

# Addiction Professionals Certification Board, Inc.

## **Educational Manual**

Licensed Clinical Alcohol and Drug Counselors

**Certified Alcohol and Drug Counselors** 

**Chemical Dependency Counselors** 

As per NJ Regulations

October 2017

Assessment	Hours
101 Initial Interviewing Process	6
102 Biopsychosocial Assessment	12
103 Diagnostic Summaries	12
104 Differential Diagnoses	12
105 Pharmacology	6
107 Compulsive (Disordered) Gambling	6
total	54

#### Counseling

201 Intro to Counseling	6
202 Intro to Techniques/Approaches	6
203 Crisis Intervention	6
204 Addiction Focused Counseling	18
205 Group Counseling	6
206 Family Counseling	12
total	54

#### **Case Management**

301 Community Resources	18
302 Consultation (Case Mgt.)	18
303 Documentation	12
304 HIV+ Resources	6
total	54

## **Client Education**

### Hours

"C"		
401	Addiction Recovery	6
402	Psychological Client Education	6
403	<b>Biochemical/medical client education</b>	18
404	Sociocultural Client Education	6
405	Addiction Recovery& Psychological Family Edu.	6
406	<b>Biomedical &amp; Sociological Family Education</b>	6
407	Community & Professional Education	6
	total	54

#### **Professional Responsibility**

501	Ethical Standards	6
502	Legal Aspects	6
503	Cultural Competency	6
504	Professional Growth	6
505	Personal Growth	6
506	Dimensions of Recovery	6
507	Supervision	6
508	Community Involvement	6
509	Consultation (Professional)	6
	total	54

Grand Total: 270 hours



(Initial Certification Courses Only)

Please return this page to the Board office Please Print or Type Legibly:

College/University		
Public Institution		
Private Agency		
Address		
City	ZIP	
•		
Email		
-		

Please Check All That Apply:

Ini	itial Counseling Coursework	1500 Flat Fee Attached	[]
[	] \$150 Yearly Registration Fee Attached PLUS	\$75 per 6 Hour Block of traini	ng[]
•	If you are submitting the \$150 yearly registration f		-

- within the calendar year. You must then submit the \$75 for each course taught. Additional fees must be submitted each time that a course is taught.
  If you are submitting the \$1,500 yearly fee, each course may be taught as many times as desired
- If you are submitting the \$1,500 yearly fee, each course may be taught as many times as desired within the calendar year.
- Under either contract, all pre-approved courses for Recertification credit are included. However, under the \$150 yearly contract, courses for recertification credit being held more than once must be paid for each time the course is held (\$75 up to 6 hours, and thereafter, \$75 per 6 hour block. Recertification courses do not have to be in 6-hour blocks).
- Courses for initial certification will have a three-year "shelf life" for that individual instructor and course. After three years, instructors must re-submit course approval forms for each course to be taught.
- Please note that educational providers must submit either "yearly" or "per use" fees for course approval.

Acceptable as an Approved Educational Provider



- A college or a university who is Approved by the
- Public and private providers who are registered with the State of New Jersey's Business Certificate

#### \*All Providers must be approved by the Certification Board Education Committee

\*Providers may not offer more than 60 hours to employees of their agency \*Coursework must be advertised and open to the public

#### Not Acceptable for Approved Educational Provider Status

- In-service coursework
- Staff training
- Supervision

#### Who Can Teach CADC/LCADC Coursework?

#### One Of The Following Is Required:

- Masters or Doctorate license in Behavioral Health Field and LCADC
- Masters or Doctorate license in Behavioral Health Field and 2 years' experience in applicable Domain



#### This form must be sent to the Board with your application Agreement between Educational Provider and the APCBNJ, Inc.

- All classes will be alcohol and drug specific and relate to the coursework under the five domains of alcohol and drug counseling or the six domains of prevention
- The learning objectives listed under each course will be covered in the course
- Courses will be a minimum of 6 hour blocks of time:
  - "Block will mean up to a one week period (i.e., 2 hours per day over 3 days, etc.)
  - All courses must be completed in a *consecutive* week's time (i.e., 1 week for a 6 hours course, 2 weeks for a 12 hour course, 3 weeks for an 18 hour course)
  - No credit will be given for lunch or breaks
- Courses will start and end on time
- Courses will not be advertised to the public until approval and a Board issued approval number are given to the approved Educational Provider
- Notification will be given to the Board each time a "pre-approved" course is presented, and will be given a unique approval number.
- The approved Educational Provider will keep on file, for a period of 5 years: the attendance roster; the evaluation tool used for the course; the course outline; the instructor's resume and pre & post tests.
- Courses must be submitted 8 weeks prior to presentation date.
- A certificate or letter *with an approval number* must be given to students verifying their attendance at the course. The Student's name must be written or printed on the certificate by the instructor *prior* to distribution. Distribution of "blank" certificates will be considered a violation of this contract and will result in its termination. This verification, which must be signed by the instructor, educational provider, or supervisor, will be submitted with the certification application for approval by the APCBNJ, Inc.
- Course applications are to be submitted by the Educational Provider, not the individual instructors.
- The Certification Board, Inc. may, at their discretion, monitor the actual administration of the attached program to ascertain adherence to the approved program as submitted. Failure to maintain the program as approved may result in the withdrawal of approval.

#### **Evaluations and Attendance Lists**

The Provider is required to maintain the records of evaluations and attendance lists for a period of five years. During that period, it is understood that the APCBNJ, Inc. has the right to request that information pertaining to these evaluations and attendance lists.

Provider Name:			
"I hereby attest that all of the information provided in this application is true my knowledge".	e and valid to the best of		
Authorized Provider Signature	Date		
Executive Director, APCBNJ, Inc.	Date		
Date of expiration	Date		



## Sample of Non-Matriculated Course Approval Form

**Course Number:** *C101* 

Course Name: Initial Interviewing

Total # of Learning Objectives for this Course: 4

Total Time required for this Course: 6 hours

Date(s)\_of Course:September 1, 2017

Learning Objective #: 1- Create a therapeutic alliance.....etc

Total Time for this Learning Objective:3 hours

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

- 1. a.
- 2. b
- 3. c. etc

Instructional Methods to be used to cover Key Content:

- Lecture
- Group Discussion
- Small Group Exercise
- Role Playing

Name of Instructor (please print)		_
Signature of Instructor		
Signature of Board		_
Course approved until	(3 years)	



#### **Non-Matriculated Course Approval Form**

Please Note: A Separate Form Must Be Submitted For Each Learning Objective for Each Course (This form may be reproduced)

Facility Name:

Domain Number being applied for:

Course Name:

Total # of Learning Objectives for this Course:

Total Time Required for this Course:

Date(s) of Course:

Learning Objective and Learning Objective # being addressed this page:

Total Time for this Learning Objective:

Key Content (i.e., concepts, topics, points, models, strategies, ideas, elements, components) to be taught in order to meet the learning objectives:

Instructional Methods used to cover Key Content:

Name of Instructor (please print)\_\_\_\_\_\_ Signature of Instructor\_\_\_\_\_\_ Signature of Board\_\_\_\_\_\_ Course Approved Until



## **Instructor Information**

#### Please Return This Page to the Board Office

Note: This Page Must Accompany Each Course (Copies of This Page May Be Reproduced)

Provider: F	Please Complete The Following	
Course Title		
Domain Number		
Instructor's Name		
Home Address		
Email		
Day Phone		
Degree(s)		
Certification Type and # (if applicable)		
Approved Provider		
Provider Contact/ Email #		

The following documentation must be submitted to the Board office:

- Instructor's Resume
- Statement of Work Experience describing instructor's background in the applicable Domains, signed by a Supervisor/Administrator, Colleague, or Educational Provider
- A detailed, content outline for each course that will achieve the specific learning objectives



#### **Disclaimer Statement**

The ICRC, as well as SAMHSA Competencies are based on the learning objectives included in the following coursework on the Job Task Analysis studies for Alcohol and Drug Counselors that were conducted by the IC&RC

The learning objectives are not based on specific test questions, but from the published IC&RC and SAMHSA research documents.

LCADC addiction experts in New Jersey constructed the following coursework to prepare LCADC/CADC Professionals to perform the roles identified in the Job Task Analysis,



## **Required Course Work for LCADC/CADC**

### CDA required course work in green

### Assessment:

1) Fifty-four course hours of assessment, with a minimum of six hours in each of the topics and distributed among all of the following: (1) Initial interviewing process; (2) Biopsychosocial assessment; (3) Differential diagnosis; (4) Diagnostic summaries; (5) Compulsive gambling; and (6) Psychopharmacology/physiology of addiction; Last Revision Date: 04/03/2017.

\*\*\*\*\*\*

C101- Initial Interviewing: 6 hours TAP 21 Competency: 25-28

#### **CDA Requirement**

At the end of this course the student will be able to:

- 1. Create a therapeutic alliance with the client by incorporating the following three categories of skills:
  - a. Listening
  - b. Processing
  - c. Providing feedback
- 2. Demonstrate through role-playing the following eight skills:
  - a. Attending
  - b. Paraphrasing
  - c. Reflection of feeling
  - d. Summarizing
  - e. Probing
  - f. Interpreting
  - g. Providing information and feedback (as per Motivational Interviewing)
  - h. Appropriate use of self-disclosure.
- 3. Competency 25: Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints.
- 4. Competency 28: Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.



### C102: Biopsychosocial Assessment: 12 hours Competency: 3-25-28-33

#### Includes old course C209

#### **CDA requirement**

At the end of this course the student will be able to:

- 1. Gather relevant information from the client in order to obtain current status and history, using interviewing techniques
- 2. Gather and evaluate information from sources other than the client, utilizing client-consented interviews and/or written reports, to validate his/her reports and provide a more complete history.
- 3. Observe and document psychological, social, and physiological signs and symptoms of alcohol and other drug abuse, including Tobacco Use Disorder, in the client to make an accurate diagnosis and formulate a treatment plan.
- 4. Determine the client's appropriateness and eligibility for admission or referral to a range of programs by assessing the match between the client's needs and program target populations and services.
- 5. Request from the client appropriately signed releases when soliciting from or providing information to outside sources to protect client confidentiality.
- 6. Recognize signs and symptoms that indicate a need to refer the client for additional professional assessment services when such assessment services are outside the areas of the counselor's expertise.
- 7. Recognize and become familiar with the pharmacology of drugs of abuse, including tobacco.
- 8. Describe approaching and assessing Tobacco Use Disorder.
  - a. Identify various pharmacological interventions for Tobacco Use Disorder, and the pros and cons of each.
  - b. Describe the evidence supporting pharmacological interventions for Tobacco Use Disorder.
  - c. Explain the relationship between tobacco Use Disorder and other mental and addictive disorders.
- 9. Competency 3: Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
- 10. Competency 25: Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints
- 11. Competency 28: Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
- 12. Competency 32: Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow through.



#### C103- Diagnostic Summaries 12 hours Competency: 4-26

#### **Contains old course C108**

At the end of this course, the student will be able to:

- 1. Describe the logic, purpose and function of the DSM diagnostic system
- 2. Describe the organizational scheme of the DSM and diagnostic categories
- 3. List diagnostic criteria for substance abuse and substance Use Disorder
- 4. List frequently encountered differential diagnoses, including substance-induced syndromes, hypomania and personality disorder symptoms.
- 5. Understand that only licensed (not certified) counselors can diagnose.
- 6. Describe clinical presentations of co-occurring diagnoses most frequently encountered in substance abuse treatment settings, including anxiety disorders, mood disorders and personality disorders.
- 7. Describe the ways in which substance use disorder and mental health diagnoses can interact to influence clients' clinical presentations.
- 8. Use SAMHSA's Four Quadrant Framework to conceptualize clients according to substance use disorder and mental health symptom severity.
- 9. Competency 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.
- 10. Competency 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.



## C104- Differential Diagnosis 12 hours Competency: 34

#### Includes old course C109

At the end of this course, the student will be able to:

- 1. Develop a written diagnostic summary based on the results of separate assessments, including gambling, by other professionals.
- 2. Document ongoing treatment needs identified by regular assessments performed throughout the continuum of care and negotiate adjustments to the treatment plans to assure new treatment needs are addressed.
- 3. Formulate mutually agreed upon goals, objectives, and treatment methods based upon assessment findings of the client's strengths, weaknesses, needs, and problems for the purpose of directing a course of treatment.
- 4. Define the terms reliability, validity, and sample population.
- 5. Develop a familiarity with the recognized assessment instruments currently used with SUD's, other addictive disorders and mental health disorders. The following will be included:
  - a. DSM Diagnostic and Statistical Manual
  - b. MAST Michigan Alcoholism and Addiction Screening Test
  - c. AUDIT Alcohol Use Disorder Identification Test)
  - d. LOCI Locus of Control Inventory
  - e. SASSI Substance SOGS South Oaks Grambling Screen
  - f. MMPI Minnesota Multiphasic Personality Inventory
  - g. ASAM Dimensions

- h. FTND Fagerstrom Test for Tobacco Use Disorder
- i. BDI Beck Depression Inventory
- j. MHSF-3 Mental Health Screening Form
- k. SSI-SA Simple Screening Instrument for Substance Abuse
- I. DAST Drug Abuse Screening Test
- m. abuse Subtle Screening Inventory
- n. MAYSI Massachusetts Youth Screening Inventory
- o. ASI Addiction Screening Index
- 6. Select, administer, score, and interpret to clients the results of alcohol, tobacco, and other drug assessment instruments in order to provide accurate, standardized measures clients' problems.
- 7. Explain the purpose, rationale, and methods associated with the assessment process to the client to assure understanding and compliance.
- 8. Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.
- 9. Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.
- **10.** Competency 34: Analyze and interpret the data to determine treatment recommendations.



## C105- Psychopharmacology/Physiology of Addiction 6 hours- Competency: 14

At the end of this course, the student will:

- 1. Define the meaning of psychopharmacology.
- 2. Identify the major structural and functional units of the brain.
- 3. Identify the major neurotransmitters within the nervous system.
- 4. Explain the mechanism of action of neurotransmitters within the CNS.
- 5. Define the meaning of half-life, therapeutic dose, effective and lethal dose.
- 6. Distinguish between tolerance and withdrawal.
- 7. Distinguish between fat and water solubility.

8. Competency 14: Describe effects of various drugs of abuse on the major physiological body systems.



## C107 Gambling Disorder 6 hours

- **1.** Develop understanding of the nature of Gambling Disorder
- 2. Identification and assessment of disordered gamblers
- 3. Recognize types of gamblers and stages of a gambling problem
- 4. Identify vulnerable population and at-risk personality characteristics
- 5. Design gambling treatment plans and course of recovery, including aftercare



## **Counseling:**

13:34 C Fifty-four course hours of counseling, with a minimum of six hours in each of the topics and distributed among all of the following: (1) Introduction to counseling; (2) Introduction to techniques and approaches; (3) Crisis intervention; (4) Individual counseling focused on addiction; (5) Group counseling; and (6) Family counseling;

## C201- Introduction to Counseling 6 hours Competency: 5-75 CDA requirement

- 1. Define counseling/ therapy as per the IC&RC.
- 2. Identify key concepts of, and noted figures associated with the following counseling approaches:
  - a. Cognitive Behavior Therapy, Rational Emotive Therapy, Motivational Enhancement Therapy, Family Therapy, Client Centered Therapy, Solution Focused Therapy and Psychodynamic Therapy,
- 3. Explain the rationale for choosing and changing counseling approaches during the course of counseling.
- 4. Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.
- 5. Identify appropriate use of boundaries.
- 6. Positive reinforcement (e.g., identifying client strengths, instilling hope, identifying client potential)
- 7. Understanding Transference and Countertransference
- 8. Competency 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.
- 9. Competency 75: Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy



## C202- Introduction to Techniques and Approaches 6 hours Competency 10-11

- 1. Identify, demonstrate, and explain the purpose of the following counseling skills:
  - a. Attending, Paraphrasing, Reflection of Feeling, Summarizing, Probing, Counselor
  - b. Self-Disclosure, Interpreting and providing information and feedback as per MET.
- 2. Integrate self-help group participation as an adjunct to the counseling process.
- 3. Identify six stages of counseling and employ the skills found in each stage.
- 4. Provide information to the client regarding the structure, expectations, and purpose of the counseling process.
- 5. Counseling and therapeutic process specific to substance use
- 6. Stages of treatment
- 7. Methods and techniques for enhancing client engagement
- 8. Identify Recovery-oriented behavior and Recovery Oriented Systems of Care.
- 9. Feedback procedures (e.g., reflection, reframing, interpretation, clarification)
- **10.** Competency 10: Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and Use Disorder.
- 11. Competency 11: Tailor helping strategies and treatment modalities to the client's stage of Use Disorder, change, or recovery



#### C203- Crisis Intervention- 6 hours Competency:16-23-24-86

- 1. Define crisis intervention within the framework of alcohol/drug counseling as per IC & RC.
- 2. Identify causes of crises (i.e. The four types of trauma: situational, developmental, intrapsychic, existential.)
- 3. Identify and give examples of the five psychological reactions to crisis (Shock, anxiety, depression, anger, intellectualization.)
- 4. Explain four goals of crisis intervention (stabilization, pressure relief, problem
- 5. solving, and return to pre-crisis function) and describe six stages comprising the crisis intervention process (establish rapport, gather data, reframe crisis, explore realistic options, contact supportive individuals, arrange for follow-up.
- 6. Identify the risk factors and cues associated with suicide.
- 7. Describe and demonstrate the appropriate set of responses to a suicide crisis (form relationship, identify key issues, assess for lethality, evaluate client strengths and resources, develop and implement plan, intervene appropriately to respond to imminent danger.
- 8. Identify & explain the qualities of an effective crisis counselor (empathy, effective questioning, rapid assessment, realistic viewpoint, effective resource utilization.)
- 9. Competency 16: Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
- **10.** Competency 23: Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.
- 11. Competency 24: Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.
- 12. Competency 86: Apply crisis prevention and management skills



### C204-Addiction Focused Counseling -18 hours - Competency:76-77-78-79-80-83-84-85-87

Contains old Courses C207 & C208

- 1. Identify three modalities of A & D treatment
  - a. Pre-Treatment (i.e. Detox/Medical Stabilization
  - b. Rehabilitation (Residential, IOP and OP)
  - c. Maintenance (On going Care)
- 2. Identify five goals of individual alcohol/drug counseling :
  - a. stop AOD use,
  - b. relapse prevention,
  - c. changing reinforcement contingencies,
  - d. managing painful feelings appropriately and
  - e. improving interpersonal functioning.
- 3. Differentiate between early, middle, and late stage recovery and provide examples of treatment issues in each stage.
- 4. Explain why termination of counseling is a process, rather than an event, and give examples of rationale(s) for termination and how the process of termination should be approached.
- 5. Participants will be able to identify various self-help groups and explain how they can enhance recovery for the individual and significant others.
- 6. As per CBT, explain how a client's cognitions represent a synthesis of internal and external stimuli.
- 7. Identify the role of cognitions in the client's view of self, view of the world, and view of the past and the future.
- 8. Demonstrate how alterations in client cognitions affect the client's affective state and patterns of behavior.
- 9. Apply CBT theory and techniques to the treatment of substance use disorders as per MI & MET: List Prochaska and DiClemente's stages of change and characteristics associated with each.
- 10. Assess client's readiness to change using a client-centered interviewing style and at least one validated questionnaire.
- 11. Describe ways in which counselor's interactional style can affect clients' levels of
  - a. motivation,
  - b. resistance and
  - c. willingness to provide assessment information.
- 12. Use open-ended questions and a non-confrontational style to elicit the client's perspective on the presenting problem(s).
- **13.** Discuss the spirit of Motivational Enhancement Therapy (MET), and the importance of clientcentered principles in substance abuse treatment
- 14. List the five micro skills of MET, and their application in substance use treatment



- 15. Competency 76: Facilitate the client's engagement in the treatment and recovery process. Competency 77: Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
- 16. Competency 78: Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
- 17. Competency 79: Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
- **18.** Competency 80: Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
- 19. Competency 83: Facilitate the development of basic and life skills associated with recovery.
- 20. Competency 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.
- 21. Competency 85: Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.
- 22. Competency 87: Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse..



## C205 - Group Counseling 6 hours Competency: 88-89-90-91-92-93

- 1. Explain the meaning of the term "Universality".
- 2. Identify the four stages of group development and describe the features of each; (initial, transition, working, final) as well as, the counselor's tasks at each stage.
- 3. Define group process.
- 4. Identify and explain the three processes (compliance, identification, internalization), which individuals must experience in order to benefit from groups.
- 5. Describe the counselor's role in assisting clients to work through the three processes identified above.
- 6. Identify and explain three styles of leadership (authoritarian, democratic, laissez fare).
- 7. Identify three leadership functions (emotional stimulation, meaning attribution, executive function).
- 8. Identify and demonstrate facilitation techniques used by group leaders (group communication, keeping a "here and now focus," questioning individual members, role-playing, seeking insight, seeking commonality, self-disclosure.)
- 9. Give examples of leader interventions in response to urgent/critical group issues (e.g. focus attention on group process, encouraging "here and now focus," addressing the groups difficulties, etc.)
- **10.** Develop skills for dealing effectively with problematic group members (silent client, boring client, monopolizing client, self-righteous client, hostile client.)
- **11.** Identify and explain the Curative Factors found in group counseling.
- **12.** Competency 88: Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.
- 13. Competency 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.
- 14. Competency 90: Facilitate the entry of new members and the transition of exiting members.
- **15.** Competency 91: Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.
- 16. Competency 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 goals.
- 17. Competency 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.



### C206 - Family Counseling 12 hours Competency: 81

Contains old course C106 At the end of this course, the student will:

- 1. Explain how SUD affect the family collectively, as well as, each member.
- 2. Identify the rules in SUD affected families and per Black & Wegscheider (don't talk, don't feel, trust)
- 3. Identify family roles & their features as described by Wegscheider (the "addict", "enabler", "hero", scapegoat", "lost child", "mascot") and the roles as described by Black ("the adjuster", "placate"," acting out child".)
- 4. Distinguish between inter-Use Disorder, co-Use Disorder, and Use Disorder.
- 5. Distinguish between performing A & D counseling with families and performing family therapy.
- 6. Define intervention and explain the intervention process.
- 7. Become familiar with family related support groups and community-based service providers for families.
- 8. Competency 81: Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.
- 9. Describe appropriate screening tools to be used with women of child bearing age regarding alcohol use during pregnancy, such as the 4 P's +(Parents, Partner, Past, Prior)
- 10. Evaluate appropriate referral and treatment options for women who are pregnant and drinking;
- **11.** Describe the salient characteristics of Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorders across the lifespan;
- 12. Comprehend the lifelong primary and secondary characteristics associated with FASD (Fetal Alcohol Spectrum Disorder)
- 13. Recognize the need for multidisciplinary assessment to determine appropriate services.
- 14. Evaluate appropriate treatment options for individuals with FASD.



# **Case Management**

#### 13:34C

Fifty-four course hours of **case management**, with a minimum of six hours in each of the topics and distributed among all of the following:

(1) Community resources; (2) Consultation; (3) Documentation; (4) HIV positive resources;

\*\*\*\*\*\*\*

### CM: 301- Community Resources - 18 hours C: 9- 29-37- thru 55-61-69

At the end of this course the student will be able to:

- 1. Formulate and discuss diagnostic assessment and recommendations with the client and concerned others to initiate an individualized treatment plan that incorporates client's strengths, needs, abilities, and preferences.
- 2. Match client needs with community resources to facilitate positive client outcomes.
- 3. Communicate with community resources regarding needs of the client, including Recovery Oriented Systems of Care.
- 4. Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.
- 5. Utilize multiple pathways of recovery in treatment planning and referral
- 6. Identify community resources and maintain relationships, including the use of Peer Recovery Centers and Certified Peer Recovery Specialists
- 7. Match community resources with client needs by paying particular attention to cultural and lifestyle characteristics.
- 8. Explain to the client the necessity for referral in order to facilitate the transition to other service providers.
- 9. Identify self-help groups pertinent to the client's needs, including but not limited to 12 Step Groups
- **10.** Competency 9: Understand the established diagnostic criteria for substance use disorders, and describe treatment modalities and placement criteria within the continuum of care.
- **11.** Competency 29: Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.
- 12. Competency 37: Use relevant assessment information to guide the treatment planning process.
- **13.** Competency **38**: Explain assessment findings to the client and significant others.
- 14. Competency 39: Provide the client and significant others with clarification and additional information as needed.
- **15.** Competency **40**: Examine treatment options in collaboration with the client and significant others.
- 16. Competency 41: Consider the readiness of the client and significant others to participate in treatment.
- 17. Competency 42: Prioritize the client's needs in the order they will be addressed in treatment.
- 18. Competency 43: Formulate mutually agreed-on and measurable treatment goals and objectives.
- 19. Competency 44: Identify appropriate strategies for each treatment goal.



- 20. Competency 45: Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria.
- 21. Competency 46: Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.
- 22. Competency 47: Inform the client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
- 23. Competency 48: Reassess the treatment plan at regular intervals or when indicated by changing circumstances.
- 24. Competency 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.
- 25. Competency 50: Continuously assess and evaluate referral resources to determine their appropriateness.
- 26. Competency 51: Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral.
- 27. Competency 52: Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs.
- 28. Competency 53: Explain in clear and specific language the necessity for, and process of, referral to increase the likelihood of client understanding and follow through.
- 29. Competency 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.
- 30. Competency 55: Evaluate the outcome of the referral.
- **31.** Competency 61: Coordinate all treatment activities with services provided to the client by other resources.



### C302 Consultation 18 hours - C: 8-13-30-31-32-56-58-60-63-64-66-67-68-69-72

At the end of this course the student will be able to:

- 1. Define consultation goals and benefits as per IC&RC.
- 2. Consult with supervisors, counselors, professionals, and/or other public health service providers service providers to assure comprehensive, quality care for the client.
- 3. Learn to present cases to other treatment team members in order to facilitate comprehensive quality care.
- 4. Assist other treatment team members by providing alternative input on their cases in order to develop a comprehensive, quality care for the client.
- 5. Interact with other health care professionals by soliciting and providing information pertinent to the client's biopsychosocial status.
- 6. Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.
- 7. Discuss rationale for a referral with the client.
- 8. Advocate for the client in areas of identified needs to facilitate continuity of care.
- 9. Evaluate the effectiveness of case management activities to ensure quality service coordination, including public health models such as SBIRT and Community Prevention Models.
- 10. Competency 8: Understand the value of an interdisciplinary approach to addiction treatment
- 11. Competency 13: Adapt practice to the range of treatment settings and modalities.
- 12. Competency 30: Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
- 13. Competency 31: Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.
- 14. Competency 32: Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow through.
- 15. Competency 57: Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information.
- 16. Competency 58: Confirm the client's eligibility for admission and continued readiness for treatment and change.
- 17. Competency 60: Establish accurate treatment and recovery expectations with the client and involved significant others.
- 18. Competency 64: Contribute as part of a multidisciplinary treatment team.
- 19. Competency 66: Demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies.
- 20. Competency 67: Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.
- 21. Competency 68: Understand and recognize stages of change and other signs of treatment progress.
- 22. Competency 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.



23. Competency 72: Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others

## C 303 Documentation 12 hours Competency-15-17-36-57-59-62-70-71-73-74 CDA requirement

- 1. Define documentation as per IC&RC.
- 2. Know and adhere to Federal & State Laws and Regulations specific to the maintenance of client records (e.g. HIPPA, Criminal Justice, 42CFR Pt.2, DCPP, New Jersey CADC/LCADC Regulations.)
- 3. Explain the meaning of informed consent to the client.
- 4. Be able to enter and utilize client notes.
- 5. Identify the components required for the written case study.
- 6. Be able to explain the importance of documentation.
- 7. Differentiate among the following types of documentation:
  - a. Intake
  - b. Assessment
  - c. Treatment Plan
  - d. Treatment Plan Review
  - e. Progress Note
  - f. Discharge Plan
  - g. Discharge Summary
- 8. Advocate for the client in areas of identified needs to facilitate continuity of care.
- 9. Document treatment progress, outcomes, and continuing care plans.
- **10.** Providing timely record keeping
- 11. Preparing clear, complete and concise written communication
- **12.** Reporting in observable and measurable terms
- **13.** Competency 15: Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
- 14. Competency 17: Understand the need for and use of methods for measuring treatment outcome.
- **15.** Competency 36: Document assessment findings and treatment recommendations.
- 16. Competency 57: Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information.
- 17. Competency 59: Complete necessary administrative procedures for admission to treatment
- 18. Competency 62: Summarize the client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.
- 19. Competency 70: Describe and document the treatment process, progress, and outcome.
- 20. Competency 71: Use accepted treatment outcome measures.
- 21. Competency 73: Document service coordination activities throughout the continuum of care



### C 304 HIV Positive Resources - 6 hours Competency:82

- 1. Become knowledgeable about HIV community resources.
- 2. Acquire up to date knowledge of HIV & AIDS that includes
  - a. Symptoms
  - b. Risk Factors
  - c. Facts vs. Myths
  - d. Current treatment approaches
- 3. Develop an understanding of the basic confidentiality issues related to HIV & AIDS clients.
- 4. Follow-up process with referral sources
- 5. Advocacy techniques
- 6. Level of care placement criteria
- 7. Knowledge of symptoms of substance use disorders
- 8. Collaborating with outside resources and professionals
- 9. Preparing comprehensive and relevant documentation in a timely manner
- 10. Matching client's needs with resources
- 11. Competency 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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## C401 - Addiction Recovery 6 hours C: 76-77-78-79-80-83

#### **CDA requirement**

- 1. Understand the difference between Substance Use and Substance Use Disorder as per the current DSM.
- 2. Acquire basic knowledge of the various models of addiction.
- 3. Explain to client the various stages of addiction and recovery.
- 4. Be able to explain the following terms:
  - a. Addiction
  - b. Recovery
  - c. Harm reduction.
  - d. Self Help groups, etc.
  - e. Relapse and Relapse Prevention
  - f. Abstinence
  - g. Sobriety
  - h. Wellness (Biopsychosocial)
- 5. Competency 75: Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.
- 6. Competency 76: Facilitate the client's engagement in the treatment and recovery process.
- 7. Competency 77: Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
- 8. Competency 78: Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
- 9. Competency 79: Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
- **10.** Competency 80: Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
- 11. Competency 83:Facilitate the development of basic and life skills associated with recovery



## C402 – Psychological Client Education 6 hours Competency: 3-83-85-107

- 1. Be able to relate to the client the main psychological features often associated SUD.
- 2. Help the client understand how their psychological and social strengths and weakness can be related to their recovery.
- 3. Communicate basic information about the following terms:
  - a. Mental Health
  - b. Mental Illness
  - c. Wellness
- 4. Explain to clients the role of psychiatric medications in recovery.
- 5. Competency 3: Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
- 6. Competency 83: Facilitate the development of basic and life skills associated with recovery
- Competency 85: Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.
   Competency 107: Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.



## C403 – Biochemical/Medical Client Education - 18 hours C: 1-3-10-11-13-14-16-

At the end of this course, the student will:

- 1. Explain to clients the physical effects of various substances.
  - a. Stimulants Depressants-Analgesics-THC -etc.
- 2. Explain to client the role of psychotherapeutic medications associated with drug use and withdrawal.
- 3. Be able to explain the following terminologies:
  - a. Therapeutic Medications
  - b. Antidipostropics (Create adverse physical reactions.)
  - c. Agonist Drug that can be substituted for the drug of abuse to controllable form of addiction
  - d. Antagonist Drugs that occupy the same receptor site on the brain, as does the specific drug of abuse.
- 4. Competency 1: Understand a variety of models and theories of addiction and other problems related to substance use.
- 5. Competency 3: Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
- 6. Competency 10: Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and Use Disorder.
- 7. Competency 11: Tailor helping strategies and treatment modalities to the client's stage of Use Disorder, change, or recovery.
- 8. Competency 13: Adapt practice to the range of treatment settings and modalities.
- 9. Competency 14: Be familiar with medical and pharmacological resources in the treatment of substance use disorders.

#### **Opiate and Stimulant Education**

- **10.** Develop an understanding of the history of opioid use.
- **11.** Identify the types and effects of opioid substances.
- 12. Understand the origin and use of Opioid Replacement Therapies and Medication Assisted Treatment.
- 13. Understand the interactions between opioids (synthetic & non-synthetic) and other psychotropic substances (licit & illicit)
- 14. Understand the use of Methadone Maintenance in detoxification and in the recovery process.
- 15. Become familiar with the new ORT's (Buprenorphine, etc.)
- 16. Acquire an understanding of the history of stimulant use.
- 17. Identify the types of stimulant substances (licit and illicit).
- 18. Understand the interactions between stimulants and other psychotropic substances (licit & illicit)
- **19.** Become familiar with the current status of pharmacological therapies available for stimulant abusers.

#### Alcohol, Sedative and Hallucinogens

- 20. Acquire an understanding of the history of alcohol and sedative use.
- 21. Identify the types and effects of sedative substances.
- 22. Understand the detoxification process for alcohol and sedatives
- 23. Understand the interactions between alcohol and sedatives with other psychotropic substances (licit & illicit)
- 24. Understand the impact of alcohol on physiological systems.
- 25. Acquire an understanding of the history of hallucinogens.
- 26. Identify the types and effects of hallucinogenic substances.
- 27. Understand the interactions between hallucinogens and other psychoactive substances.



## C404 – Sociocultural Client Education 6 hours Competency: 2-12

- 1. Develop an understanding of the following various characteristics of:
  - a. Major cultural groups represented in client populations, including but not limited to, African Americans, Asian Americans, Hispanic/Latino Americans, and Native Americans.
  - b. Special populations: Disabilities -Sexual orientation- Female- Youth- Gangs- Senior, etc.
- 2. Competency 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. Competency 12: Provide treatment services appropriate to the personal and cultural identity and language of the client.



## C405 – Addiction Recovery and Family Psychological Education 6 hours

Competency: 94-95-96-97-98

- 1. Define co-dependency and the roles commonly assumed by families affected by SUD.
- 2. Educate the family about the benefit of self-help groups etc.
- 3. Educate the family about the rules commonly found in the addictive family system.
- 4. Educate the family about their own personal recovery, as well as, the SUD family member.
- 5. When appropriate, describe to the family features of co-dependency.
- 6. Help the family understand in the recovery process.
- 7. Competency 94: Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.
- 8. Competency 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.
- 9. Competency 96: Facilitate the engagement of selected members of the family or significant others in the treatment and recovery process.
- **10.** Competency 97: Assist families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.
- **11.** Competency 98: Assist families, couples, and significant others in adopting strategies and behaviors that sustain recovery and maintain healthy relationships.



## C406 – Biochemical and Sociocultural Family Education 6 hours

Competency: 102-103-104-106

- 1. Describe cultural traditions of various subgroups.
- 2. Identify barriers to recovery in various cultures.
- 3. Identify social institutions that can support the recovery process.
- 4. Describe specific behaviors that counselors should include or avoid when interacting with families.
- 5. Describe to family members the basics of pharmacology of substance use disorders at a level that the family is able to understand.
- 6. Competency 102: Describe warning signs, symptoms, and the course of substance use disorders.
- 7. Competency 103: Describe how substance use disorders affect families and concerned others.
- 8. Competency 104: Describe the continuum of care and resources available to the family and concerned others.
- 9. Competency 105: Describe principles and philosophy of prevention, treatment, and recovery.
- 10. Competency 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.



#### C407-Community & Professional Education - 6 hours Competency: 6-22-99 thru 107

- 1. Become familiar with current research based ATOD educational resources (e.g. SAMHAS 'TIPS", etc.)
- 2. Organize materials for effective presentations
- 3. Select content that is relevant to the audience /participants (e.g. clients, parents, spouses, CJ and ATOD personnel etc.)
- 4. Become familiar with the elements for making effective presentations.
- 5. Competency 6: Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
- 6. Competency 22: Understand the obligation of the addiction professional to participate in prevention and treatment activities.
- 7. Competency 99: Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and the recovery process.
- 8. Competency 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.
- 9. Competency 101: Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
- 10. Competency 102: Describe warning signs, symptoms, and the course of substance use disorders.
- 11. Competency 103: Describe how substance use disorders affect families and concerned others.
- 12. Competency 104: Describe the continuum of care and resources available to the family and concerned others.
- 13. Competency 105: Describe principles and philosophy of prevention, treatment, and recovery.
- 14. Competency 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.
- 15. Competency 107: Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.



#### Professional Responsibilities

5) Fifty-four course hours of professional responsibility, with a minimum of six hours in each of the topics and distributed among all of the following; (1) Ethical standards; (2) Legal aspects; (3) Cultural competency; (4) Professional growth; (5) Personal growth; (6) Dimensions of recovery; (7) Supervision; (8) Consultation; and (9) Community involvement

## C501 - Ethical Standards 6 hours Competency: 20-115 CDA requirement

- 1. Identify guidelines for the process of ethical decision-making.
- 2. Acquire an understanding of the importance of ethics in SUD counseling.
- 3. Become familiar with the NAADAC Code of Ethics.
- 4. Acquire an understanding of ethics as related, but not limited to, such issues as:
  - a. Patient rights
  - b. Confidentiality
  - c. Privilege
  - d. Exceptions to confidentiality.
  - e. Patient consent
  - f. Internal communications
  - g. Medical emergencies
  - h. Court orders
  - i. Duty to warn
  - j. Danger to self and others
  - k. Crimes at the program center or against program staff
  - I. Public presentation of client information.
  - m. Third party payors
  - n. Research and audits
  - o. Termination of counseling relationships
  - p. Dual relationships
  - q. Professional competence and responsibilities.
  - r. Personal problems and professional effectiveness (e.g. relapse etc.)
  - s. Use of self helps groups.
  - t. Counselor who is in recovery
- 5. Competency 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.
- 6. Competency 20: Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.



### C502 - Legal Aspects 6 hours Competency: 65-116 CDA requirement

- 1. Adhere to federal, state, and agency regulations regarding alcohol and other drug abuse treatment by following appropriate procedures to protect client rights.
- 2. To understand the regulations of New Jersey's rules (N.J.S.A. 45:2D -1 et seq.), also referred to as the "Alcohol and Drug Counselor Licensing and Certification
- 3. Act" and the regulations (N.J.A.C. 13:34C-1 et seq.) intended to codify the provisions of the statute.
- 4. Be familiar with the Federal Confidentiality Regulations, 42CFR part 2.
- 5. Be familiar with HIPPA regulations as pertaining to SUD records.
- 6. Competency 65: Apply confidentiality rules and regulations appropriately
- 7. Competency 116: Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.



#### C503 - Cultural Competency – 6 hours Competency: 2-18-118

- 1. Recognize the importance of individual differences by gaining knowledge about personality, cultures, lifestyles, and other factors influencing client behavior in order to provide services that are sensitive to the uniqueness of the individual.
- 2. Examine their own attitudes and behaviors relative to the special populations and cultural groups with whom they may become professionally involved.
- 3. Identify and utilize techniques pertinent to various cultural groups and populations.
- 4. Competency 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.
- 5. Competency 18: Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
- 6. Competency 118: Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice.



#### C504 - Professional Growth 6 Hours Competency: 19-22-117-120

- 1. Identify and integrate information from current evidence based literature to foster professional development.
- 2. Identify and utilize self-assessment instruments to gain greater understanding of one's strengths and weaknesses.
- 3. Identify their degree of competence relative to the 12 Core Functions of the ICRC.
- 4. Increase their understanding of the importance of professional and continuing education and develop their own professional improvement plan.
- 5. Utilize clinical supervision as a way of identifying professional growth needs.
- 6. Competency 19: Understand the importance of self-awareness in one's personal, professional, and cultural life.
- 7. Competency 22: Understand the obligation of the addiction professional to participate in prevention and treatment activities.
- 8. Competency 117: Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
- 9. Competency 120: Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- **10.** Competency **121**: Obtain appropriate continuing professional education.



### C505 - Personal Growth- 6 hours Competency: 19- 120

- 1. Identify the following self-care activities which can foster personal growth:
  - a. Accessing and managing emotions
  - b. Exploring one's belief systems
  - c. Identifying and utilizing support systems
  - d. Recognizing and addressing transference & counter transference issues
- 2. Develop and utilize strategies to maintain personal, physical, spiritual and mental health in order to ensure professional effectiveness.
- 3. Increase their understanding of the importance of personal growth and develop their own personal growth plan.
- 4. Competency 19: Understand the importance of self-awareness in one's personal, professional, and cultural life.
- 5. Competency 120: Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.



## C506 - Dimensions of Recovery 6 hours Competency: 120-123

- 1. Be able to develop an operational understanding of Wellness and Recovery.
- 2. Increase their understanding of the importance of Wellness and Recovery by developing an individualized Wellness Recovery Action Plan.
- 3. Develop an on-going self-monitoring plan to enhance their personal plan.
- 4. Competency 120: Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- 5. Competency 121: Obtain appropriate continuing professional education.
- 6. Competency 122: Participate in ongoing supervision and consultation.
- 7. Competency 123: Develop and use strategies to maintain one's physical and mental health.



### C507 – Supervision 6 hours Competency: 35-119-122

- 1. Describe supervision as described in NJ LCADC/CADC regulations
- 2. Understand the benefits of supervision, including the Blended Model.
- 3. Distinguish among supervision, consultation, and personal therapy.
- 4. Understand the role of clinical supervision in helping the counselor identify critical issues and appropriate responses in the counseling relationship.
- 5. Know the necessary components to be incorporated when presenting a case in supervision.
- 6. Develop and utilize a range of options to explore and discuss personal feelings and concerns about clients.
- 7. Know when to contact their supervisor regarding potential legal and ethical situations.
- 8. Be familiar with State regulations regarding requirements for giving & receiving clinical supervision as an intern, as a CADC, or if one is working in a licensed facility.
- 9. Competency 119: Use a range of supervisory options to process personal feelings and concerns about clients.
- **10.** Competency **122**: Participate in ongoing supervision and consultation



### C508 - Community Involvement 6 hours Competency: 49-100-101

- 1. Understand the importance of professional networking.
- 2. Begin to develop skills in how to establish and maintain a professional network.
- 3. Learn the importance of advocating for one's clients as well as issues in the field.
- 4. Learn best practices to contribute to de-stigmatizing SUD related issues.
- 5. Understand important cultural issues in the community and be able to incorporate relevant community information into their work.
- 6. Competency 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.
- 7. Competency 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.
- 8. Competency 101: Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.



## C509 – Consultation 6 hours Competency: 99-119

- 1. Define Consultation as per the IC&RC Core Function.
- 2. Explain the benefits of consultation for the counselor knowledge base.
- 3. Identify the tasks involved when seeking consultation.
- 4. Utilize peers, clinical supervisors, and a multi-disciplinary team to enhance the quality of care.
- 5. Competency 99: Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and the recovery process.
- 6. Competency 119: Use a range of supervisory options to process personal feelings and concerns about clients.