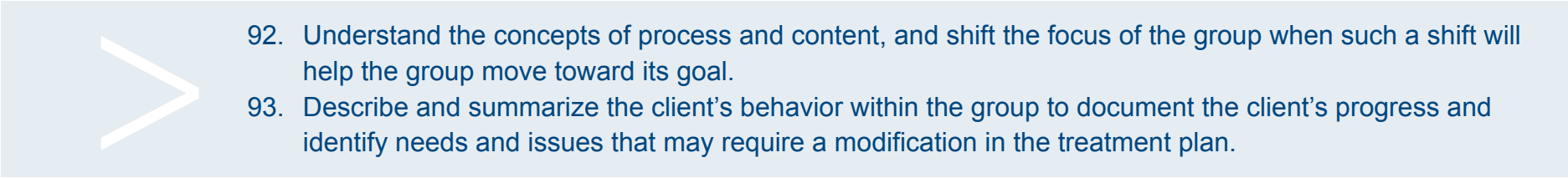
| 91. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Describes the differences and similarities in models of group growth, group type, and the role of the facilitator in each. | 1 | 1 |
| INITIAL APPLICATION | Recognizes and plans group interventions based on stage of group development, group goals, and group type. | 2 | 2 |
| COMPETENT PRACTICE | Facilitates group development utilizing group counseling methods consistent with both group and individual goals. | 3 | 3 |
| MASTERY | Facilitates group interaction and growth, understanding the role and power of each group member including the facilitator in achieving both group and individual goals. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element II - Group Counseling

THE COMPETENT PROFESSIONAL IS ABLE TO:

88. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.
 89. 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.
 90. Facilitate the entry of new members and the transition of existing members.
 91. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.
- 
92. Understand the concepts of process and content, and shift the focus of the group when such a shift will help the group move toward its goal.
 93. Describe and summarize the client's behavior within the group to document the client's progress and identify needs and issues that may require a modification in the treatment plan.

Element II - Group Counseling

| 92. Understand the concepts of process and content, and shift the focus of the group when such a shift will help the group move toward its goal. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Describes a variety of factors characterizing group process, group leader interventions, and the distinction between group process and content. | 1 | 1 |
| INITIAL APPLICATION | Uses a model for group growth to assess group development and make basic interventions intended to move the group forward. | 2 | 2 |
| COMPETENT PRACTICE | Utilizes interventions sparingly to shift the group's focus to process issues needing to be addressed in order for the group to achieve its goals. | 3 | 3 |
| MASTERY | Accurately assesses group needs, encourages interventions in the group process by other group members, resorting to leader interventions only when necessary. | 4 | 4 |

| 93. Describe and summarize the client's behavior within the group to document the client's progress and identify needs and issues that may require a modification in the treatment plan. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Understands the need to document client participation in group indicating progress toward treatment goals. | 1 | 1 |
| INITIAL APPLICATION | Accurately documents group behavior relevant to the treatment plan. | 2 | 2 |
| COMPETENT PRACTICE | Prepares summaries of group behavior and the degree to which that behavior demonstrates progress toward treatment goals. | 3 | 3 |
| MASTERY | Assesses through documentation client progress in group and the need to renegotiate the treatment plan based on observation of group behavior. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element III - Counseling Families, Couples, and Significant Others

THE COMPETENT PROFESSIONAL IS ABLE TO:



94. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.
95. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family.
96. Facilitate the engagement of selected members of the family or significant others in the treatment and recovery process.
97. Assist families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.
98. Assist families, couples, and significant others in adopting strategies and behaviors which sustain recovery and maintain healthy relationships.

Element III - Counseling Families, Couples, and Significant Others

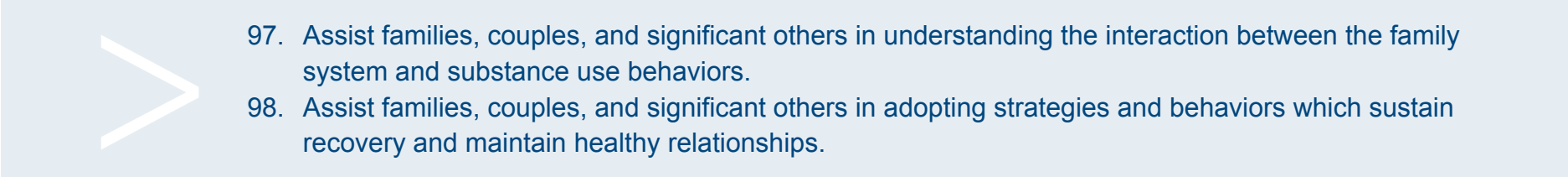
| 94. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is familiar with interaction patterns among substance users and their significant others for key cultural groups. | 1 | 1 |
| INITIAL APPLICATION | Observes and identifies the basic interactive characteristics of the client's social system. | 2 | 2 |
| COMPETENT PRACTICE | Recognizes unconstructive behaviors in a variety of cultural groups and understands the role they play in maintaining substance use disorders. | 3 | 3 |
| MASTERY | Readily identifies non-productive systemic interactions and how they are likely to affect recovery within families, couples and significant others for a variety of diverse cultural groups. | 4 | 4 |
| 95. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Describes basic culturally appropriate assessment tools and intervention strategies for the family/social systems in selected populations. | 1 | 1 |
| INITIAL APPLICATION | Utilizes a limited number of assessment tools and engages significant others in targeted interventions to access relationships in the client's social system. | 2 | 2 |
| COMPETENT PRACTICE | Employs culturally appropriate assessment tools and uses intervention strategies targeted to improving relationships within the client's social system. | 3 | 3 |
| MASTERY | Utilizes a variety of assessment tools to accurately diagnose interaction patterns and employs a variety of culturally appropriate methods electively to improve functioning of the client's social system. | 4 | 4 |
| 96. Facilitate the engagement of selected members of the family or significant others in the treatment and recovery process. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Understands processes for engaging of the client's social network in treatment activities. | 1 | 1 |
| INITIAL APPLICATION | Secures participation in appropriate treatment activities for family members and/or significant others. | 2 | 2 |
| COMPETENT PRACTICE | Successfully engages members of the client's social network in counseling and other interventions designed to meet treatment goals. | 3 | 3 |
| MASTERY | Effectively incorporates significant others in individual and group treatment strategies, assisting the client in achieving treatment objectives. | 4 | 4 |

Practice Dimension V:

COUNSELING

Element III - Counseling Families, Couples, and Significant Others

THE COMPETENT PROFESSIONAL IS ABLE TO:

94. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.
 95. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family.
 96. Facilitate the engagement of selected members of the family or significant others in the treatment and recovery process.
- 
97. Assist families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.
 98. Assist families, couples, and significant others in adopting strategies and behaviors which sustain recovery and maintain healthy relationships.

Element III - Counseling Families, Couples, and Significant Others

| 97. Assist families, couples, and significant others in understanding the interaction between the family system and substance use behaviors. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Is familiar with the relationship between substance use disorders and family interaction patterns. | 1 | 1 |
| INITIAL APPLICATION | Provides education to family members in group and individual settings intended to improve their understanding of how substance use has affected the individuals and the interaction patterns within the system. | 2 | 2 |
| COMPETENT PRACTICE | Describes systemic issues constructively and assists members of the client's social system in identifying and interrupting harmful interactions. | 3 | 3 |
| MASTERY | Helps social system members assess, identify and practice alternative patterns of interaction aimed at improving their relationships. | 4 | 4 |

| 98. Assist families, couples, and significant others in adopting strategies and behaviors which sustain recovery and maintain healthy relationships. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is familiar with empirically based counseling strategies for families and significant others associated with recovery. | 1 | 1 |
| INITIAL APPLICATION | Works with family members to identify and practice behaviors associated with improved interactions among themselves and the substance user. | 2 | 2 |
| COMPETENT PRACTICE | Assists members of the social system in adopting strategies and behaviors which build healthy relationships and sustain the client's early recovery progress. | 3 | 3 |
| MASTERY | Utilizes a variety of approaches in working with a client's social system in achieving and maintaining healthy relationships and establishing an environment consistent with recovery. | 4 | 4 |

Practice Dimension VI:

CLIENT, FAMILY, AND COMMUNITY EDUCATION

THE COMPETENT PROFESSIONAL IS ABLE TO:



99. Provide culturally relevant formal and informal education programs, raising awareness and supporting substance abuse prevention and the recovery process.
100. Describe factors increasing the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders.
101. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
102. Describe warning signs, symptoms, and the course of substance use disorders.
103. Describe how substance use disorders affect families and concerned others.
104. Describe the continuum of care and resources available to the family and concerned others.
105. Describe principles and philosophy of prevention, treatment, and recovery.
106. 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.
107. Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.

CLIENT, FAMILY, AND COMMUNITY EDUCATION

| 99. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and the recovery process. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Understands the design and delivery of culturally relevant education programs including learning styles, teaching methods, and characteristics of effective public speaking. | 1 | 1 |
| INITIAL APPLICATION | Delivers structured educational programs following a period of training and mentorship from an experienced educator. | 2 | 2 |
| COMPETENT PRACTICE | Effectively adapts educational materials in response to cultural characteristics of the audience. | 3 | 3 |
| MASTERY | Effectively develops educational programs that raise awareness and increase knowledge regarding substance abuse prevention and/or recovery processes. | 4 | 4 |

| 100. Describe factors that increase the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Identifies risk and protective factors which influence the development of substance use disorders. | 1 | 1 |
| INITIAL APPLICATION | Applies knowledge of risk and protective factors in describing how those factors relate to individuals, families and community groups. | 2 | 2 |
| COMPETENT PRACTICE | Effectively communicates the relationship of risk and protective factors to the development of substance use disorders. | 3 | 3 |
| MASTERY | Incorporates knowledge of the community into a sensitive, non-judgmental presentation of risk and protective factors that enhances understanding of how substance use disorders develop. | 4 | 4 |

| 101. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Understands the relationship of age, gender, and culture in preventing and facilitating recovery from substance use disorders. | 1 | 1 |
| INITIAL APPLICATION | Provides educational programs which incorporate an understanding of culture, ethnicity, age, and gender for specific audiences. | 2 | 2 |
| COMPETENT PRACTICE | Incorporates cultural, ethnic, age, and gender factors effectively in educating diverse populations regarding prevention and recovery services. | 3 | 3 |
| MASTERY | Sensitively integrates a personal awareness of culture, gender, and age into presentations designed to be relevant to diverse audiences. | 4 | 4 |

Practice Dimension VI:

CLIENT, FAMILY, AND COMMUNITY EDUCATION

THE COMPETENT PROFESSIONAL IS ABLE TO:

- 99. Provide culturally relevant formal and informal education programs, raising awareness and supporting substance abuse prevention and the recovery process.
- 100. Describe factors increasing the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders.
- 101. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.



- 102. Describe warning signs, symptoms, and the course of substance use disorders.
 - 103. Describe how substance use disorders affect families and concerned others.
 - 104. Describe the continuum of care and resources available to the family and concerned others.
-
- 105. Describe principles and philosophy of prevention, treatment, and recovery.
 - 106. 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.
 - 107. Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.

CLIENT, FAMILY, AND COMMUNITY EDUCATION

| 102. Describe warning signs, symptoms, and the course of substance use disorders. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is familiar with the continuum of substance use disorders and their description in the current Diagnostic and Statistical Manual of Mental Disorders. | 1 | 1 |
| INITIAL APPLICATION | Presents structured presentations on the warning signs, symptoms, and course of substance use disorders. | 2 | 2 |
| COMPETENT PRACTICE | Utilizes a variety of culturally appropriate teaching methods in describing the development of various substance use disorders. | 3 | 3 |
| MASTERY | Skillfully integrates research into a multi-media presentation of the signs, symptoms, and course of substance use disorders to a variety of audiences. | 4 | 4 |


| 103. Describe how substance use disorders affect families and concerned others. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Describes how substance use disorders impact families, and significant others. | 1 | 1 |
| INITIAL APPLICATION | Utilizes existing materials to educate clients, families, and community groups about how substance use disorders affect others. | 2 | 2 |
| COMPETENT PRACTICE | Tailors educational programs on how substance use disorders affect others to the specific cultural, age, and gender characteristics of the intended audience. | 3 | 3 |
| MASTERY | Demonstrates how family responses in different cultural groups can affect the development, continuation or interruption of a substance use disorder. | 4 | 4 |

| 104. Describe the continuum of care and resources available to the family and concerned others. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is familiar with the variety of local resources for assistance related to a substance use disorders. | 1 | 1 |
| INITIAL APPLICATION | Describes available treatment and recovery resources in the community. | 2 | 2 |
| COMPETENT PRACTICE | Encourages and facilitates utilization of local resources to assist with substance use disorders. | 3 | 3 |
| MASTERY | Skillfully motivates individuals to make use of available treatment and recovery resources. | 4 | 4 |

Practice Dimension VI:

CLIENT, FAMILY, AND COMMUNITY EDUCATION

THE COMPETENT PROFESSIONAL IS ABLE TO:

99. Provide culturally relevant formal and informal education programs, raising awareness and supporting substance abuse prevention and the recovery process.
 100. Describe factors increasing the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders.
 101. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
 102. Describe warning signs, symptoms, and the course of substance use disorders.
 103. Describe how substance use disorders affect families and concerned others.
 104. Describe the continuum of care and resources available to the family and concerned others.
- 
105. Describe principles and philosophy of prevention, treatment, and recovery.
 106. 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.
 107. Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.

CLIENT, FAMILY, AND COMMUNITY EDUCATION

| 105. Describe principles and philosophy of prevention, treatment, and recovery. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is familiar with a variety of prevention, treatment, and recovery models. | 1 | 1 |
| INITIAL APPLICATION | Presents prepared presentations on the principles and philosophies of prevention, treatment, or recovery. | 2 | 2 |
| COMPETENT PRACTICE | Incorporates research on effectiveness in describing various prevention, treatment, or recovery strategies. | 3 | 3 |
| MASTERY | Demonstrates an appreciation and acceptance of a variety of research based prevention, treatment, or recovery models. | 4 | 4 |

| 106. 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. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Identifies a broad variety of infectious disorders related to excessive substance use. | 1 | 1 |
| INITIAL APPLICATION | Makes presentations to clients and community groups about the relationship between substance use disorders and infectious diseases. | 2 | 2 |
| COMPETENT PRACTICE | Teaches and facilitates discussions aimed at improving awareness and shaping behavior related to reducing the transmission of infectious diseases among substance users. | 3 | 3 |
| MASTERY | Integrates information about health, behavior problems, substance use disorders, and infectious diseases in individual, group, and community education settings, motivating the audience to utilize practices that reduce the spread of infectious diseases. | 4 | 4 |

| 107. Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is familiar with resources available to teach life skills pertinent to prevention and recovery from substance use disorders. | 1 | 1 |
| INITIAL APPLICATION | Delivers educational presentations on specific skills related to prevention and/ or recovery. | 2 | 2 |
| COMPETENT PRACTICE | Effectively facilitates the presentation and practice of a variety of life skills related to recovery. | 3 | 3 |
| MASTERY | Creates learning opportunities tailored to the needs of clients and focused on the development of skills consistent with maintenance of recovery. | 4 | 4 |

Practice Dimension VII:

DOCUMENTATION

THE COMPETENT PROFESSIONAL IS ABLE TO:



- 108. Demonstrate knowledge of accepted principles of client record management.
- 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.
- 110. Prepare accurate and concise screening, intake, and assessment reports.
- 111. Record treatment and continuing care plans which are consistent with agency standards and comply with applicable administrative rules.
- 112. Record progress of client in relation to treatment goals and objectives.
- 113. Prepare accurate and concise discharge summaries.
- 114. Document treatment outcome, using accepted methods and instruments.

DOCUMENTATION

| 108. Demonstrate knowledge of accepted principles of client record management. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Is familiar with basic principles and methods of client record management including protection of privacy and accurate recording of services and client progress. | 1 | 1 |
| INITIAL APPLICATION | Prepares objective, timely, clear, and concise documentation of client participation and progress toward service objectives. | 2 | 2 |
| COMPETENT PRACTICE | Creates accurate documentation of client participation in treatment useful in managing the treatment process. | 3 | 3 |
| MASTERY | Records accurate useful information in the clinical record utilizing new technologies as they become available. | 4 | 4 |


| 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. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Describes regulations protecting client privacy and confidentiality related to participation in substance use disorder treatment. | 1 | 1 |
| INITIAL APPLICATION | Communicates client confidentiality rules and agency policy and procedures related to client privacy. | 2 | 2 |
| COMPETENT PRACTICE | Secures necessary client authorization to release confidential information in a manner consistent with applicable regulations and exercises judgment consistent with those rules in responding to requests for information. | 3 | 3 |
| MASTERY | Consistently exhibits a thorough understanding of client privacy rights in the management of clinical records and communication of client information to third parties. | 4 | 4 |

| 110. Prepare accurate and concise screening, intake, and assessment reports. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Understands how to record results of screening, intake, and assessments. | 1 | 1 |
| INITIAL APPLICATION | Utilizes agency policy and procedures in summarizing information gained from screening, intake, and assessment activities. | 2 | 2 |
| COMPETENT PRACTICE | Organizes all relevant information from intake and clinical evaluation into presentable, concise, and readable summaries. | 3 | 3 |
| MASTERY | Synthesizes and summarizes information gained from clinical evaluation and creates concise, relevant documentation of this information in the clinical record. | 4 | 4 |

Practice Dimension VII:

DOCUMENTATION

THE COMPETENT PROFESSIONAL IS ABLE TO:

- 108. Demonstrate knowledge of accepted principles of client record management.
 - 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.
 - 110. Prepare accurate and concise screening, intake, and assessment reports.
- 
 - 111. Record treatment and continuing care plans which are consistent with agency standards and comply with applicable administrative rules.
 - 112. Record progress of client in relation to treatment goals and objectives.
- 113. Prepare accurate and concise discharge summaries.
 - 114. Document treatment outcome, using accepted methods and instruments.

DOCUMENTATION

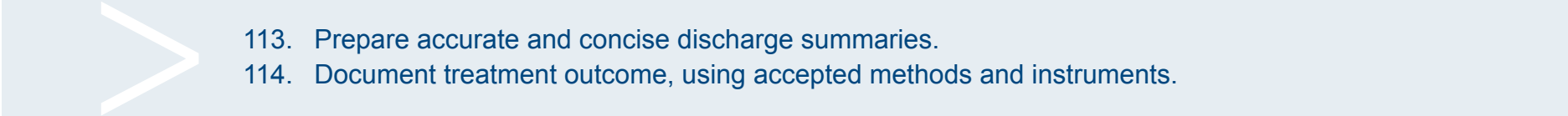
| 111. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Understands administrative rules and agency standards regarding the recording of treatment and continuing care plans. | 1 | 1 |
| INITIAL APPLICATION | Records treatment and continuing care plans accurately as directed by the clinical supervisor or the treatment team. | 2 | 2 |
| COMPETENT PRACTICE | Independently documents treatment and continuing care plans which are timely, clear, complete, and concise. | 3 | 3 |
| MASTERY | Records treatment and continuing care plans meeting agency standards, comply with applicable administrative rules, and are useful in guiding individualized services to the client. | 4 | 4 |

| 112. Record progress of client in relation to treatment goals and objectives. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Appreciates the value of meaningfully linking clinical evaluation, treatment objectives, and the recording of progress in order to provide effective comprehensive care to the client. | 1 | 1 |
| INITIAL APPLICATION | Clearly links the treatment objectives in the timely recording of client response to treatment activities and progress toward those objectives. | 2 | 2 |
| COMPETENT PRACTICE | Enters timely notes in the clinical record clearly indicating progress toward treatment objectives, difficulties encountered in meeting those objectives, and recommendations for making modifications in client care. | 3 | 3 |
| MASTERY | In the context of the client's objectives records changes in the client's status, behavior and level of functioning, emphasizing client's strengths, limitations, and the need to make modifications in the treatment plan. | 4 | 4 |

Practice Dimension VII:

DOCUMENTATION

THE COMPETENT PROFESSIONAL IS ABLE TO:

- 108. Demonstrate knowledge of accepted principles of client record management.
 - 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.
 - 110. Prepare accurate and concise screening, intake, and assessment reports.
 - 111. Record treatment and continuing care plans which are consistent with agency standards and comply with applicable administrative rules.
 - 112. Record progress of client in relation to treatment goals and objectives.
- 
- 113. Prepare accurate and concise discharge summaries.
 - 114. Document treatment outcome, using accepted methods and instruments.

DOCUMENTATION

| 113. Prepare accurate and concise discharge summaries. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Describes the essential components of a discharge summary. | 1 | 1 |
| INITIAL APPLICATION | Accurately records a summary of the client's participation and assessment of progress as directed by the clinical supervisor or treatment team. | 2 | 2 |
| COMPETENT PRACTICE | Prepares concise summary of the client's participation and progress toward treatment objectives including the participation of significant others and descriptive examples of treatment progress and challenges. | 3 | 3 |
| MASTERY | Prepares a concise yet thorough summary of client's response to delivered services including a summary of the role that the treatment activities and challenges encountered have played in the overall context of the client's life. | 4 | 4 |

| 114. Document treatment outcome, using accepted methods and instruments. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Is familiar with a number of accepted measures for gathering data in the assessment of treatment outcome. | 1 | 1 |
| INITIAL APPLICATION | Gathers and records outcome data in a manner consistent with methods defined by the agency. | 2 | 2 |
| COMPETENT PRACTICE | Assesses and summarizes treatment outcome information, gathered during and/or following treatment. | 3 | 3 |
| MASTERY | Assesses and documents treatment outcome in a manner that identifies successful components of care and services within the treatment program which do not yield expected outcomes. | 4 | 4 |

Practice Dimension VIII:

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

THE COMPETENT PROFESSIONAL IS ABLE TO:



- 115. Adhere to established professional codes of ethics which define the professional context within which the counselor works to maintain professional standards and safeguard the client.
- 116. Adhere to federal and state laws and agency regulations regarding the treatment of substance use disorders.
- 117. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
- 118. Recognize the importance of individual differences which influence client behavior, and apply this understanding to clinical practice.
- 119. Use a range of supervisory options to process personal feelings and concerns about clients.
- 120. Conduct self-evaluation of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- 121. Obtain appropriate continuing professional education.
- 122. Participate in ongoing supervision and consultation.
- 123. Develop and use strategies to maintain one's physical and mental health.

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

| 115. Adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Possesses a beginning understanding of laws, regulations and codes of ethics which define the professional standards for providers of treatment for substance use disorders and related health conditions. | 1 | 1 |
| INITIAL APPLICATION | Respects and conforms to ethical standards and scope of practice and demonstrates openness to modifying personal behaviors and attitudes when they conflict with ethical guidelines. | 2 | 2 |
| COMPETENT PRACTICE | Conforms professional behavior in accord with client rights and responsibilities, non-discriminatory practices and maintenance of clear professional boundaries in carrying out the role and responsibilities of the professional service provider. | 3 | 3 |
| MASTERY | Engages in self, peer and supervisory assessment of clinical skills and practices in order to assure the delivery of clinical services consistent with the highest quality of care. | 4 | 4 |
| 116. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Is familiar with the variety of laws and agency regulations governing the delivery of substance use disorder treatment. | 1 | 1 |
| INITIAL APPLICATION | Conforms behavior to agency policies and procedures and state/federal statutes regulating substance use disorder treatment. | 2 | 2 |
| COMPETENT PRACTICE | Appreciates and values regulations related to the delivery of clinical services and interprets those regulations in a manner that protects client rights and safety. | 3 | 3 |
| MASTERY | Interprets and applies regulations, policies, and procedures, making ethical decisions in unique situations in a manner consistent with the intent of those regulations. | 4 | 4 |
| 117. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth. | | SUPERVISOR | COUNSELOR |
| AWARENESS | Is familiar with a variety of scientific and best practice resources for expanding professional knowledge, skills, and attitudes. | 1 | 1 |
| INITIAL APPLICATION | Seeks to apply research based knowledge and skills to the delivery of clinical services. | 2 | 2 |
| COMPETENT PRACTICE | Regularly reviews professional and research- based literature in a career long pursuit of expanding professional knowledge, skills, and attitudes. | 3 | 3 |
| MASTERY | Applies professional knowledge to the improvement of clinical practices and service delivery design to reflect advances in the field. | 4 | 4 |

Practice Dimension VIII:

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

THE COMPETENT PROFESSIONAL IS ABLE TO:

115. Adhere to established professional codes of ethics which define the professional context within which the counselor works to maintain professional standards and safeguard the client.
 116. Adhere to federal and state laws and agency regulations regarding the treatment of substance use disorders.
 117. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
- 
 118. Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice.
 119. Use a range of supervisory options to process personal feelings and concerns about clients.
 120. Conduct self-evaluation of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
121. Obtain appropriate continuing professional education.
 122. Participate in ongoing supervision and consultation.
 123. Develop and use strategies to maintain one's physical and mental health.

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

| 118. Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice. | | SUPERVISOR | COUNSELOR |
|---|--|------------|-----------|
| AWARENESS | Recognizes individual differences among people having both similarities and contrasting differences in personality, culture, lifestyles, and other factors influencing behavior. | 1 | 1 |
| INITIAL APPLICATION | Demonstrates respect for cultural and lifestyle differences among clients in the treatment setting. | 2 | 2 |
| COMPETENT PRACTICE | Recognizes personal biases and adapts therapeutic strategies to clients having different cultural backgrounds and expressions of lifestyle. | 3 | 3 |
| MASTERY | Possesses sufficient knowledge and skills to accurately assess and provide effective care for the needs of individuals from a variety of cultural contexts and lifestyles. | 4 | 4 |

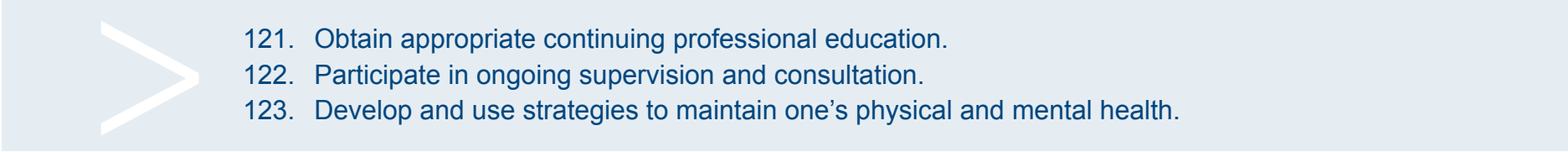
| 119. Use a range of supervisory options to process personal feelings and concerns about clients. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Understands the variety of ways supervision can contribute to the maintenance and improvement of counselor/client relationships. | 1 | 1 |
| INITIAL APPLICATION | Participates in regularly scheduled supervision including problem solving, performance based feedback and processing of clinical situations. | 2 | 2 |
| COMPETENT PRACTICE | Seeks supervisory feedback and voluntarily processes clinical experience in order to increase awareness and maintain appropriate clinical boundaries. | 3 | 3 |
| MASTERY | Utilizes supervision and/or consultation to maintain self awareness and enhance professional growth. | 4 | 4 |

| 120. Conduct self-evaluation of professional performance applying ethical, legal, and professional standards to enhance self awareness and performance. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Is familiar with legal, ethical, and professional standards of clinical service delivery and methods for assessing professional strengths and limitations. | 1 | 1 |
| INITIAL APPLICATION | Seeks feedback from colleagues and supervisors regarding clinical strengths and limitations. | 2 | 2 |
| COMPETENT PRACTICE | Periodically participates in self assessment of professional knowledge and skills related to one's scope of practice. | 3 | 3 |
| MASTERY | Engages in an on-going assessment of strengths, weaknesses and limitations as part of a continuous process of professional growth and development. | 4 | 4 |

Practice Dimension VIII:

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

THE COMPETENT PROFESSIONAL IS ABLE TO:

- 115. Adhere to established professional codes of ethics which define the professional context within which the counselor works to maintain professional standards and safeguard the client.
 - 116. Adhere to federal and state laws and agency regulations regarding the treatment of substance use disorders.
 - 117. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
 - 118. Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice.
 - 119. Use a range of supervisory options to process personal feelings and concerns about clients.
 - 120. Conduct self-evaluation of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- 
- 121. Obtain appropriate continuing professional education.
 - 122. Participate in ongoing supervision and consultation.
 - 123. Develop and use strategies to maintain one's physical and mental health.

PROFESSIONAL AND ETHICAL RESPONSIBILITIES

| 121. Obtain appropriate continuing professional education. | | SUPERVISOR | COUNSELOR |
|---|---|------------|-----------|
| AWARENESS | Appreciates the need for continuing education to both maintain and improve professional knowledge and skills. | 1 | 1 |
| INITIAL APPLICATION | Selects and participates in continuing education programs meeting needs identified in consultation with colleagues and supervisors. | 2 | 2 |
| COMPETENT PRACTICE | Seeks continuing education in response to professional training needs. | 3 | 3 |
| MASTERY | Takes personal responsibility to seek out a variety of education and training experiences to enhance professional development. | 4 | 4 |

| 122. Participate in ongoing supervision and consultation. | | SUPERVISOR | COUNSELOR |
|--|---|------------|-----------|
| AWARENESS | Is familiar with popular models of clinical and administrative supervision and the nature of the supervisory relationship. | 1 | 1 |
| INITIAL APPLICATION | In the context of supervision, identifies professional strengths and limitations. | 2 | 2 |
| COMPETENT PRACTICE | Utilizes supervision to secure performance feedback, resolve clinical dilemmas, and assure the establishment of effective recovery plans. | 3 | 3 |
| MASTERY | Seeks supervisory or collaborative assistance to maintain and enhance clinical services at the highest level of effectiveness. | 4 | 4 |

| 123. Develop and use strategies to maintain one's physical and mental health. | | SUPERVISOR | COUNSELOR |
|--|--|------------|-----------|
| AWARENESS | Appreciates the importance of maintaining physical, mental, and recovery health. | 1 | 1 |
| INITIAL APPLICATION | Locates and accesses resources to achieve physical, mental, and recovery health. | 2 | 2 |
| COMPETENT PRACTICE | Secures regular assessment of health status and acts to enhance physical, mental, and recovery health. | 3 | 3 |
| MASTERY | Models self-care and a healthy lifestyle employing strategies enhancing physical, mental, and recovery health. | 4 | 4 |

APPENDIX:

Addiction Counseling Competency: Competency Rating Forms

A COMPANION TO THE PERFORMANCE ASSESSMENT RUBRICS

Rating The Addiction Counseling Competencies

Supervisors and counselor educators have expressed the desire for a tool to assess counselor capability in the *Addiction Counseling Competencies*. *The Development of the Performance Assessment Rubrics* (Arasmith & Gallon, 2001; Gallon & Porter, 2011) provides a scheme for assessing proficiency. However, what the rubrics lack is a rating tool which could be used to summarize an assessment of overall expertise for each of the foundation areas and practice dimensions making up the competencies. This tool uses the rating benchmarks from the Rubrics to rate proficiency in each competency and provide an overall impression of capability within a foundation or practice dimension. The tables on the following pages define the four points on the continuum for the Transdisciplinary Foundations and the Practice Dimensions.

It Should Be Noted . . .

It should be noted 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, direct service providers, and educators are encouraged to experiment with the following rating forms. They might be useful in summarizing observations of a provider'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 competency continuum ranging from a beginning understanding of substance use disorders and recovery at one end to a mastery of practitioners responsibilities and skills at the other.

The most useful rating will be accompanied by specific behavioral feedback regarding counselor knowledge, skills, and attitudes which have been observed during the course of the individual'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.

Competency Levels Rating Scale for the Transdisciplinary Foundations

| DEFINITIONS | | RATING |
|-------------------|---|--------|
| AWARENESS | Implies a limited or early understanding of the multiple factors involved in substance use disorders and the evidence-based interventions, treatment tools, and recovery models. Individuals at this level may be students, trainees, entry-level practitioners or professionals gathering information about substance use disorders, recovery, and available treatment interventions. They have limited or no experience in providing assessment, intervention, and recovery services. | 1 |
| UNDERSTANDING | Indicates a knowledgeable, well informed individual who may or may not provide addiction services directly. This level of knowledge is typically achieved only after a number of years of study and/or practice. | 2 |
| APPLIED KNOWLEDGE | Achieved by individuals who are knowledgeable about addiction and recovery, and who apply their knowledge either in general practice or specialty treatment/recovery settings. Typically this level of expertise is achieved by specialists in addiction, but individuals at this level may also work in settings that are multi-disciplinary with a special sensitivity, charge or mission to identify and provide limited services to people with substance use disorders. | 3 |
| MASTERY | Typically achieved as a result of several years of study and practice in clinical settings, either generalist or specialist. The individual is often a clinical or academic leader who continuously reviews client services and the professional literature to assure a state-of-the-science understanding of substance use disorders and available recovery-oriented services. Individuals at this level are able to synthesize current knowledge to develop new tools or activities for understanding and improving treatment of substance use disorders. | 4 |

Competency Levels Rating Scale for the Practice Dimensions

| DEFINITIONS | | RATING |
|---------------------|---|--------|
| AWARENESS | Implies a limited or early understanding of the multiple factors involved in substance use disorders and the evidence-based interventions, treatment tools, and recovery models. These individuals may be students, counselor trainees or entry-level counselors who are not yet eligible for full credentials. They have limited or no experience in providing assessment, intervention, and recovery services. | 1 |
| INITIAL APPLICATION | Describes an intermediate level of expertise short of full proficiency in the practice. It includes being able to perform the basics with oversight provided by a credentialed supervisor. The individual's practice is limited and not independent. While the work performed is consistent with agency and protocol standards, the practitioner lacks the experience to make independent decisions regarding needed modifications in service delivery to meet consumer needs. | 2 |
| COMPETENT PRACTICE | Integrates knowledge, skills, and attitudes with consistency and effectiveness in a variety of counseling interactions. The individual has achieved an ability to provide fully proficient services within the competency in question and demonstrates consistent sound judgment in clinical situations. These counselors have the capacity to make independent decisions and are eligible for, or have achieved, the necessary credentials and/or qualifications for professional practice. | 3 |
| MASTERY | Typically achieved as a result of several years of study and practice in clinical settings, either generalist or specialist. The individual is often a clinical or academic leader who continuously reviews client services and the professional literature to assure a state-of-the-science understanding of substance use disorders and available recovery-oriented services. Individuals at this level are able to synthesize current knowledge to develop new tools or activities for understanding and improving treatment of substance use disorders. | 4 |

The Rating Forms

On the following pages you will find a rating form for each of the Transdisciplinary Foundations and Practice Dimensions. In the case 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. Users may need to refer back frequently to the definitions noted in the tables above until they become committed to memory. The scale labels alone are not adequate 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. If that's the case, rate only those competencies that are of concern. Alternatively, you might want to give feedback about the entire constellation of competencies that comprises a Practice Dimension. If that's the case, you might rate a counselor on all the competencies for this Dimension to yield an overall sense of strengths and areas needing further development.

It is not suggested 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. One instance when you may want to use all the forms is at graduation from a training program. Another instance might be at an annual performance review or to give feedback to a counselor being considered for promotion. Such an assessment will require a significant commitment of time and energy for the rater and will require considerable time for sharing and debriefing the ratings with the person being evaluated.

Transdisciplinary Foundations

Competency Rating Form

1 = AWARENESS

2 = UNDERSTANDING

3 = APPLIED KNOWLEDGE

4 = MASTERY

| Transdisciplinary Foundation A: UNDERSTANDING ADDICTION | RATING |
|---|--------|
| 1. Understand a variety of models and theories of addiction and other problems related to substance use. | |
| 2. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resilience factors characterizing individuals and groups and their living environments. | |
| 3. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others. | |
| 4. Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders and the potential for medical and psychological disorders to co-exist with addiction and substance abuse. | |

| Transdisciplinary Foundation B: TREATMENT KNOWLEDGE | RATING |
|--|--------|
| 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. | |
| 6. Recognize the importance of family, social networks, and community systems in the treatment and recovery process. | |
| 7. Understand the importance of research and outcome data and their application in clinical practice. | |
| 8. Understand the value of an interdisciplinary approach to addictions treatment. | |

Transdisciplinary Foundations

Competency Rating Form

1 = AWARENESS

2 = UNDERSTANDING

3 = APPLIED KNOWLEDGE

4 = MASTERY

| Transdisciplinary Foundation C: APPLICATION TO PRACTICE | RATING |
|--|--------|
| 9. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care. | |
| 10. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence. | |
| 11. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery. | |
| 12. Provide treatment services appropriate to the personal and cultural identity and language of the client. | |
| 13. Adapt practice to the range of treatment settings and modalities. | |
| 14. Be familiar with medical and pharmacological resources in the treatment of substance use disorders. | |
| 15. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits. | |
| 16. Recognize a crisis may indicate an underlying substance use disorder and may be a window of opportunity for change. | |
| 17. Understand the need for and the use of methods for measuring treatment outcome. | |

Transdisciplinary Foundations

Competency Rating Form

1 = AWARENESS

2 = UNDERSTANDING

3 = APPLIED KNOWLEDGE

4 = MASTERY

| Transdisciplinary Foundation D: PROFESSIONAL READINESS | RATING |
|---|--------|
| 18. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, including individuals with disabilities, into clinical practice. | |
| 19. Understand the importance of self awareness in one's personal, professional, and cultural life. | |
| 20. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship. | |
| 21. Understand the importance of ongoing supervision and continuing education in the delivery of client services. | |
| 22. Understand the obligation of the addiction professional to participate in prevention, as well as treatment. | |
| 23. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff. | |

Practice Dimensions

Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension I: CLINICAL EVALUATION > Element 1: Screening | RATING |
|--|--------|
| 24. Establish rapport, including management of crisis situation and determination of need for additional professional assistance. | |
| 25. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods 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. | |
| 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. | |
| 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. | |
| 28. Determine the client's readiness for treatment and change, as well as the needs of others involved in the current situation. | |
| 29. Review the treatment options appropriate for the client needs, characteristics, goals, and financial resources. | |
| 30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations. | |
| 31. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available. | |
| 32. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension I: CLINICAL EVALUATION > Element 2: Assessment | RATING |
|--|--------|
| 33. Select and use a comprehensive assessment process sensitive to age, gender, racial and ethnic cultural issues, and disabilities. | |
| 34. Analyze and interpret the data to determine treatment recommendations. | |
| 35. Seek appropriate supervision and consultation. | |
| 36. Document assessment findings and treatment recommendations. | |

| Practice Dimension II: TREATMENT PLANNING | RATING |
|--|--------|
| 37. Select and use a comprehensive assessment process sensitive to age, gender, racial and ethnic cultural issues, and disabilities. | |
| 38. Analyze and interpret the data to determine treatment recommendations. | |
| 39. Seek appropriate supervision and consultation. | |
| 40. Examine treatment options in collaboration with the client and significant others. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension II: TREATMENT PLANNING | RATING |
|---|--------|
| 41. Consider the readiness of the client and significant others to participate in treatment. | |
| 42. Prioritize client needs in the order they will be addressed in treatment. | |
| 43. Formulate mutually agreed upon and measurable treatment goals and objectives. | |
| 44. Identify appropriate strategies for each treatment goal. | |
| 45. Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria. | |
| 46. Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress. | |
| 47. Inform the client of confidentiality rights, program procedures safeguarding them, and the exceptions imposed by regulations. | |
| 48. Reassess the treatment plan at regular intervals or when indicated by changing circumstances. | |

Practice Dimensions

Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension III: REFERRAL | RATING |
|---|--------|
| 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. | |
| 50. Continuously assess and evaluate referral resources to determine their appropriateness. | |
| 51. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral. | |
| 52. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs. | |
| 53. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through. | |
| 54. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care. | |
| 55. Evaluate the outcome of the referral. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension IV: SERVICE COORDINATION > Element 1: Implementing the Treatment Plan | RATING |
|---|--------|
| 56. Initiate collaboration with a referral source. | |
| 57. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information. | |
| 58. Confirm the client's eligibility for admission and continued readiness for treatment and change. | |
| 59. Complete necessary administrative procedures for admission to treatment. | |
| 60. Establish accurate treatment and recovery expectations with the client and involved significant others. | |
| 61. Coordinate all treatment activities with services provided to the client by other resources. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension IV: SERVICE COORDINATION > Element 2: Consulting | RATING |
|--|--------|
| 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. | |
| 63. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders. | |
| 64. Contribute as part of a multidisciplinary treatment team. | |
| 65. Apply confidentiality regulations appropriately. | |
| 66. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies. | |

| Practice Dimension IV: SERVICE COORDINATION > Element 3: Continuing Assessment & Treatment Planning | RATING |
|---|--------|
| 67. Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan. | |
| 68. Understand and recognize stages of change and other signs of treatment progress. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension IV: SERVICE COORDINATION > Element 3: Continuing Assessment & Treatment Planning | RATING |
|---|--------|
| 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. | |
| 70. Describe and document treatment process, progress, and outcome. | |
| 71. Use accepted treatment outcome measures. | |
| 72. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others. | |
| 73. Document service coordination activities throughout the continuum of care. | |
| 74. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension V: COUNSELING > Element 1: Individual Counseling | RATING |
|--|--------|
| 75. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy. | |
| 76. Facilitate the client's engagement in the treatment and recovery process. | |
| 77. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery. | |
| 78. Promote client knowledge, skills, and attitudes contributing to a positive change in substance use behaviors. | |
| 79. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals. | |
| 80. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals. | |
| 81. Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan. | |
| 82. 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. | |
| 83. Facilitate the development of basic and life skills associated with recovery. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension V: COUNSELING > Element 1: Individual Counseling | RATING |
|---|--------|
| 84. 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. | |
| 85. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals. | |
| 86. Apply crisis, prevention, and management skills. | |
| 87. Facilitate the client's identification, selection, and practice of strategies which help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse. | |

| Practice Dimension V: COUNSELING > Element 2: Group Counseling | RATING |
|--|--------|
| 88. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders. | |
| 89. 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. | |
| 90. Facilitate the entry of new members and the transition of exiting members. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension V: COUNSELING > Element 2: Group Counseling | RATING |
|--|--------|
| 91. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type. | |
| 92. 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. | |
| 93. 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. | |

| Practice Dimension V: COUNSELING > Element 3: Counseling for Families, Couples, & Significant Others | RATING |
|--|--------|
| 94. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use. | |
| 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. | |
| 96. Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process. | |
| 97. Assist families, couples, and significant others to understand the interaction between the system and substance use behaviors. | |
| 98. Assist families, couples, and significant others to adopt strategies and behaviors sustaining recovery and maintain healthy relationships. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension VI: CLIENT, FAMILY AND COMMUNITY EDUCATION | RATING |
|---|--------|
| 99. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process. | |
| 100. Describe factors increasing the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders. | |
| 101. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery. | |
| 102. Describe warning signs, symptoms, and the course of substance use disorders. | |
| 103. Describe how substance use disorders affect families and concerned others. | |
| 104. Describe the continuum of care and resources available to family and concerned others. | |
| 105. Describe principles and philosophy of prevention, treatment, and recovery. | |
| 106. 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. | |
| 107. Teach life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills. | |

Practice Dimensions
Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension VII: DOCUMENTATION | RATING |
|---|--------|
| 108. Demonstrate knowledge of accepted principles of client record management. | |
| 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. | |
| 110. Prepare accurate and concise screening, intake, and assessment reports. | |
| 111. Record treatment and continuing care plans consistent with agency standards and comply with applicable administrative rules. | |
| 112. Record progress of client in relation to treatment goals and objectives. | |
| 113. Prepare accurate and concise discharge summaries. | |
| 114. Document treatment outcome using accepted methods and instruments. | |

Practice Dimensions

Competency Rating Form

1 = AWARENESS

2 = INITIAL APPLICATION

3 = COMPETENT PRACTICE

4 = MASTERY

| Practice Dimension VIII: PROFESSIONAL AND ETHICAL RESPONSIBILITIES | RATING |
|---|--------|
| 115. Adhere to established professional codes of ethics defining the professional context within which the counselor works, in order to maintain professional standards and safeguard the client. | |
| 116. Adhere to federal and state laws and agency regulations regarding the treatment of substance use disorders. | |
| 117. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth. | |
| 118. Recognize the importance of individual differences influencing client behavior and apply this understanding to clinical practice. | |
| 119. Utilize a range of supervisory options to process personal feelings and concerns about clients. | |
| 120. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self awareness and performance. | |
| 121. Obtain appropriate continuing professional education. | |
| 122. Participate in ongoing supervision and consultation. | |
| 123. Develop and utilize strategies to maintain one's own physical and mental health. | |



ATTC Unifying science, education
and services to transform lives.

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

ATTCnetwork.org

The purpose of the Addiction Technology Transfer Center (ATTC) Network is to develop and strengthen the behavioral healthcare workforce providing addictions treatment and recovery services to those entering the treatment system. Annually in the United States, more than 1.6 million friends and family members receive treatment for the abuse of alcohol and drugs (NSDUH, 2008). As part of the United States Federal Government's effort in drug control, the Network is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT).

In partnership with Single State Authorities, treatment provider associations, addiction counselors, multidisciplinary professionals, faith and recovery community leaders, family members of those in recovery, and other stakeholders, the ATTC Network assesses the training and development needs of the workforce. To meet the identified needs, the Network develops and conducts training and other technology transfer activities, especially targeting the frontline counselor. Particular emphasis is on raising awareness of and improving skills in using evidence-based and promising treatment/recovery practices for the purpose of changing practice.

Established in 1993, the Network consists of fourteen Regional Centers and a National Office, which serve all 50 states, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands.

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