



Alcohol and Drug Abuse Division (ADAD)

CSAC APPLICATION

Certified Substance Abuse Counselor

§11-177.1 "Substance abuse counselor" means a person who through both education and demonstrated experience, is capable of providing the twelve-core functions and, at a minimum, directly provides assessment, treatment planning and implementation, counseling, and discharge planning, as they relate to substance abuse treatment. Substance abuse counselor is synonymous with alcohol and drug counselor and chemical dependency counselor.

601 Kamokila Blvd. #360, Kapolei, HI 96707
Phone: 808-692-7506 Fax: 808-692-7521

<https://health.hawaii.gov/substance-abuse/>

<https://health.hawaii.gov/substance-abuse/counselor-certification/>

Prior to submitting your application, review all the requirements and download the application. Use the table below as a guide for gathering your documents. Do not submit any documentation with your application that is indicated **"Only when file is open."** Failure to submit required documentation may result in rejection of your application, and/ or hinderance of the review processes.

REQUIREMENT	DOCUMENT
Application with Payment	Certified cashier's check or money order made payable to "State Director of Finance"/no credit card, personal checks or cash accepted
Code of Ethics Signature Required pg. 11 of this application	Review and keep for your record https://health.hawaii.gov/substance-abuse/files/2019/12/Code-of-Ethics-CSAC-CCS-CCJP-CSAPA.pdf
Current Job Description (submit with application)	Obtain from employer with employee letterhead For those self-employed please provide your job description and your business license allow you to practice in the State of Hawaii
Disciplinary Actions (if applicable)	Include letter of explanation with application
Copy of Photo ID	Include with application
Legal/Civil Convictions (if applicable)	Include letter/legal documents with application
Work Experience / Internship/Practicum	Obtain from employer "Only when file is open"
Education	Official transcripts sent directly to the ADAD, "Only when file is open" Training certificates to be mailed when filled is open, courses need to be ADAD approved.
Certification Orientation	You will need to attend a Certification Orientation

TO SUBMIT YOUR APPLICATION, MAIL TO:

ADAD: Quality Assurance and Improvement Office
601 Kamokila Blvd. #360
Kapolei, HI 96707

INQUIRES CONTACT:

doh.adad.gaio@doh.hawaii.gov

REVIEW, APPROVAL, & PROCESS

1. Application submitted to ADAD. To request receipt confirmation of your application, email ADAD: doh.adad.gaio@doh.hawaii.gov
2. ADAD reviews application. Allow 8-10 weeks for review and processing of your application.
3. Applicant will be emailed or called if there are questions regarding your application. It is imperative to provide your current email and phone number.
4. Your application is considered approved when you receive an email that your file has been opened. **You will also need to attend an orientation meeting.** Your file will open for a minimum of seven (7) years from the time of application with activity. If your file is inactive for two (2) years, ADAD will make one attempt to contact you. If no response by five (5) business days, ADAD will close your file.
5. When your file is open, all other documents must be sent to ADAD (via mail). **Documents sent through email will NOT be accepted unless specifically instructed to do so.**
6. Review of education and work verification takes up to 4-6 weeks.
7. Once all requirements are met, ADAD will send you the examination application.
8. Upon receiving your exam application and payment, ADAD will preregister you for the exam.
9. Follow all instructions that will be emailed to scheduling your exam.
10. Once you pass the exam, ADAD will notify you and verify your certificate information (via email), within 30 days.
11. Your official certificate will arrive in the mail within 5-10 business days upon receiving your verification email.

*eligible for reciprocity and international certification to include oversight of the 12-core functions, all Candidates need to have an accumulative of 6000 supervised hours in which to be eligible with some exemptions as seen below.

Certification	Education Hours	Supervised Work Verification	12- Core Functions	Required Education 6 hours in each	Other Requirement
*CSAC High School Diploma/Equivalent	300 270 SUD specific	6000 (400 of which is in the 12-Core Functions)	400 (20 minimum in each core)	HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Exam Required
*CSAC with Bachelors in BH Or Certificate in SUD education	300 270 SUD specific	4000 (400 of which is in the 12-Core Functions)	400 (20 minimum in each core)	HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Exam Required
*CSAC with Masters in BH	300 270 SUD specific	2000 (400 of which is in the 12-Core Functions)	400 (20 minimum in each core)	HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Exam Required
*CSAC Licensed Physician (Specialty) Physician certified by the American Society of Addiction Medicine or Board-Certified Psychiatry by American Board of Psychiatry and Neurology					Copy of current license to practice in the State of Hawaii
CSAC Licensed Physician (General)	50 SUD specific education	1000 Direct SUD		HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Copy of current license to practice in the State of Hawaii Exam Required

Certification Eligibility	Education Hours	Supervised Work Verification	12- Core Functions	Required Education 6 hours in each	Other Requirement
CSAC Licensed psychologist (specialty) With a certificate of proficiency in alcohol and other psychoactive substance used disorders from APA					Copy of current license to practice in the State of Hawaii Exam Required and proficiency certificate
CSAC licensed psychologist (General)	100 SUD specific education	1000 Direct SUD		HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Copy of current license to practice in the State of Hawaii Exam Required
CSAC Licensed Clinical SW, LMFT, LMH	200 SUD specific education	1000 Direct SUD		HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Copy of current license to practice in the State of Hawaii Exam Required
CSAC Advance Practice Registered nurse	100 SUD specific education	1000 Direct SUD		HIV& STD SUD Ethics Confidentiality to include 42 CFR Part 2	Copy of current license to practice in the State of Hawaii Exam Required

DEGREE/EDUCATION/TRAINING

The degree must be from an accredited college/university that the US Department of Education or from the Council on Higher Education/Accreditation approves. An official transcript sent directly from college/university is required. If the degree is from outside the United States a degree equivalency must be done by an organization that specializes in that process. The applicant is responsible for arranging this process and all cost. Photocopies and student copies will not be accepted.

Degree obtained must be relevant to the field to be applicable.

Education certificates/training must be approved by ADAD. Exceptions for continuing education are already pre-approved, the American Psychological Association

The courses must be at least one (1) hour in length per covered subject. Most three-credit college/university course are 45 hours. For initial certification: the courses must be directly

related to the eight domains of clinical evaluation, treatment planning, referral, service coordination, counseling, client, family and community education, documentation, and professional and ethical responsibility as pertain to substance use disorder functions.

ADAD may take up to **180 educational hours from transcripts** relevant to the field of substance use disorder and up to an additional 45 total with co-occurring disorder.

Education accomplished through workshops approved by ADAD for continuing education or through ADAD-approved distance learning must be documented by submitting a copy of the certificate of completion to include hours. Distance learning is limited to 50% (135 hours) of the total education required unless authorized by the division.

A minimum of six (6) hours of education is required three areas:

1. Substance Use Disorder Ethics,
2. Title 42 Code of Federal Regulations, part 2 and HIPAA (Health Insurance Portability and Accountability Act)
3. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS).

CURRENT JOB DESCRIPTION

All applicants must include their current job description with their application. This document is provided by your employer and must be signed and dated by you and your supervisor. Job descriptions are reviewed as a part of experience verification. If your supervisor does not have your job description, you should contact your organization's Human Resource department. For those self-employee, a job description on a business letterhead and a certificate of Hawaii Express compliance that you are able to practice within the State of Hawaii.

LEGAL/ CIVIL CONVICTIONS AND DISCIPLINARY ACTIONS

A background check is done on all applicants. If there are any legal/civil convictions, disciplinary actions from other certification/licensing entities, documentation is required at the time of the application. An application may be refused due to a conviction for a crime when the crime directly relates to the applicant's possible performance as a substance abuse counselor.

EXPERIENCE AND SUPERVISION

Qualifying experience is defined as providing primary, direct, and/or clinical, substance use disorder counseling to persons whose primary diagnosis is that of substance use disorder. Applicant must have primary responsibility of providing substance use disorder counseling in an individual and/or group setting, preparing treatment plans, documenting client progress and clinical supervise clients. Examples of positions that typically are not approved include case managers, technicians, peer and recovery counselors, etc.

The applicant must be currently employed in the qualifying position at the time of application. Only employment within the last three (3) years may be counted towards the total experience requirement.

If the applicant's experience requirement is not fulfilled from their current employer, they must include a letter (on company letterhead) from previous employer(s) verifying their duties and dates of employment and use the appropriate work verification provided by the department.

The supervisor must be employed or contracted by the program or agency in which the work experience is gained.

Those who do require the Twelve (12) Core Functions shall document on a form provided by the department four hundred hours (400) of supervised practical training. Four hundred (400) hours shall be completed under the supervision of a certified substance abuse counselor in a category which is eligible for reciprocity.

FEES

The application fee may be paid by **money order** or **cashier's check** payable to:
The State Director of Finance

ADAD shall collect a non-refundable fee for each of the following:

Initial application	\$25.00
Renewal Fee	\$25.00
Examination Fee& Retesting	\$125.00 (missed testing fee is the sole responsibility of the candidate)

EXAMINATION

Applicants must pass the IC&RC Examination

Domains:

1. Screening, Assessment, & Engagement
2. Treatment Planning, Collaboration, & Referral
3. Counseling & Education
4. Professional & Ethical Responsibilities

The examination is a computer based, 150 multiple-choice questions and offered an on-demand basis at an approved testing site. Candidates may choose the day, time, and site. There are limited sites in state, so travel may be necessary. The applicant is responsible for arranging this process and all cost.

Time Permitted: 3 hours to complete the exam.

Study Material: Visit IC&RC website for more information: www.internationalcredentialing.org
Special Situations & Accommodations

Individuals with disabilities that require modifications in examination administration may request specific procedure changes in writing with the official documentation to ADAD no fewer than 60 days prior to their examination date. Contact ADAD on what constitutes official documentation. ADAD will plan for appropriate modifications to its procedures when documentation supports the need.

PASSING

If the applicant passes the examination and has met all the requirements of certification, an ADAD staff will notify you and verify your certificate information (via email), within 30 days. Your official certificate will arrive in the mail within 5-10 business days upon receiving your verification email. Certification shall be granted for a period of two (2) years.

Cancellation/Reschedule

Candidates are required to arrive on time for their exam. Candidates who arrive late will not be permitted to take the examination and will be charged a \$150.00 cancellation/rescheduling fee.

RETESTING

Candidates who fail the examination can retest after a 90 day wait period from the date of their last exam. Candidates will be sent instructions and fee information. Candidates have three opportunities to retake an examination. Candidate who fails the examination three (3) consecutive times must obtain 480 additional hours of clinically supervised work experience and possibly further education, including the possibility of additional meeting with ADAD and the candidate's mentor, before applying to retake the examination.

Certified Professional (CSAC, CCS, CCJP, CSAPA)

Code of Ethics

(Adopted from the Code of Ethics of the National Association of Alcoholism and Drug Abuse Counselors - Revised 12/31/2019)

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 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.