

INSTRUCTIONS FOR GENERAL APPLICATION for the Certified Substance Abuse Counselor (CSAC) Credential

1. Be sure to download the complete application packet, including:
 - General Information for Applicants
 - Application, Certified Substance Abuse Counselor (CSAC)
 - Code of Ethics and Code of Ethics Statement
 - Twelve Core Functions of the Alcohol and Drug Abuse Counselor
 - Work Experience Verification Record with attached Evaluation
 - Hawaii Administrative Rules 11-177.1 entitled “Certification Standards for Substance Abuse Counselors and Program Administrators”
 - Bibliography and Supplemental Reading List
 - Frequently Asked Questions information

2. Complete the “General Application” and “Code of Ethics Statement” and completed forms to ADAD with the general application fee of **\$25.00** in the form of a **money order or certified check, Payable to “State Director of Finance.”** **Personal checks will NOT be accepted.** *This one time application fee is non-refundable.* Mailing address:

Alcohol and Drug Abuse Division
Certification Office
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707

- iò Give the “Work Experience Verification Record” with the attached “Confidential Evaluation” to your supervisor(s) for completion. Copy as many of these forms as needed. **NOTE: You must complete the top section of the “Work Experience Verification Record” before giving the form to your supervisor(s). Your supervisor(s) must complete the remainder of the form and evaluation and send it directly to ADAD himself/ herself.** Completed forms will not be accepted from the applicant. All signatures must be original signatures; no FAXed signatures are allowed.

- iò If you plan to request education and/or experience credit for college degrees or completion of an alcohol/drug counseling certificate program, contact your school for an official transcript. Transcripts must be sent directly from the school to ADAD. Photocopies and student copies will not be accepted. Education accomplished through workshops approved by ADAD for continuing education or through ADAD-approved distance learning must be documented by submitting a

copy of your certificate of completion. Distance learning is limited to 50% (135 hours) of the total education required unless authorized by the division.

Once ADAD receives the information required on page 1, a review of the applicant's file will be conducted and a status email sent to the applicant. Only those applicants who have completed and documented the required 3 years (6000 hours) of supervised experience providing direct alcohol and drug treatment services, to include the 400 supervised practical experience hours, and who have completed the 300 hours of substance abuse specific education will be eligible to register for the examination.

Although general applications are accepted at any time, the applicant is strongly advised to plan ahead. Submit the application paperwork first, receive email verification that your application has been approved and a file has been established for you, and **keep a folder and submit copies of completed trainings certificates (Do not send in all your certificates at one time)**. ADAD will update your file with an accumulative amount of hours. This will allow the candidate to monitor what they have completed, keep track of any repeats (which are not allowed), and streamline the process for completion of all requirements. **Once you have met all the requirements to test, we mail you an application with directions, you mail us back the application and payment for the exam, the ADAD office registers you, and you then call the testing company contracted by the International Credentialing and Reciprocity Consortium (IC&RC) to arrange for the date you would like to test, yourself. Testing is available on *Oahu and Hawaii Islands*.**

SOME TIPS TO REMEMBER:

- **Send all payments by money order or certified check, only!**
- **Original signatures only**
- **Plan ahead (Processing time may take up to 4-6 weeks)**
- **When in doubt, call the Certification Office for clarification at (808) 692-7518**
- **There are, generally, no extensions for deadlines and no waivers for the basic requirements stated in HAR 11-177.1**

If the applicant does not pass the examination, the applicant will have to register to re-take the test and pay the examination fee.

If the applicant passes the written examinations and has met all of the other requirements for certification, a certificate will be issued, signed by the Director of Health.

Applicants who fail the exam 3 consecutive times must obtain 480 additional hours of clinically supervised work experience, and possibly further education, before applying to retake the examination.

ADAD APPLICATION – PLEASE FOLLOW DIRECTIONS CAREFULLY!

CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC)

(Please type or print in ink; all areas must be completed for your application to be processed!)

1. Name: _____ (Previous Name(s): _____)
(Legal Name)

2. Gender: Male; Female 3. Date of Birth: _____

4. Home Address: _____
Street/P.O. Box

City/State Zip Code

5. Home Phone: _____ Cell Phone: _____
Area Code & Number for Each

6. Email: _____

7. Social Security Number: _____

8. What language(s) are you fluent in other than English? _____
(written __ spoken __)

9. What is your ethnicity? (Optional--research purposes only)

- | | |
|---------------------------|-------------------------------|
| _____ (1) Alaskan Native | _____ (14) Micronesian |
| _____ (2) American Indian | _____ (15) Samoan |
| _____ (3) Cambodian | _____ (16) Tongan |
| _____ (4) Chinese | _____ (17) Other Pacific Isle |
| _____ (5) Filipino | _____ (18) African American |
| _____ (6) Japanese | _____ (19) Caucasian |
| _____ (7) Korean | _____ (20) Portuguese |
| _____ (8) Laotian | _____ (21) Cuban |
| _____ (9) Okinawan | _____ (22) Mexican |
| _____ (10) Other Asian | _____ (23) Puerto Rican |
| _____ (11) Fijian | _____ (24) Other Hispanic |
| _____ (12) Hawaiian | _____ (25) Mixed |
| _____ (13) Part-Hawaiian | _____ (26) Other, Specify |

FOR OFFICIAL USE ONLY

Fee Amount: _____	Transcripts: _____
Date Received: _____	Supervisor Forms: _____
Training Resume: _____	Code of Ethics: _____
DATABASE: _____	Background Check: _____

Reminder: DO NOT send for any transcripts, trainings, or work verifications ***until*** you receive a reply email from the ADAD office stating the status of your application has been approved and that a file has been established!

EDUCATIONAL INFORMATION

I have a: (high school diploma or highest degree completed): _____

In what area of study: _____

I will request that transcripts be sent to ADAD: **YES** **NO**

SUBSTANCE ABUSE COUNSELING WORK HISTORY

Employer: _____

Dates of Employment: _____

Employer Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Employer: _____

Dates of Employment: _____

Employer Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Employer: _____

Dates of Employment: _____

Employer Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

CURRENT EMPLOYMENT

Employer: _____

Dates of Employment: _____

Employer Address: _____

Work Phone: _____

Have you, at any time (EVER!), been the subject of a finding of unethical, unprofessional, or illegal conduct made as part of a final decision by a regulatory body (e.g. certification or licensing board) or by a court (civil or criminal)? (Note: Mandatory background checks are conducted, and falsifying any information may result in your application being declined!)

_____ Yes _____ No (**This includes ANY criminal charge, ever! If yes, you MUST attach a letter of explanation, and copies of official court documents showing all charges have been adjudicated, and you are not on probation or parole for at least one year.)**)

Reminder: DO NOT send for any transcripts, trainings, or work verifications ***until*** you receive a reply email from the ADAD office stating the status of your application has been approved and that a file has been established!

"I hereby certify that all of the information given herein and on any attachments is true and complete to the best of my knowledge. I understand that falsification of any portion of this application or attachments may result in the revocation of this application.

I further agree to hold the Department of Health, Alcohol and Drug Abuse Division agents, staff and examiners free from any civil liability for damages or complaints about any action within the scope and arising out of the performance of their duties and which is taken in connection with this application, the examinations, grades received on examinations, and/or the failure of the Division to issue me a certificate."

Applicant's Name (PRINT)

Applicant's Signature (IN INK)

Date

****You must sign the "Code of Ethics Statement" which is included in this packet. Unsigned or incomplete applications will not be processed.**

RECORD STORAGE

The Alcohol and Drug Abuse Division maintains records on all applicants and Certified Substance Abuse Counselors and Program Administrators. **Inactive records are archived for three (3) years from date of last correspondence and may be destroyed after five (5) years from date of last correspondence.** Therefore, it is important to keep ADAD informed of any address change.

Remember to include your \$25 certified check or money order (only!!) made out to the "State Director of Finance." Please mail your application, payment, and signed code of ethics statement . Do not include any certificates of completed trainings or send for any transcripts . A candidate file needs to be established first. The application process may take up to 6-8 weeks.

Please mail your completed application to:

**Certification Department
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707**

Please Keep This For Your Record

Certified Substance Abuse Counselor (CSAC)

Code of Ethics

(Adopted from the Code of Ethics of the National Association of Alcoholism and Drug Abuse Counselors - Revised 5/20/95)

Principle 1: Non-Discrimination

The substance abuse counselor shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

- a. The substance abuse counselor shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, the counselor guards the individual rights and personal dignity of clients.
- b. The substance abuse counselor shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility

The substance abuse counselor shall espouse objectivity and integrity, and maintain the highest standards in the services the counselor offers.

- a. The substance abuse counselor shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.
- b. The substance abuse counselor, as educator, has a primary obligation to help others acquire knowledge and skills in dealing with the disease of alcoholism and drug abuse.
- c. The substance abuse counselor who supervises others accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.
- d. The substance abuse counselor who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competence

The substance abuse counselor shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the counselor and of the profession as a whole. The substance abuse counselor shall recognize the need for ongoing education as a component of professional competency.

- a. The substance abuse counselor shall recognize boundaries and limitations of the counselor's competencies and not offer services or use techniques outside of these professional competencies.
- b. The substance abuse counselor shall recognize the effect of impairment on professional performance and shall be willing to seek appropriate treatment for oneself or for a colleague. The counselor shall support peer assistance programs in this respect.

Principle 4: Legal and Moral Standards

The substance abuse counselor shall uphold the legal and accepted moral codes which pertain to professional conduct.

- a. The substance abuse counselor shall be fully cognizant of all federal laws and laws of the counselor's respective state governing the practice of alcoholism and drug abuse counseling.
- b. The substance abuse counselor shall not claim either directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- c. The substance abuse counselor shall ensure that products or services associated with or provided by the counselor by means of teaching, demonstration, publications or other types of media meet the ethical standards of this code.

Principle 5: Public Statements

The substance abuse counselor shall honestly respect the limits of present knowledge in public statements concerning alcoholism and drug abuse.

- a. The substance abuse counselor, in making statements to clients, other professionals, and the general public shall state as fact only those matters which have been empirically validated as fact. All other opinions, speculations, and conjecture concerning the nature of alcoholism and drug abuse, its natural history, its treatment or any other matters which touch on the subject of alcoholism and drug abuse shall be represented as less than scientifically validated
- b. The substance abuse counselor shall acknowledge and accurately report the substantiation and support for statements made concerning the nature of alcoholism and drug abuse, its natural history, and its treatment. Such acknowledgment should extend to the source of the information and reliability of the method by which it was derived.

Principle 6: Publication Credit

The substance abuse counselor shall assign credit to all who have contributed to the published material and for the work upon which the publication is based

- a. The substance abuse counselor shall recognize joint authorship and major contributions of a professional nature made by one or more persons to a common project. The author who has made the principal contribution to a publication must be identified as first author.
- b. The substance abuse counselor shall acknowledge in footnotes or in an introductory statement minor contributions of a professional nature, extensive clerical or similar assistance and other minor contributions.
- c. The substance abuse counselor shall in no way violate the copyright of anyone by reproducing material in any form whatsoever, except in those ways which are allowed under the copyright laws. This involves direct violation of copyright as well as the passive assent to the violation of copyright by others.

Principle 7: Client Welfare

The substance abuse counselor shall promote the protection of the public health, safety and welfare and the best interest of the client as a primary guide in determining the conduct of all substance abuse counselors.

- a. The substance abuse counselor shall disclose the counselor's code of ethics, professional loyalties and responsibilities to all clients.
- b. The substance abuse counselor shall terminate a counseling or consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from the relationship.
- c. The substance abuse counselor shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.
- d. The substance abuse counselor shall not use or encourage a client's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed. (See Principle 9)
- e. The substance abuse counselor shall take care to provide services in an environment that will ensure the privacy and safety of the client at all times and ensure the appropriateness of service delivery.

Principle 8: Confidentiality

The substance abuse counselor working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

- a. The substance abuse counselor shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.
- b. The substance abuse counselor shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The counselor shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.
- c. The substance abuse counselor shall adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to report clinical information in specific circumstances to the appropriate authorities.
- d. The substance abuse counselor shall discuss the information obtained in clinical, consulting, or observational relationships only in the appropriate settings for professional purposes that are in the client's best interest. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be made to avoid undue invasion of privacy.

- e. The substance abuse counselor shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 9: Client Relationships

It is the responsibility of the substance abuse counselor to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The substance abuse counselor shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- a. The substance abuse counselor shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- b. The substance abuse counselor shall not engage in professional relationships or commitments with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- c. The substance abuse counselor shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- d. The substance abuse counselor shall not under any circumstances engage in sexual behavior with current or former clients.
- e. The substance abuse counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The substance abuse counselor shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- a. The substance abuse counselor shall refrain from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- b. The substance abuse counselor shall cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The substance abuse counselor shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The substance abuse counselor shall establish financial arrangements in professional practice and in accord with the professional standards that safeguard the best interests of the client first, and then of the counselor, the agency, and the profession.

- a. The substance abuse counselor shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- b. The substance abuse counselor shall consider the ability of a client to meet the financial cost in establishing rates for professional services.

- c. The substance abuse counselor shall not engage in fee splitting. The member shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- d. The substance abuse counselor, in the practice of counseling, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.
- e. The substance abuse counselor shall not accept a private fee for professional work with a person who is entitled to such services through an institution or agency unless the client is informed of such services and still requests private services.

Principle 12: Societal Obligations

The substance abuse counselor shall to the best of his or her ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.

PLEASE READ THE "CERTIFIED SUBSTANCE ABUSE COUNSELOR CODE OF ETHICS," AND COMPLETE THIS "CODE OF ETHICS STATEMENT" AND RETURN IT TO ADAD WITH YOUR GENERAL APPLICATION

CODE OF ETHICS STATEMENT

I HAVE RECEIVED A COPY OF, READ, AND AGREE TO ABIDE BY THE CERTIFIED SUBSTANCE ABUSE COUNSELOR (CSAC) CODE OF ETHICS (REFERENCE: HAR 11-177.1, SUBCHAPTER 3, 11-177.1-33.) ALL CSACS AND CANDIDATES NEEDS TO ABIDE BY CODE.

PRINT NAME

SIGNATURE

DATE

Please keep this for your record
TWELVE CORE FUNCTIONS OF THE
ALCOHOL AND OTHER DRUG ABUSE COUNSELOR

I. SCREENING: The process by which the client is determined appropriate and eligible for admission to a particular program.

Global Criteria:

1. Evaluate the psychological, social, and physiological signs and symptoms of alcohol and other drug abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate the need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations, and agency policies governing alcohol and other drug abuse services.

Explanation:

This function requires the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drugs has become dysfunctional for a particular client. The determination of a particular client's appropriateness for a program requires the counselor's judgment and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or day care). Important factors include the nature of the substance abuse, the physical condition of the client, the psychological functioning of the client, outside support/resources, previous treatment efforts, motivation, and the philosophy of the program. The eligibility criteria are generally determined by focus, target population, and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client's age, gender, place of residence, legal status, veteran status, income level, and the referral source. Allusion to following agency policy is a minimally acceptable statement. If the client is found ineligible or inappropriate for this program, the counselor should be able to suggest an alternative.

II. INTAKE: The administrative and initial assessment procedures for admission to a program.

Global Criteria:

6. Complete the required documents for admission to the program.
7. Complete the required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting information from, or providing information to, outside sources to protect client confidentiality and rights.

Explanation:

The intake usually becomes an extension of the screening, when the decision to formally admit is documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate releases of information, collect financial data, sign a consent for treatment, and assign the primary counselor.

- III. ORIENTATION:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.

Global Criteria:

9. Provide an overview to the client by describing program goals and objectives for client care.
10. Provide an overview to the client by describing program rules and client obligation and rights.
11. Provide an overview to the client of program operations.

Explanation:

The orientation may be provided before, during, and/or after the client's screening and intake. It can be conducted in an individual, group, or family context. Portions of the orientation may include other personnel for certain specific aspects of treatment, such as medication.

- IV. ASSESSMENT: The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems, and needs for the development of a treatment plan.**

Global Criteria:

12. Gather relevant history from client, including but not limited to, alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.
14. Identify appropriate assessment tools.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

Explanation:

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing, and/or record reviews. The counselor evaluates major life areas (i.e., physical health vocational development, social adaptation, legal involvement, and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with the client's functioning in each of these areas. The results of this assessment should

suggest the focus treatment.

V. TREATMENT PLANNING: The process by which the counselor and client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

Global Criteria:

17. Explain assessment results to the client in an understandable manner.
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

Explanation:

The treatment contract is based on the assessment and is a product of negotiation between the client and counselor to be sure the plan is tailored to the individual's needs. The language of the problem, goal, and strategy statements should be specific, intelligible to the client, and expressed in behavioral terms. The statement of the problem concisely on a client need identified previously. The goal statements refer specifically to the identified problem and may include one objective or set of objectives ultimately intended to solve or mitigate the problem. The goals must be expressed in behavioral terms in order for the counselor and client to determine progress in treatment. Both immediate and long-term goals should be established. The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will provide them, when they will be provided, and at what frequency. Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

VI. COUNSELING: (Individual, Group, and Significant Others): The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications, examination of attitudes and feelings; consideration of alternative solutions; and decision-making.

Global Criteria:

21. Select the counseling theory(ies) that apply(ies).
22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramification.
23. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.
25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

Explanation:

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his or her problem and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Motivational Interviewing, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counselor must be able to explain the rationale for using a specific approach for the particular client. For example, a behavioral approach might be suggested for clients who are resistant and manipulative or have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate. Also, the counselor should explain his or her rationale for choosing a counseling approach in an individual, group, or family context. Finally, the counselor should be able to explain why a counseling approach or context changed during treatment.

VII. CASE MANAGEMENT: Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

Global Criteria:

28. Coordinate services for client care.
29. Explain the rationale of care management activities to the client.

Explanation:

Case management is the coordination of a multiple services plan. Case management decisions must be explained to the client. By the time many alcohol and other drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have a pending criminal charge. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the criminal justice system. The client may also be receiving other treatment services such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

VIII. CRISIS INTERVENTION: Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria:

30. Recognize the elements of the client crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

Explanation:

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest,

suicidal gestures, a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, rely on and describe a past experience with a client. Describe the overall picture--before, during and after the crisis. It is imperative that the counselor be able to identify the crises when they surface, attempt to mitigate or resolve the immediate problem and use negative events to enhance the treatment efforts, if possible.

IX. CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.

Global Criteria:

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

Explanation:

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other hand, an outpatient counselor may provide relevant information to the client individually or informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families. The applicant must be competent in providing specific examples of the type of education provided to the client and the relevance to the case.

X. REFERRAL: Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria:

35. Identify need(s) and or problem(s) that the agency and/or counselor cannot meet.
36. Explain the rationale for the referral to the client.
37. Match client needs and/or problems to appropriate resources.
38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
39. Assist the client in utilizing the support systems and community resources available.

Explanation:

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, and should be aware of the limitations of each service and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including confidentiality requirements and outcomes of the referral. Referral is obviously closely related to case management when integrated into the initial and on-going treatment plan. It also includes, however, aftercare of discharge planning referrals that take into account the continuum of care.

XI. REPORT AND RECORD KEEPING. Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria:

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.
42. Utilize relevant information from written documents for client care.

Explanation:

The report and record keeping function is important. It benefits the counselor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervisor in providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it enhances the client's entire treatment experience. The applicant must prove personal action in regard to the report and record keeping function.

XII. CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT AND SERVICES. Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria:

43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
44. Consult with appropriate resources to ensure the provision of effective treatment services.
45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.
46. Explain the rationale for the consultation to the client, if appropriate.

Explanation:

Consultation is meetings for discussion, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations may also be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers, and other service providers connected to the client's case.