IC&RC

Setting Global Standards for Addiction Professionals

International Certification & Reciprocity Consortium

Alcohol and Drug Counselor

2013 Job Analysis Report

Prepared by:

Zijian Gerald Wang
Psychometrician
Schroeder Measurement Technologies, Inc.

SMT

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Introduction

Survey Overview: The Content Validation Model

The foundation of a valid, reliable, and legally defensible professional licensing/certification program is a well-constructed job task analysis (JA) study. The JA study establishes the link between test scores achieved on licensing exams and the competencies being tested; therefore, pass or fail decisions correlate to competent performance. When evidence of validity based on examination content is presented for a specific professional role, it is critical to consider the importance of the competencies being tested. The Joint Standards for Educational and Psychological Testing (AERA, APA, and NCME, 1999) state:

> *Standard 14.10*
> When evidence of validity based on test content is presented, the rationale for defining and describing a specific job content domain in a particular way (e.g., in terms of tasks to be performed or knowledge, skills, abilities, or other personal characteristics) should be stated clearly.
>
> *Standard 14.14*
> The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for the credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted.

Purpose of the Job Analysis Study

In order to meet the aforementioned standards, it is essential that examination content be examined periodically to ensure that existing outlines continue to cover the knowledge, skills, and abilities (KSAs) required for competent practice in the occupation or profession of interest. To this end, the International Certification & Reciprocity Consortium (IC&RC) worked with Schroeder Measurement Technologies, Inc. (SMT) to conduct a job analysis for the Alcohol and Drug Counselor (ADC) certification program.

The job analysis included establishing and implementing an online survey instrument that described the job activities and KSAs required of a competent ADC. This report provides an overview of the survey design, analysis, and results. Survey results of demographic data are displayed graphically. In addition, the implications of these results on examination development are discussed.

Survey Methodology

Survey Development

The online survey was developed using results from preliminary research conducted by SMT and input from a panel of IC&RC subject matter experts (SMEs). Together, the panel and SMT developed the following survey parts in a job analysis (JA1) meeting held from November 14 to November 15, 2013:

1. Task list
2. Survey rating scale
3. Demographic questions

A copy of the survey appears in Appendix A and the list of JA1 and JA2 participants appears in Appendix B.

Task Element List and Survey Rating Scale

The following performance and importance rating scales for the job domains section of the survey were used:

Performance:
0 = NA/Not Performed

Importance:
1 = Of No Importance
2 = Of Little Importance
3 = Moderately Important
4 = Very Important
5 = Extremely Important

The following instructions were provided to respondents:

This survey should take approximately 15 to 30 minutes to complete. You may revisit your survey record at any time during the survey administration period of September 9, 2013, through October 18, 2013.

There are three sections in this survey:

Section 1: Demographic Questions. Demographic questions help us develop a profile of the ADC and the environment in which you practice.

Section 2: Job Domains. This section lists essential knowledge, skills, abilities (KSAs), and tasks required of and performed by a competent ADC in his or her work. This list of tasks and KSAs is organized by job domain and was developed by a diverse group of ADCs. You are asked to indicate the applicability of these KSAs to competent practice or whether you perform these tasks in your line of work; you are then asked to evaluate the importance of these KSAs and tasks to competent practice as an ADC.

Section 3: Post-Survey Questionnaire. In this section, you are asked to assign weights to each of the five job domains. These data will be analyzed to determine the distribution of content for the ADC's certification exam. You will also have the opportunity to specify any tasks or knowledge elements you feel may have been overlooked in this survey.

Demographic Questions

A demographic questionnaire was included in the survey for the purpose of sample validation. The demographic questions are:

1. Are you currently certified or licensed as an Alcohol and Drug Counselor?
2. Do you hold any of the following credentials or licenses?
3. How many years have you been practicing in the role of an ADC?
4. In which U.S. state or geographic region do you currently practice?
5. Which of the following best describes your primary work setting as an Alcohol and Drug Counselor?
6. Which of the following best describes the level of care which you provide in your primary work setting?
7. Which of the following best describes your primary role at your workplace?
8. Which of the following best describes your highest level of formal education?
9. What is your age?
10. What is your gender?
11. Which of the following best describes your race or ethnicity?

Sampling Methodology, Data Collection and Analyses

In September 2013, IC&RC made a call for participation in the online survey through its email contact list. This list contains 15,036 individuals and includes: IC&RC's Advisory Council, staff, member boards, delegates, professionals that have subscribed to IC&RC's newsletter, and treatment providers. The online survey was made available to respondents from September 9 to October 18, 2013, a period of approximately six weeks. After the close of the administration window, SMT collected the data and analyzed respondent demographics, task importance ratings, and the percentage of tasks not performed. A total of 1,436 individuals responded to the survey for an approximately 9.6% response rate; the responses of 153 individuals were removed due to incomplete data. Consequently, results are based on a sample of 1,283 respondents.

Survey Results

Results are divided into the following three sections:

1. Survey adequacy and reliability information
2. Demographic results
3. Importance ratings

Survey Adequacy and Reliability Information

Survey Adequacy

At the end of the survey, respondents were asked to rate the effectiveness of the survey in identifying essential tasks performed by an ADC. Approximately 98% (1260 of 1283) of individuals who provided a response indicated that the survey either adequately or completely covered the essential tasks performed by an ADC (Figure 1 and Table 1).

> *How well did this survey cover the essential tasks required of a minimally competent, entry level Alcohol and Drug Counselor?*

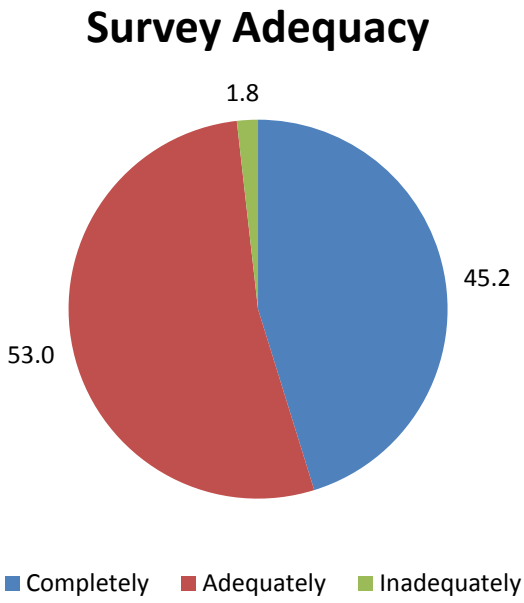

FIGURE 1. Survey adequacy.

TABLE 1. Survey Adequacy.

Adequacy	Frequency	Percent
Completely	580	45.2%
Adequately	680	53.0%
Inadequately	23	1.8%

Missing Task Elements and KSAs

At the end of the survey, respondents were asked for feedback on tasks that they felt were missing in the survey.

> *In the space provided below, please specify any job tasks or knowledge elements that are important for a minimally-competent, entry-level ADC to perform or understand that you feel were not covered in this survey.*

These free-text responses, without any edits, are shown in Appendix C.

Reliability Estimate

The Cronbach's Alpha reliability estimate was calculated to evaluate the internal consistency of the task ratings. This statistic is bound between 0 and 1, with higher values indicating higher reliability, meaning that ratings obtained from the survey are reliable and consistent. As a rule of thumb, reliability estimates above 0.7 are considered acceptable. For this survey, Cronbach's Alpha was 0.95 for the importance ratings, indicating that the ratings obtained were reliable.

Demographic Results

Certification

Over half, 88.8% (1083 of 1219), respondents are currently certified or licensed as an Alcohol and Drug Counselor. Sixty-four respondents did not provide a response to this item.

Credentials

Respondents were asked to indicate the credentials or licenses that they currently hold. Table 2 shows the frequencies of each certification/license held. They could select from a list of 17 options to identify their licenses or credentials. Note that some respondents hold multiple credentials/licenses. Other license and certification free text responses are shown unedited in Appendix D.

TABLE 2. Credentials/Licenses Held.

Certification/License	Frequency	Percentage
Licensed Social Worker	202	15.7
Licensed Professional Counselor	245	19.1
Licensed Psychologist	23	1.8
Licensed Marriage and Family Therapist	16	1.2
Certified Alcohol and Drug Counselor	578	45.1
Certified Advanced Alcohol and Drug Counselor	226	17.6
Certified Clinical Supervisor	183	14.3
Certified Criminal Justice Professional	50	3.9
Certified Co-Occurring Disorders Professional	32	2.5
Certified Co-Occurring Disorders Professional-Diplomate	22	1.7
National Certified Counselor	80	6.2
National Certified Addiction Counselor I	17	1.3
National Certified Addiction Counselor II	41	3.2
Masters Addictions Counselor	75	5.8
Certified Clinical Mental Health Counselor	36	2.8
Other	320	24.9

Years of Experience

Over half of respondents (76%, 1134 of 1277) have more than five years of experience; Figure 3 shows a frequency distribution of the number of years of experience. Six respondents did not provide a response to this item.

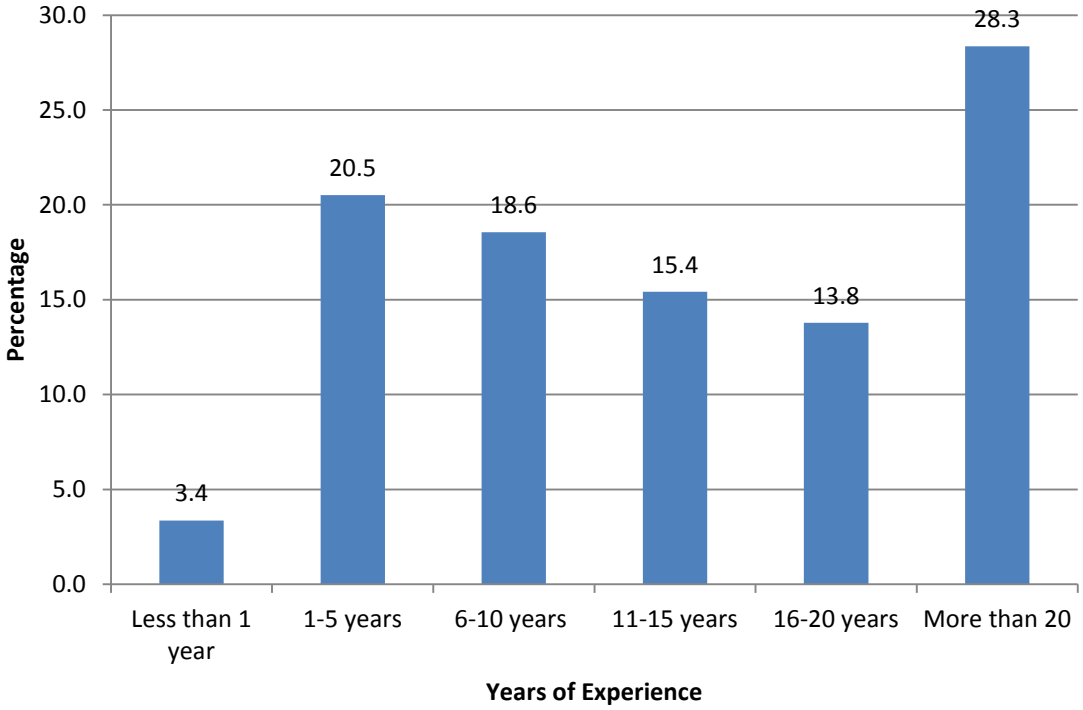

FIGURE 3. Years of Experience as an ADC.

Geographical Region

Respondents were asked to indicate the state or region in which they currently practice. Figure 4 shows a frequency distribution of the results; The U.S. states were grouped in the following regions:

1. Northeast
2. Midwest
3. South
4. West
5. Asia
6. Central America
7. European Union
8. North America (excluding U.S.)

The majority of respondents 76.5% (965 of 1262) practice in the Midwest and South. About 7.6% of respondents practice outside of the U.S. Twenty-one respondents did not provide a response to this item.

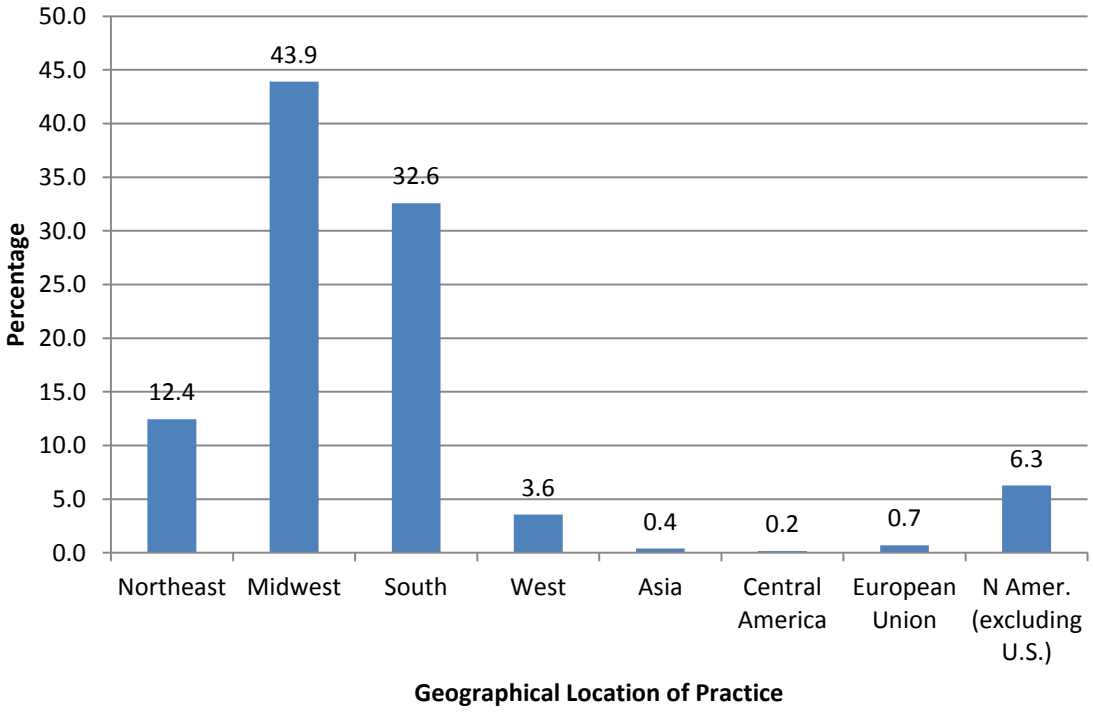

FIGURE 4. Geographical Region.

Primary Work Setting

Respondents were asked to describe their primary work setting as an ADC. They could select from a list of nine options to identify their primary work setting. The distribution of work settings is shown in Figure 5. Figure 5 shows that the majority of respondents 68.4% (869 of 1270) work in a Private sector. Thirteen respondents did not provide a response to this item. Other unedited free text responses are found in Appendix E.

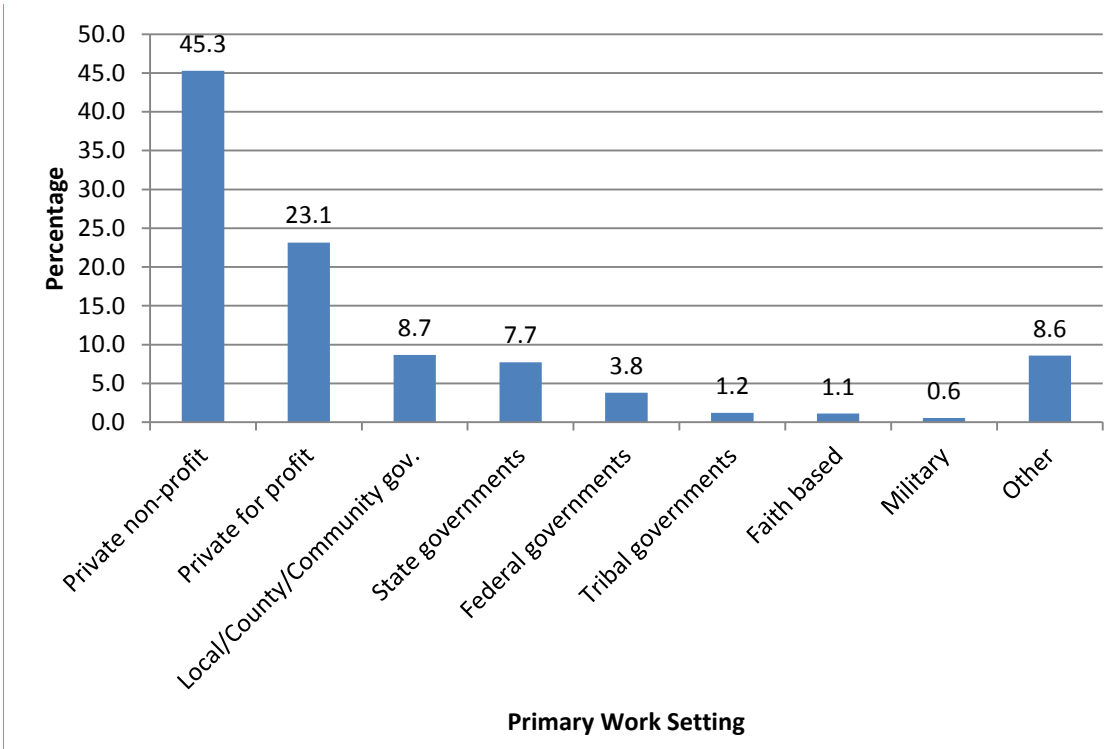

FIGURE 5. Primary Work Setting.

Level of Care Provided in Primary Work Setting

Respondents were also asked to describe their level of care provided in primary work setting. The distribution of level of care is shown in Figure 6. Figure 6 shows that the majority of respondents 65.6% (836 of 1275) selected outpatient treatment as the level of care in primary work setting. Other free text responses are shown unedited in Appendix F. Eight respondents did not provide a response to this item.

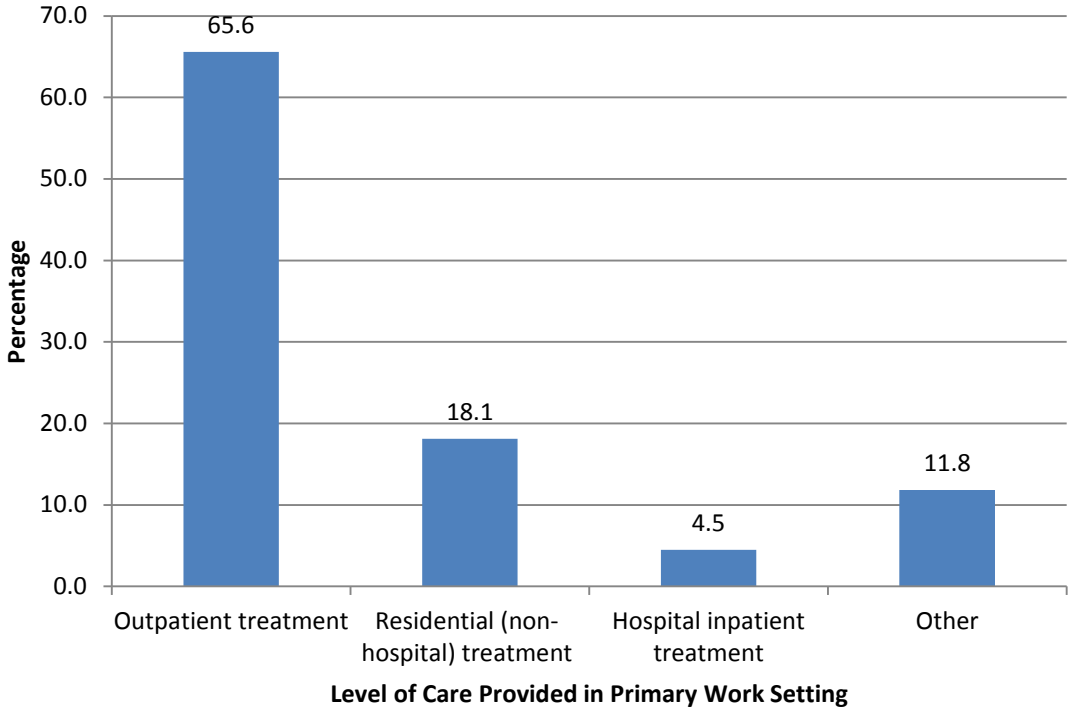

FIGURE 6. Level of Care Provided in Primary Work Setting.

Primary Job Role

Respondents were asked to indicate their primary job role. The distribution of work settings is shown in Figure 7. Figure 7 shows that the majority of respondents 55% (693 of 1261) work as Counselors/Therapists. Twenty-two respondents did not provide a response to this item. Other unedited free text responses are shown in Appendix G.

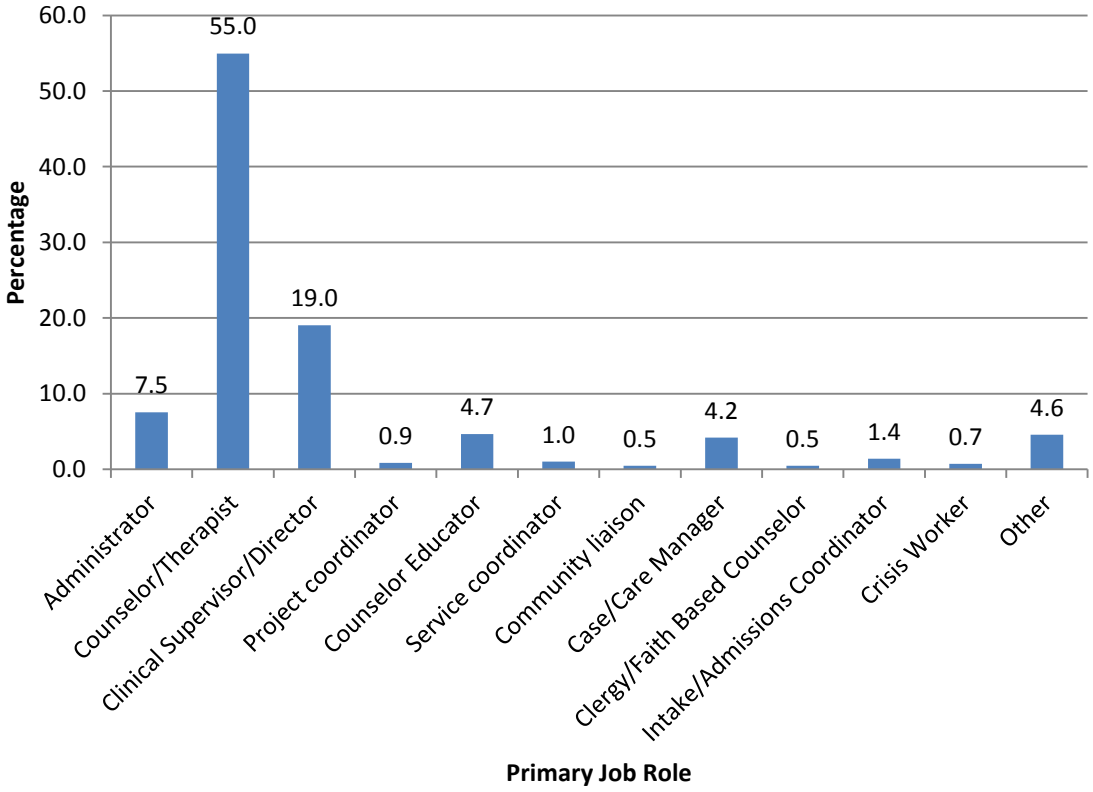

FIGURE 7. Primary Job Role.

Highest Level of Education

Figure 8 shows a distribution of the education level of respondents. Most respondents 51.4% (655 of 1274) have a Master's degree. Nine respondents did not provide a response to this item. Other responses are shown in Appendix H.

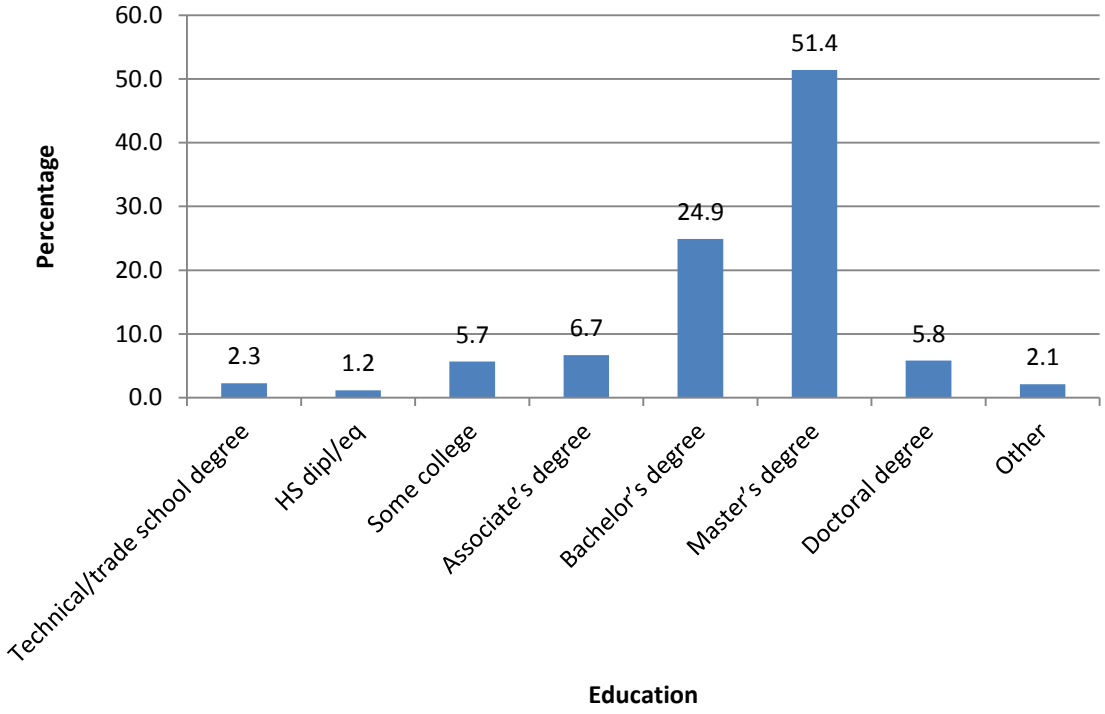

FIGURE 8. Highest Level of Education.

Age

Figure 9 shows almost all respondents were above the age of 25. Eleven respondents did not respond to this item.

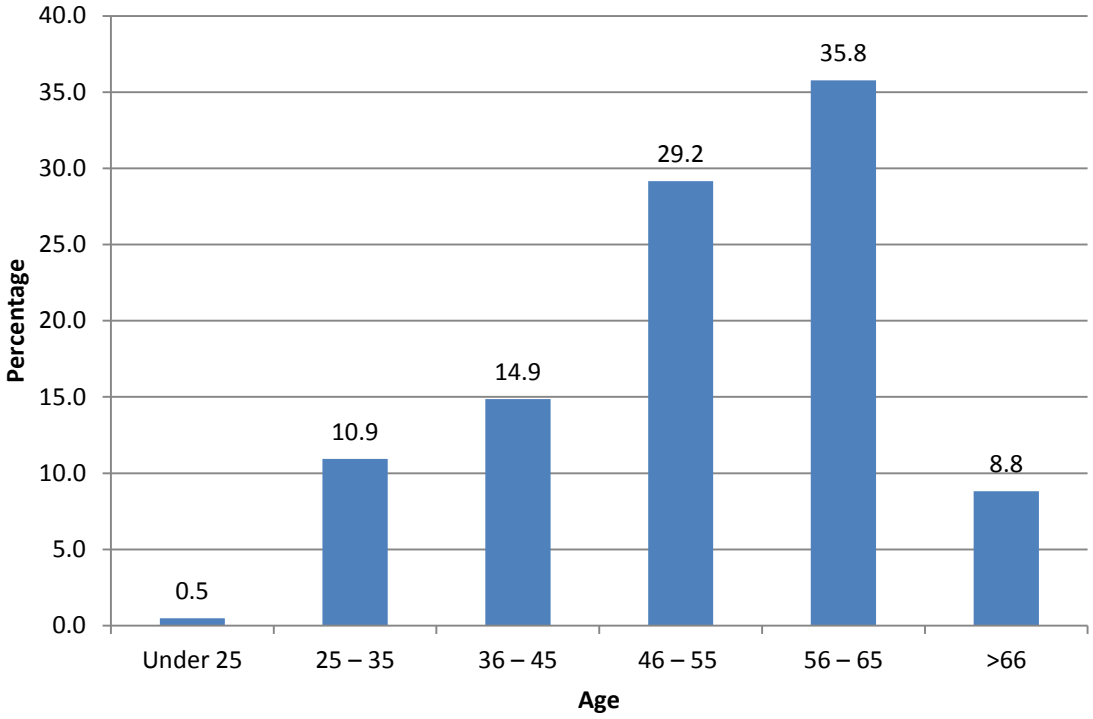

FIGURE 9. Age.

Gender

Respondents were asked to identify their gender. Figure 10 shows the majority of respondents 62.6% (794 of 1268) are female. Fifteen respondents did not respond.

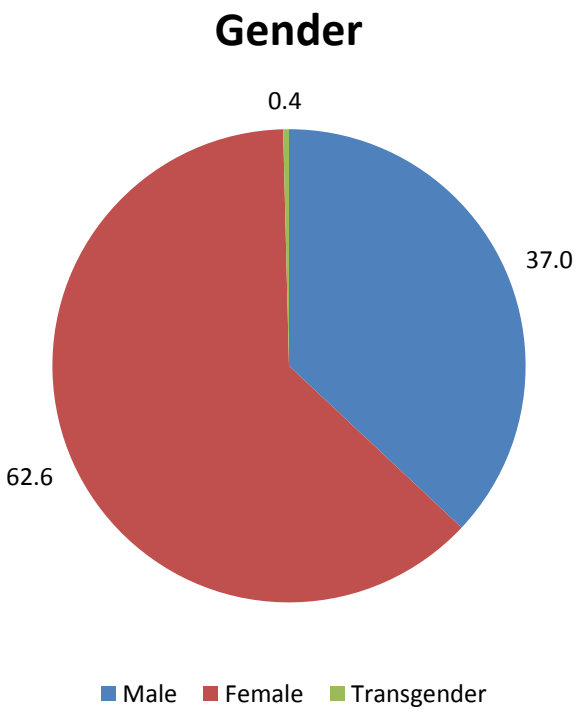

FIGURE 10. Gender.

Ethnicity

Respondents were asked which of the following best describes their race or ethnicity. Figure 11 shows the majority of respondents 75.8% (967 of 1275) are of White, Non-Hispanic ethnicity. Eight respondents did not provide a response. Other responses are shown in Appendix I.

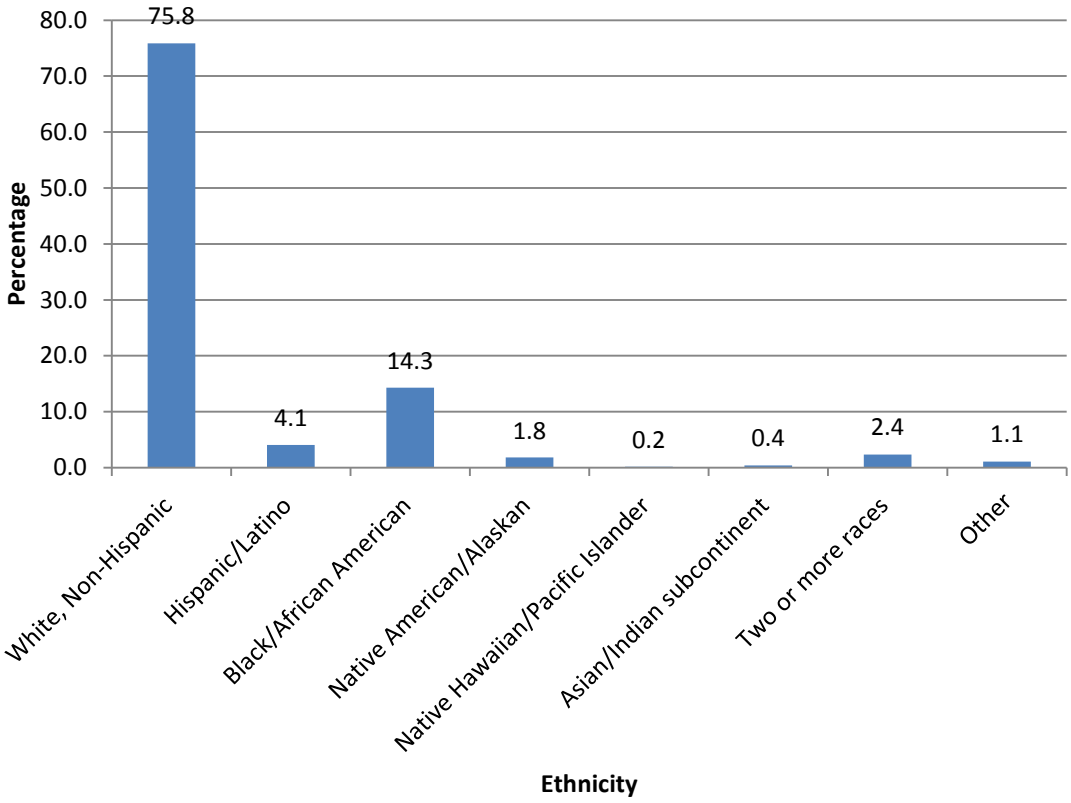

FIGURE 11. Ethnicity.

Importance and Non-Performance Ratings

After answering the demographic section, survey respondents were asked to rate the importance of tasks to the role of an ADC. The importance scale ranged from 1 to 5 with a "1" indicating the task was "Of No Importance" and a "5" indicating the task was "Extremely Important." Respondents rated tasks that they do not perform as "0"; a total of 33 tasks were rated. Appendix J shows the 33 tasks in descending order of non-performance; Appendix K shows the mean importance rating in descending order for each element and its associated standard deviation.

All tasks had non-performance percentages of less than 5% (Appendix J); the two tasks with the highest non-performance ratings are:

Domain 2: Treatment Planning, Collaboration, and Referral

Task 7. Evaluate the effectiveness of case management activities to ensure quality service coordination. **(4.39%)**

Domain 3: Counseling

Task 5. Assist families and concerned others in understanding substance use disorders and engage them in the recovery process. **(4.39%)**

The average importance ratings for all tasks ranged from 4.07 to 4.88 (out of 5, Appendix K). This indicates that respondents felt that every task listed on the online survey was at least very important to competent practice as an ADC.

Domain Weights

Survey respondents were asked to assign a percentage to each of the four content domains of the ADC's job area, reflecting the proportion of examination content that should be written to each domain. Table 3 contains descriptive statistics of content domain weights.

TABLE 3. Descriptive Statistics of Content Domain Weights.

Domain	N	Minimum	Maximum	Mean (%)
Screening, Assessment, and Engagement	1283	0	85	25.0
Treatment Planning, Collaboration, and Referral	1283	0	50	22.6
Counseling	1283	0	80	29.8
Professional and Ethical Responsibilities	1283	5	85	22.6

Decision Criteria for Determining Examination Blueprint

SMT conducted a second job analysis (JA2) meeting on December 13, 2013, to present the survey results to an SME panel **(**Appendix B). The purpose of the meeting was to review the IC&RC ADC survey results, determine the weights for each content domain and its associated subdomains, and to finalize the examination blueprint.

Inclusion Criteria

Based on results of the survey, the panel decided that individual tasks are required to satisfy two criteria in order to be included in the ADC examination blueprint:

Minimum Average Importance Rating

First, individual tasks are required to have an average importance rating of at least 4.0 to be included in the examination blueprint.

Maximum Percentage of Non-Performance

Second, individual task can have a maximum non-performance percentage of 10% before being dropped from the examination blueprint; in other words, an individual task needs to be performed by at least 90% of respondents in order to be included on the examination blueprint.

All tasks satisfied the aforementioned inclusion criteria.

Respondent Comments

After reviewing the comments and feedback from survey respondents, the SME panel was in agreement that no new tasks need to be added to the examination blueprint

Final Examination Content Outline and Length

Based on the above inclusion criteria and decisions of the SME panel, the final ADC content outline and weight distribution was determined. The weight distribution of the content areas for the ADC examination is shown below in Table 4 and the final content outline appears in Appendix L**.**

TABLE 4. Final ADC Examination Weight Distribution.

Domains	Weight (%)
Domain I: Screening, Assessment, and Engagement	23
Domain II: Treatment Planning, Collaboration, and Referral	27
Domain III: Counseling	28
Domain IV: Professional and Ethical Responsibilities	22

Appendix A: IC&RC ADC JA Survey

IC&RC 2013 Alcohol and Drug Counselor JA Survey

Demographic Section

1. Are you currently certified or licensed as an Alcohol and Drug Counselor?

   Yes/No

2. Do you hold any of the following credentials or licenses? (Check all that apply.)

   Licensed Social Worker
   Licensed Professional Counselor
   Licensed Psychologist
   Licensed Marriage and Family Therapist
   Certified Alcohol and Drug Counselor
   Certified Advanced Alcohol and Drug Counselor
   Certified Clinical Supervisor
   Certified Criminal Justice Professional
   Certified Co-Occurring Disorders Professional
   Certified Co-Occurring Disorders Professional-Diplomate
   National Certified Counselor
   National Certified Addiction Counselor I
   National Certified Addiction Counselor II
   Masters Addictions Counselor
   Certified Clinical Mental Health Counselor
   Other (please specify):

3. How many years have you been practicing in the role of an Alcohol and Drug Counselor?

   Less than 1 year
   1-5 years
   6-10 years
   11-15 years
   16-20 years
   More than 20

4. In which U.S. state or geographic region do you currently practice?

   Northeast (CT, MA, ME, NH, RI, VT, NY, PA, NJ)
   Midwest (WI, MI, IL, IN, OH, ND, SD, NE, KS, MN, IA, MO)
   South (DE, MD, DC, VA, WV, NC, SC, GA, FL, KY, TN, MS, AL, OK, TX, AR, LA)
   West (ID, MT, WY, NV, UT, CO, AZ, NM, AK, WA, OR, CA, HI)
   Africa
   Asia
   Central America
   Eastern Europe

European Union
Middle East
North America (excluding U.S.)
Oceania
South America
The Caribbean

5. Which of the following best describes your primary work setting as an Alcohol and Drug Counselor?

   Private non-profit organization
   Private for profit organization
   Local, county, or community governments
   State governments
   Federal governments
   Tribal governments
   Faith based
   Military
   Other (please specify):

6. Which of the following best describes the level of care which you provide in your primary work setting?

   Outpatient treatment
   Residential (non-hospital) treatment
   Hospital inpatient treatment
   Other (please specify):

7. Which of the following best describes your primary role at your workplace?

   Administrator
   Counselor/Therapist
   Clinical Supervisor/Director
   Project coordinator
   Counselor Educator
   Service coordinator
   Community liaison
   Case/Care Manager
   Clergy/Faith Based Counselor
   Intake/Admissions Coordinator
   Crisis Worker
   Other (please specify):

8. Which of the following best describes your highest level of formal education?

   Technical or trade school certificate/degree
   High school diploma or equivalent
   Some college
   Associate's degree
   Bachelor's degree
   Master's degree
   Doctoral degree (PhD or equivalent)
   Other (please specify):

9. What is your age?

   Under 25
   25 – 35
   36 – 45
   46 – 55
   56 – 65
   >66

10. What is your gender?

    Male
    Female
    Transgender

11. Which of the following best describes your race or ethnicity?

    White, Non-Hispanic
    Hispanic or Latino
    Black or African American
    Native American or Native Alaskan
    Native Hawaiian or other Pacific Islander
    Asian or Indian subcontinent
    Two or more races
    Other (please specify):

Job Section

DOMAIN I: SCREENING, ASSESSMENT, AND ENGAGEMENT

1. Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.
2. Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.
3. Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.
4. Administer appropriate evidence-based screening and assessment instruments specific to the client to determine their strengths and needs.
5. Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.
6. Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.
7. Interpret results of screening and assessment and integrate all available information to formulate a diagnostic impression and determine an appropriate course of action.
8. Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.

DOMAIN II: TREATMENT PLANNING, COLLABORATION, AND REFERRAL

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. Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.
3. Match client needs with community resources to facilitate positive client outcomes.
4. Discuss rationale for a referral with the client.
5. Communicate with community resources regarding needs of the client.
6. Advocate for the client in areas of identified needs to facilitate continuity of care.
7. Evaluate the effectiveness of case management activities to ensure quality service coordination.
8. Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.
9. Document treatment progress, outcomes, and continuing care plans.
10. Utilize multiple pathways of recovery in treatment planning and referral.

DOMAIN III: COUNSELING

1. Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.
2. Provide information to the client regarding the structure, expectations, and purpose of the counseling process.
3. Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.
4. Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.
5. Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.
6. Document counseling activity and progress towards treatment goals and objectives.
7. Provide information on issues of identity, ethnic background, age, sexual orientation, gender and other factors that influence behavior as they relate to substance use, prevention and recovery.
8. Provide information about the disease of addiction and the related health and psychosocial consequences.

DOMAIN IV: PROFESSIONAL AND ETHICAL RESPONSIBILITIES

1. Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.
2. Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.
3. Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.
4. Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.
5. Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.
6. Obtain written consent to release information from the client and/or legal guardian, according to best practices.
7. Prepare concise clinically accurate and objective reports and records.

Post Survey Questionnaire

Considering the relative importance of the four major domains of the Alcohol and Drug Counselor's job, what percentage of examination questions would you assign to each domain?

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

How well did this survey cover the essential tasks required of a minimally competent, entry level Alcohol and Drug Counselor?

1. Completely
2. Adequately
3. Inadequately

In the space provided below, please specify any job tasks that are important for a minimally competent, entry level Alcohol and Drug Counselor to perform or understand that you feel were not covered in this survey. Your response is limited to 500 characters.

Free text response.

Appendix B: JA SME Participants

Job Analysis Participants

Name	Location	Years of Experience	Meeting(s) Attended
Edwin Bergen	Windcrest, TX	20+	JA1 & JA2
Elmore Briggs	Clarksburg, MD	32	JA1
Rita Joe-Cantsee	Towaoc, CO	24	JA1 & JA2
Marcelle Giovannetti	Mechanicsburg, PA	7	JA1 & JA2
Michael Goldblatt	Newburgh, NY	10	JA1 & JA2
Javier Ley	Managua, Nicaragua	5	JA1
Karen King	Charlotte, NC	12	JA1
Tina Nelson	Sioux Falls, SD	16	JA1 & JA2
Charlene Skovlund	Sioux Falls, SD	15	JA1 & JA2
Kristie Schmiege	Flint, MI	29	JA1 & JA2
Matthew Shoener	Scranton, PA	3	JA1 & JA2
Paula Christian-Stallworth	Conyers, GA	18	JA1
Jack Stein	Besthesda, MD	25	JA1
Aaron Williams	Washington, D.C.	13	JA1 & JA2

Note: Demographic Worksheets and Affidavits of IC&RC SMEs were not provided in this report due to the confidential and private nature of these materials. This information is on file at Schroeder Measurement Technologies, Inc.

Appendix C: Missing Task Elements and KSAs

Missing Task Elements and KSAs

Screening to assure client is placed in appropriate setting.
Discussing clients during supervision or staffings to assist client with the best servcies.
I believed that is very inportant that a substance abuse counselor should be trauma informed.
full knowledge of the 12 step program as outlined in the big book of aa.
When other counselor a arent ethical what do you even though you notified management and still nothing is done. When is it right to report another counselor to the State board and the repercussions from your employer. Yes ethical stuff!
The survey as a general indicator was okay. I know a great deal more is required to be a real informative tool as a final document. If section3 were more detailed it would be helpful.
Gather all information thats needed for clients files.
Commitment to personal values and beliefs which reflect the ethics of the profession.
Ethics and boundaries.
Express empathy and try and move the client through the stages of change and encouraging the client they can change
assessment skills; counseling skills; knowledge of referral
I feel strongly that working with client support system alone with seeing the client is important.
All
I am a primary counselor. A tremendous of my time is spent doing case management. The amount of paperwork and documentation required to do is often repetitive and unnecessary.
Im in AA for 18 years and Al-Anon for 24 years and did Alateen sponsor for 11 years.; I think Im able to talk to a addict or his family about addictions very easy because of my programs and the CDCA course from Ohio
ongoing dignity and respect are very important at all times for adequately build a trusting relationship
No comment
No comment
Group counseling that will reach the client and let him know that he is not alone. 12 step program with a sponsor seems helpful to most Substance Abuse Treatment Clients.
I feel that every single task llisted is inportsnt and should be required to be an alcohol and drug counselor.
Counseling is important in its entirety. Listening, empathy, and maintaining ethnical boundaries.
Boundaries especially as it relates to disclosure; limiting disclosure. Do not work outside scope of competency.
n/a
Counselors must avoid interjecting their personal religious; views onto the client.
rapport building, open minded, ability to continue to learn, understanding of evidence based practices and their implementation, ability to ask for help and to seek supervision
engagement
it is imperative that a new counsellor not rely to heavily on self disclosure as a way of building the therapeutic alliance.
Advanced degree in Psychology, Counseling or other related fields including human development, abnormal psychology, ethics and counseling.
a college degree instead of substituting work experience or substituting having a drug/alcohol problem oneself
computer skills for paperless reporting
Trauma informed care. Group therapy and education skills.
n/a
Orientation to the treatment milieu.

Domaine III: 7: Although there a specific cares for gender and cultural aspects of the client, it is up to the client to provide information on their identity, not for me to assume and give information. I would screen for issues out of my scope of practice and refer to appropriate provider to identify and treat it.
Entry level counselors need to understand domains and assessing the target population. Skills with services and writing should develop more profoundly when working with a compentent supervisor.
The ability to work on a multi-disciplinary team
different modalities, stages of change
none
Beliefs about different treatment options and the knowledge that one size does not fit all. Individuals with own recovery needs to be addressed.
Working with Probation clients; Working with Youth specific
Relapse Prevention, HIV Aids, and the Disease of Addiction
Keep it simple.; Make a friend , be need fullfilling and never give up on a client. ; Be in recovery if you need it!!
insight what not being said that should be said.
screening, counseling
The ability to show compassion and understanding to people who may not be very receptive to getting clean and sober. The successes in Alcohol and drug treatment field are measured in very small victories.
I still believe that people in this field need to be bilingual(Spanish)and also minimum of a bachelor to interpret and explain language used by referrals to and from agencies.
limit work to substance use only and no diagnosis to other mental disorders
It is vital that a counselor be well acquainted with the 12 Step programs, including having attended at least several and preferably many more meetings. A counselor without this knowledge is analogous to a physician who has no knowledge of insulin treating a diabetic. It is not to say that the 12 Steps are the only way to recovery but the evidence strongly suggests that it works best for most. A counselor who cant speak knowledgably about the 12 Steps is severely lacking in their training.
Knowledge of the political structure and organization within which they work. Availability of mentoring and surpervisors for professional development. Accountability standards for the facility and profession within which they work.
Knowledge of specific substances; names, classes, uses, effects....; Familiarity with drug testing
Computer skills. Today most of our information is put on computers. Basic computer skills are a must.
Maintaining boundaries; Professionalism; Documentation; Communication; Writing skills
Knowledge of multiple treatment modalities and ways to apply them and individualize treatment.
Identify areas that there is a need for more education or experience. To be able to identify the need to seek out supervision when necessary.
I believe given todays AOD clients at the Community Treatment Centers suffer 85% dual-diagnosis, it must be recognized.
importance of detailed case notes and or documentation
Consulting, collaboration, family support
Supervision.
case/management protocols; interviewing techniques; awareness of at last three best practice models.
Competent Counselor needs 1st hand knowledge of 12 step programs, or have attended open forums to gain an understanding of the disease concept and the challenge of recovery as an ongoing journey. An understanding that substance use recovery may include relapse, which does not mean failure or value judgments about the person not trying hard enough.. ie at relapse as a part of the recovery journey.
Ethical and empathetic considerations in following through the task of intervention in compulsive treatment of co-occuring mental health issues
Engagement and building rapport is very important for any Alcohol and Drug Counselor.

A counselor must be able to properly asses a client for potential substance use, and be able to assess the level of that use. A counselor should be minimally able to understand the importance of confidentiality, and the privacy of a clients information.
Able to work with multidisciplinary team of professionals with a wide range of backgrounds and levels of education
clinical documentation; ASAM criteria; detoxificaiton eval; mental status exam
An entry level counselor can do education, individual and group coyunseling.
Understanding of specific skills to address mental health issues, etc., trauma resolution, mindfulness training, systematic desensitization, etc.
Intrateam communications. Undergo own therapy.
Consistent and accurate documentation
Facilitation of group counseling.
All covered,except relationship to fellow staff
I feel that if you are in your own recovery that it should be part of the tasks of the counselor to participate in their own therapy and have that therapist submit a progress report periodically. maybe for the first 5 years of practice. I have worked with people whose counselors relapsed and this is significantly triggering and damaging for clients.
counseling theories and techniques
First, do no harm.
None
Urine analyzes for drugs.
I think it is important that CD counselors be competent in counseling strategies.
NA
I struggled with Section 3 as I do believe Ethics and Counseling for me are 100% each. #1 and # 2 are apart of the counseling process and clinically counseling begins at the 1st phone call / contact.
I think the survey was pretty much covered by what a ADC should adhere to. The treatment planning, referrals, counseling etc are good global criterias to help the client as well as the community.
It is very important for entry level counselors to understand their limited and delineated roles in the treatment and referral process, also stress on boundary issues is a must.
Counselor flexibility in designing and administering techniques/models best suited for client recovery. Counselor knowledge-base of addiction and research, both historical and current, delineating best practices.
Relapse prevention
I believe ability to engage client is paramount ,there seemed little reference to competence in understanding addiction and its role in shaping individuals current behavior and thinking ,nor how to help client to overcome shame and denial in accepting the physiological and psychological impact of substance abuse on their personal experience.
entry level cadcs must undersstand that the process of counseling is a craft that the individual must prepare for in the utmost professional setting for continutiy andprofessionalism, the continue practice of licensing and practice is a effective and proficiant way to creat entry level D&A counselors
Engage in a nonjudgemental way, get permission to get collateral information to determine severity of substance abuse, present finding to MD to determine if Individual would need medical detox.
Milieu management; Medication management (where appropriate); Crisis management; Behavioral management; Emergency fire storm management ; First aid; Filing /; documentation management
case management
Are you willing to attend AA/NA meetings regularly to become familiar with these types clients?
Documentation is important, using Motivational Interviewing, and the Therapuetic Alliance.
Ones setting often determines the frequency of various functions. For example In outpatient programs that are not IOPs and are therapy based, case management is often not part of the program. Also while it is ideal to

involve family members, individual patients may not choose to have them included and low-level care may not offer family programs.
Basic knowledge of different drugs of abuse and issues related to that
Documentation and under counseling group counseling
What I think is not covered in the survey is focus on the effects of Alcohol and Other drugs on the brain and body. More attention should be given to ATOD in regards to prescription medications and their interaction in the body. Addiction Counselor should focus also on process addiction such as gambling food and sex. Maintaining updated and relevant information about drug interaction and the brain should be covered more on the exam. I also think more should be included on human development a
Addiction Counselors are an asset to any organizational structure because drugs are in current use by many individuals. We cant cure all persons but we can offer education, treatment and to those seeking recovery information. I welcome the opportunity to become Certificated and to offer Addiciton Counseling Treatment information to those in need.
To understand what addiction is and how it effects the brain. One must know how to relate to clients and gain trust as without trust you will get little positve results. Education is great and needed but do not push the fact you are well educated to clients. When working with Natives I find that using cultural traditions are very important and a must for one to be effective. It is not living in teepes but learning and using the values that our ancestors used.
Active, reflective, or empathetic listening is a critical omission.
Important
group facilitation skills-knowledge of group dynamics, roles, and process
Listening skills- not giving advice ; starting where the client is--(recognizing stage of change)
Regular, weekly supervision with clinical supervisor.
group skills
Excellent depiction! Well done!
None
Medications; Testing; Self-care
N/A
The first thing that any counselor need to know is to gain his client trust to make the counseling work.
ASAM Levels of care vary from State to State. Higher populations have most if not all levels of care. Native populations have at the most inpatient or outpatient settings with very little in between. We have to be very innovative with the care we provide to our populations.
knowledge of current DSM criteria for admission clients
be a good typist
Responsibility to UPDATE paradigm to match current evidence
Specific focus on the education of the substances and differences of the effects of the drugs. Continue learning of the changing substance for specific areas in which you live.
I believe that all areas listed are very important for an entry level A&D Counsellor; however, they will be performed at an entry level basis, with competent clinical supervision.
The ADC field needs to have requirements of at a minimum bachelor degree in a related field and require that the counselor understand dual-diagnosis. I wish the requirement would be a masters level...this field is allowing itself to be discounted because of this.
All were covered.
Entry level counsellors must be in good recovery (if applicable) and there should be an emphasis of ongoing clinical supervision
Crisis intervention is an important part of dealing with clients. Counselors need to have a working understanding of client needs and meet clients on his or her level. Ensure that the treatment is client based.

Some recognition that mandated clients require particular skills would be worth including. Also, I worry that the structure of intensive treatment is being sacrificed to potentially excessive deference to clients wants rather than needs.
Nothing at this time that I can bring to mind.
The importance of practicing within the scope of their knowledge/skill level
none
None
Ability to solicit feedback from clients regarding their perception of progress during the course of treatment. Also important is the ability to solicit feedback from client regarding the quality and effectiveness of the therapists approach with them.
Being a CPS I have more training and experience but limited scope of practice w/o a certification or license
Organization and time management with respect to completion of required paperwork for reimbursment for services provided.
n/a
You missed issues like self assessment for healthy boundaries, codependency and enabling by therapists
Some training in supervision is important. There should not be so many credentials offered by IC&RC. The ADC should be the standard credential with few others. It should represent the highest level of practice. Also, the ICADC should be offered at no charge as it was in the past. Charging for this is wrong after the time and effort that is put into obtaining certification and licensing.
I would suggest defining specific aspects of ethics, especially self-disclosure and boundaries. Also, compassionate confrontation skills are important.
Section 3: of course Ethics are critical, but I weighted them low because they should be integrated into the other 3 items listed.; Supervision is a missing item: obtaining and utilizing supervision is essential in early (and later) counseling development.
understand that education alone for these clients is insufficient to make changes. need counseling to get down to causes and conditions
This was difficult to complete due to the scope of the survey. The term "entry-level" created conflict for me when answering questions. For example, should An entry-level counselor be expected to be competent in lets say being capable of selecting screening instruments specific to client needs? I would say low importance due to limited experience however this a very important component of treatment. Level of Care placement criteria should be highlighted in the competencies more.
self care; time management; supervision; consultation; new counselors in this field need to know how to not burn out, keep their head above water, learn from their colleagues, and take advantage of clinical supervision in order to be beneficial to this population and stay in the field.
Most of my time after initial assessmnet, placement and facilitating groups is deadicated to case management.
Everything was covered.
NA
I believe that an entry level A & D Counselor should be able to complete a full assessment on a client, identifying substance abuse/dependence issues as well as screen for mental health issues that may need to be addressed during the treatment process. I also believe that a A & D counselor should be competent in writing a treatment needs assessment and developing a treatment plan based on goals identified by the client and counselor as well as thorough case documentation.
The SBIRT model should be highly supported in the examination process; lobbying to allow counselors to bill for SBIRT because it clearly falls within our scope of practice.
screening, ethics, engagement
Engagement, and development of a theraputic relationship is most important of all.
The role of the recoverying counselor in terms of counseling vs. 12 step work
Thank you this processis very important

The basics where cover thats required to be effective counselor in this field
training specific to addictions due to the specialty of addiction counselors; working knowledge of harm reduction strategies;
Recognizing symptoms that play a key role in clients use of alcohol including, but not limited to, drugs and alcohol as medicine for emotional and mental health issues and factors related to trauma--both large trauma and small trauma. These are key factors that can be relapse triggers that need to be uncovered at the time of assessment. On-going assessment is also key as clients are not always forthcoming at the time of the initial assessment.
most areas were covered...some gender questions need attention..i.e. female veterans&family issues.
Chain of custody for urine collection.; Ability to teach substance abuse classes.
Boundaries are a huge problem for many new employees. I wish that there was more time spent on boundaries and the way clinicians speak to clients. Many new clinician place a judgement or negative conotation on the clients and I understand that this is learned through time but clinicians can really damage a client in these ways.
I believe education on healthy boundaries and co-dependency should be a requirement.
Since records will soon be required to be electronic, workers should have basic computer skills/experience
new treatment methods and updated on the treatment models.
I feel that it covered most of the tasks involved, but needs to be more focus on the administrative aspects of your job.
The survey covered some good stuff but neglected to cover the amount of wasted time on useless paperwork.
some prevention education
risk assessment
No one cares what you know until they know that you care. Cliche yee but true. The therapeutic relationship determines if you will see any change. You will not see any change until the client sees a need for change. Consequences some times need to be explained to a narcissist. If they feel that you dont give a rip they will not be opened to your direction. Some people can study to be counselors but because they do not live compassion and tolerance they make poor counselors.
Non-judgmental empathic respect in a client-centered approach
ethics and unconditional positive regard for the client
I think ACOA symptoms and treatment modalities for ACOAs needs to be addressed. I see many addicts suffering from severe ACOA symptoms and without addressing these issues the cycle will continue to be passed to the next generation.
Have a good understanding of the client and what works for one client may not work for another client. Client centered approach
Adding the Pro/ethical responsibilities skews the response. Since this area needs to be extremely important.
No comment at this time other that the survey could be very helpful
Insuring that the clients experience drives the treatment process in practical and demonstrable ways is essential to good clinical practice. It cant just be window dressing.
THE APPROPRIATE USE OF SELF DISCLOUSURE; BOUNDARY ISSUES WITH THOSE IN RECOVERY
I would add case management
I feel that the exam needs to be mimized to material that is given in the book. People in the past have studied and not done well because there is to much material given. I feel that if the person takes the exam 2 to 3 times and still hasnt passed should give that person another alturnitve way to obtain their license. I feel the test doesnt define the counselor, just shows they have taken in the information better to take the exam.
It is very important to respect the clients that you work with.
An entry level Alcohol and Drug Counselor should truly understand the importance of developing a strong theraputic relationship with his/her client.
Client self care

Urine Drug Screen
Importance of referrals, outpatient programs and aftercare services for recovery.
cant think of any
Have education outside of own recovery/12 step program
time management, computer literacy
The skill of Listening!
the ability to provide accurate and relevant educational information to chemically dependent individuals and thier family members. Skill sets indicating competency in group therapy.
No additional resposnes
Boundaries
I feel the survey conveyed adequately the job tasks and competency required for an entry level Alcohol and Drug Counselor
topics of importance of empathy & listening skills
none
As an intern we have a learning objectives agreement. We pick 4 of 8 core functions to be trained on. depending on set and setting the focus should change. We complete 2 internships that ideally should cover all 8 areas, but that does not always happen. So we could enter the field with only the course curriculum, but without the internship experience to rely on. In California the college curriculum is great and produces prepared entry level counselors. We might be a little short on confidence.
Already covered in survey
Team work with other professionals within agency, communication and consultation
I think that the survey does not cover topics that include what percentage of Alcohol and Drug Counselors are in recovery themselves. In addition it should include the economic demographics. It should discuss what type area the person works. Including urban or rural areas.
Interaction needs with a supervisor
Psysh medications that counteract the process and practice guidelines. Include religious based designs in the treatment modalities.
Consultation with other professionls, conflict resolution and group dynamics/therapy.
Being able to relate and talk to your clients in a friendly pro-social manner. Mantain an open/friendly manner with clients so they are willing to open up and talk about what is going on.
Ongoing training and added education.
the ability to conduct group counseling/education
Knowledge of addictive disease and appropriat, effective and ethical interventions in it.
Probably needs basic computer skills and knowledge of the internet in order to competently finish documentation. This is important as we head toward all-electronic charts.
intake and asseessment, case management and referrral, psycho-education
Entry level counselors need to be better prepared in the area of psychopharmacology and need a better understanding of the various impacts of subtances on all major life areas and on mental health disorders.
N/A
Ethics I believe would be first and foremost, knowledge of ability to perform full assessment, and the counseling, therapeutic portion would be next in my opinion.
program development, presentation, education, outreach, harm reduction,
Empathy, compassion, boundary setting, accountability. Adequate understanding of DSM criteria for abuse and dependency, and firm grasp of best practices for therapeutic treatment.
I felt this was well written and thought out.
Having a minimum of a Masters level of education. In my State (Nebraska), postsecondary education is not

required to be a licensed alcohol and drug counselor. This allows minimally competent persons licensure and their low level of education can be an impediment to effective treatment of co-occurring disorders that are common in addiction.
Must understand ASAM criteria and the 12 core functions
Peer/team collaboration, professional behavior
Accurate urinalysys testing
Addressing relapse effectively is critical. Applying effective counseling approaches and techniques; i.e. Motivational Interviewing,; Receive supervision/utilize supervision and case review
I saw nothing about the importance of Supervision
It is important for entry level Alcohol and Drug Counselors to be able to work with people regardless of their culture or norms. An entry level counselor should have a basic understanding of being able to relate to people no matter where the consumer is when entering treatment. An entry level counselor should have a basic knowledge and training with the field of addictions and mental health. An entry level counselor must be able to know the guidelines of professional and ethical obligations.
See above.
work well with others and have worked through their own issues before trying to help others. Ethics is the most important but they need to know how to read and write and use a dictionary. New people to the field should know how to communicate in a written and verbal manner that is professional. Many cannot spell and do not write with appropriate grammer.
The ability to recognize transference and counter transference in their work with the clients
Learning time management, getting ways to streamline non-billable tasks, collaborating with other community partners.
It is critically important that counselors in this field understand the addiction and recovery, and we as a field are failing to prepare and train incoming professionals on these issues.
Women and Children; trauma issues; coping with the documentation requirements ergo self-care and how to use supervision as a means to maintain a balance
personal knowledge of recovery support services available in ; thew community
Practical experience is more relevant and important in this area than credentials.
Not enough emphasis can be placed on the importance of establishing the therapeutic alliance.
administer urine dip screens and process results. crisis intervention as needed.
Key factor is the ability to gain a positive relationship with the client and their belief that you can help them in the counseling process. Must have a good understanding of drug/alcohol use and a good working knowledge of co-occurring disorders.
understanding of coocurring disorders and impact upon recovery and sobriety
Basic rapports building with clients. I work in an inpatient treatment centre at a correctional facility and this is a very important part of the treatment progress. If its not there, progamming is a lot more rocky!
Be able to establish a relationship and rapport with the client.
Connect with client, asses client needs, formulate treatment plans, counsel client.
Most primary counseling qualification is a person who has empathy, listens and is willing to put their own needs aside to counsel in the best interest of the client.
Critical writing skills.
Assessment, organization, documentation, and boundaries are key
drug testing and issues that typically go along with it
Being able to confidently stand up as a professional on a multi-disciplinary team is critical to obtaining credibility for slef and the profession.
None
More training in the wholistic approach in respect to the clients background/culture.

understanding the disease concept for treatment and 12 step principles as they apply to treatment. This makes addiction treatment to more focused and less ; the result of other causes.
Learn the 12 core functions and implement them. Study REBT and apply to your addiction counseling
I teach students to be clinicians. They have to find a balance within themselves for what they have learned, their sobriety status, and the needs of their clients. All clients are different as are all clinicians. The parts need to fit-somehow.
Balance of paperwork to meeting client needs. ; Questions based on building relationships and working within mlti-systemic modalities.
this is not a usefull and is not helpfull for canada your scoring system is very good as it does not take into effect daily needs of client
development of raport, consideration of background and life experiences and understanding of them to use in counseling client
knowledge of basic criteria and recognition of mental illness dx and tx.
I felt all were covered
coordination of care
Compassion for others, respect of the clients right to feelings and attitudes, clients input into the best course of action for the client.
Good communication skills and walking the client through recovery. Finally developing a good Relapse Prevention Plan.
There is no direct engagement with the issue of engagement and effective communication and dispute resolution with management.
Integrating 12 step recovery effectively into Treament.
N/A
Educator on the disease of addiction
group counseling?; family?
none
Just an FYI: I did not understand section 3 of this survey
I believe that every CADC must be able to balance talking and listening when working with clients-*its easy to talk too much and fail to listen!! ; ; Leroy C. Harris, CADC
good communication skills
Developing Therapeutic Relationship
Regular supervision and case staffing.
1. evidenced based is a catch phrase that may or may not incorporate best practices...the need to understand that statement...; 2. An understanding of pharmacology of drugs particularly those that people get high on and therefore often abuse.; 3. Understanding some basic therapy/counseling styles such as RET, Cognitive-Behavior, Client Centered, etc. as well as 12-step approach; inother words, both sides of the coin...furthermore just using the stages of change model is not enough; I have more
Ability to learn how different agencies deal with all the competencies
Crisis intervention
Continued care
Exposure to and understanding of community self-help groups
It is very important to understand the human being in a social environment: how experiences, development, and environment influence a clients issues and how they cope with life. Stronger emphasis needs to be placed on dual issues and how substance use and mental health issues interconnect. Many CD workers also have dealt with substance use issues and need to understand that what worked for them may not work for everyone else. In that, though, and understanding of the 12-step process is good.
I think this just about covers it....I place a great deal of importance on expressing the multiple paths one might take to recover and avoid any resemblance to rigid, limited, fundamentalist typologies. I believe the building of

the therapeutic relationship (trust/authenticism) is of the highest order.
co-ocurring
Giving clients a sense of purpose.
I think that all job tasks are important.
Ethics issue. Knowing when a case is beyond your level of expertise and requires consultation or referral
I believe it is important for ADC to be knowledgeable of the recovery culture particularly in regards to 12 step fellowships. Understanding should also increase in regards to the physiological aspects of addiction.
quality clinical documentation skills
Supervison of charts and clounslers to ensure that they are being ethically and providing the sorrect service
type of education relapse prevention disease concept group therapy is primary therapy I do at work
Intake requirements can be minimal but the other requirements are more weighed.
sobriety 100%; boundaries 100%; Values/Beliefs (if a counselor does believe that RECOVERY is possible, I would see major barriers)
The ability to look beyond what a client looks like, behavior, and be a positive and empathetic counselor.
psychosocial understanding and individual developmental growth
It was covered but diagnosis and establishing an internal desire to change within the client.
I thought this survey covered most, if not all areas of competency. Thank you for including transgendered individuals in your gender selections.
Consultation
Computer skills and knowledge of twelve step recovery
understanding other systems that we must work in (medical, CPS, courts) and how those systems differ from ours from releasing information to accessing services
Aftercare
Case Management; Clinical Review Process
It is extremely important that the plan and treatment is driven by the client and not the practioner.
Integrated care concerning electronic records and computer skills
Awareness and understanding 12 step programs
The survey covered all aspects
It is also important to learn and know your counseling limitations. It is important for the Alcohol and Drug Counselor to understand how his/her own personal experiences can and does have an influence on their therapeutic approach to dealing with a client.
I believe is extremely important to train entry level staff regarding co-occurring disorders and crisis intervention as well.
knowledgeable of 12 step recovery
If one becomes to clinical in the assessment process without establishing a trusting relationship with the client, hope of assisting the client through the process will fade. Over the years the clinical approach to addiction has often interfered with the "human" approach. Working outside of the box using multiple methodologies is appropriate as opposed to a best practice model. Best practice models often eliminate the individuals we are trying to assist.
I believe the system of record keeping for insurance purposes bogs down the treatment process. It seriously hinders great counselors. When they could be helping people, administrators demand tedious, drawn out record keeping. Time is wasted on red tape. A better process here would be a lifesaver.
I would say communication . Listening to the client and getting a good first assessment . Not rushing the process.
understanding of drugs, brain
Understanding multiple perspectives of addiction.
I believe that counseling theory and practice are critical, yet being able to ask knowledgeable/experienced

counselors is a must, therefore gaining the knowledge of adequate care for clientele. Counseling theory and techniques, as well as professional and ethical considerations are a must in order to adequately assisting and protecting the client rights and promoting rapport with clientele.
Most lic folk can tell you what is expected, what current theory and standards of practice require, but youd learn far more about what people ACTUALLY do if you provided 2-3 brief case studies from which lic folk discuss their assessment of Sx, their MTP, what theories, models and skills they use, how they evaluate effectiveness (the one area you dont seem to ask much about is measurable outcome assessments), and how they determine best referral and/or continuing care needs and match them with
Function effectively as a member of an interdisciplinary treatment team
Conducting group sessions. Actually understanding evidenced based practices. Re certification process and continuing education of the counselor.
Relative to the 12 Core FUnctions/Global Criteria, or even the TAP 21 Performance Domains, this survey seems to have boiled it down to far. The specific tasks do not seem specific enough to do justice to the competent performance of a minimally competent SUD counselor.
Ability to function as a contributing Team Member.
Corrections setting
Everything was covered
An entry level Alcohol and Drug Counsellor will develop over time and hopefully they will utilize all of the tools they should have at their disposal. All jobs are important and should be performed well by all addiction counsellors. Experience with diverse populations and different settings will also be beneficial to an entry level Alcohol and Drug Counsellor development.
assessments for mental illness and trauma is often neglected-along side of bypassing treating other mental health issues often counselor are only willing to work with addictions only and minimize the scope of the first two core functions and give a shoddy product to our customers
Staff training & development.
Basic knowledge od self-help; AA/NA/SOS/Peer Support, Criminal Justice Knowledge, and Cultural Awareness so a new counselor learns to recognize their own biasis
Awareness of current and emerging trends in substance of abuse both licit and illicit
Handle insurance and funding source requirements
Identifying Client needs, and building a rapport before trying to treat!
Reinforce professional boudaries both at work and after. Help professionals delineate and model for clients the difference between AOD treatment and outside resources such as twelve step programs or church. Often I hear colleagues either teaching clients to work steps or confusing the importance of spirituality to the whole person with proselytizing belief in God. Ease and ability to address how sex and sexual identity have an important place in a clients recovery.
This survey has done an adequate job in covering each area of concern I would have. I just think each question had an extremely important value you it.
Facilitating urinalysis process
The paperwork
The skill and ability to take risks in bringing forward to a clients awareness a repeatedly self-defeating behavior.; ; The ability to establish a relaxed, but formal and professional therapeutic setting.; ; The ability to minimize self-disclosure and not feed the assumption that one has to be in recovery to be an effective addictions counselor.
Recognize when to ask for help!
This is good.
The survey covered all the areas that a entry level A&D counselor should obtain while studying and starting in this field. Also one should have a passion for people they are servicing.
One should strive to first establish a positive relationship. Client want counselors to care.; Also, counselors should not be bias towards disenfranchised individuals and never ever do ALL the talking allow clients to tell their story, w/out interrupting. A counselor HAS to be a very good listener, this is where the counselor will get

most of their information from--just allow them talk.
Identify recovery capital, and assist client in accessing and effectively using recovery capital.
Screening, assessment, engagement in the field is vitally important.
Spanish language if working in Hispanic dominant locations
All entry level were covered Individual Counseling is a need for one slso to engagement
all of it
time management; prioritization; listening
Assessment, recovering addicts as counselors, transitional houssing at least a year to 18 months,
Self help support groups
It is critical for an entry-level person to understand the importance of self-care, the different aspects of confidentiality, (duty to warn, etc), and the impacts that funding sources may have on their role in the agency. In additional a new counselor needs to be able to delineate between obligations to clients vs obligations to agencies and the legal liabilities of the position to minimize career damaging errors that might be made early on.
Knowledge of client confidentiality and client rights. Familiar with procedures. Supervision under a certified and/or licensed supervisor.
Understanding the policies and procedures of the organization they work for. Understanding the role of team work and consensus in working for an organization.
Stress management and anger management issues need to be examined and explored.
It was all completely covered.
Woorkng knowledge of 12 step recovery programs and processes - must be able to integrate 12 step program philosophy into recovery plan.
New counselors in the field need to improve understanding of addiction and recovery as process.
None that I can think of in a short amount of time.
Well learned with current evidence based knowledge/technique.Able to quickly establish clinical link. Having personal experience derived from own conseling.
Involvement of Family Members referral services for children and spouse. We believe if someone has a substance abuse problem the entire family should be included in form of treatment.
Develope a therapuetic relationship in which the indiviual is respected and guided toward a change in lifestyle. Provide the client with a climate of positive self regard and collaborated efforts toward mutually agreed upon goals.
Time, support, and consistency are very important for addictions clilentelle.
Harm reduction; Motivational Interviewing; Self-disclosure
all areas were covered
Clinical supervision, colloboration with treatment team(s) personal development/burnout prevention of the counselor.
Therapist need to understand the disease concept of addiction, attend AA/NA, motivational interview, understand REBT, empathy.
Clinical Documentation
differences that may take place around adolescents/elderly
More emphasis on identifying and addressing co-occuring disorders, that are barriers to recovery ie, Bi-Polar disorder, trauma disorders
Understanding and educating about 12 Steps, Self-care as a counselor
Initial contact when a client arrives for an intake/assessment is essential. It sets the tone for the clients experience with the agency/program. This should begin with the support staff and continue with any staff with whom the clients works.
Something regarding the ability to function as part of a treatment team.

The relationship between client advocacy and ethical considerations.
Minimall competent is needed in counseling and understanding professional and ethical behaviors
Adequately repspond to clients in crisis- suicidal/homicidal, etc. Also, how to work with resistant individuals or those who are only motivated for change by outside forces, also stages of change, etc.
Case Management with managed care, getting authorization for services
follow up questioning in assessment process and one one one sessions and thorough documentation in which anyone could sit down and be able to know about a client. ; Computer skills especially with electronic charting.
Thorough understanding of the disease of addiction.
Understanding the importance of following the chain of command and its use for a smooth treatment plan and recovery for clients
That he or she must fully understand the negative side while working in this field. One always thinks that all is fine & sweet while working w/ each client, some r real mean & angry.
If not sure about medical or mental status issues deferring to a more qualifiwed staff memeber and asking direction
There needs to be more understanding of entry level counsellors to be aware of specific populations and their differences
I cant say it enough-better case notes. I see it too often; not enough information to make a diagnosis but the client is given a diagnosis anyway. Too many think that because they graduated they know it all. Must be open to learning.
The survey covered the categories
Therapists are becoming more responsible for explaining aspects of the clients insurance and knowledge in this area falls into a therapists ethical responsibilities to the client
Behavioural Competencies in creating connections with clientele (do they care about this client group), the community they work in, and with in the team. Can they work within a multidisciplinary team atmosphere to provide multi-discipline Tx services for an ever increasingly complex client base.
None.
Having knowledge of the disease process of addiction & an understanding of the physiological changes in the brain that affect behaviors should be a minimal requirement
I feel the training is adequate for a drug and alcohol counselor. There is not training available to pass the test for the licensures never the less a Licensed Counselor that is willing to train a up and coming counselor.
Documentation.; Understanding of Organizational Hierarchy.; Funding Resources
crisis intervention planning
None. This was a very thorough survey.
Understanding importance of staffing cases with peers and supervisor for better outcomes
I think tasks were completely covered.
everything was covered
i agreed
1. Interpreting the results of testing or other assessments performed by other professionals. 2. Be able to screen for co-morbid disorders. 3. Be able to treat addicts with co-morbid disorders.
I feel it is important for all cousellors to have an understanding of prevention and be able to discuss harm reduction
they need to have a working knowledge of the medical aspects of the effects of alcohol and drugs in the body as well as drug classifications. How to interpret a drug screening and explain the results to the client in simple terms.
Entry level AOD counselors need to be aware of the legal aspects of our profession. This is related to HIPPA, FERPA, and specifics related to documentations needed in the legal realm of providing best practices procedures.
None that I can think of at this moment

Perhaps graduates for alcohol and drug counseling may have never experienced treatment. I believe it would benefit an individual to walk through what a client would be requried to do so the counselor will have experienced knowledge of what is actually taking place. Counselors should also be informed of required late hours to cover work. Also would be expected to do UAs. Also counselors should be informed of the potential burn out for this career.
group counseling, analysis of stage of recovery,
not a task but a way of thinking: I would say from observations, it would be boundary issues. For a task: group facilitation.
GOOD COMMUNICATION AND LISTENING SKILLS
Have education and On The Job Training , yrs of work experience . Have 5 to 8 years of O.J.T., a B.S.,B.A., and be Licensed.Know the language,culture of the general Client population (i.e., Latino,Asian...)
treatment planning, counseling skills, screening, progress notes, ethics, and supervison.
Since I am the administration of the Minnesota certification Board my day to day function is very different.
Urine analysis- (unless that is considered part of an assessment). All entry level counselors at our agency are required to be able to complete urine analysis (explanation of test, collection of specimen, preparation for shipping, interpretation of lab results).
Covered for minimal competence
I think it would be of benefit to educate counselors of the funding sources available; private insurance, federal and state funds etc.
Part of being competent as a Alcohol and Drug Counselor must also include having people skills and a passion for the population he or she chooses to work you with. Information about people skills should be apart of the competency. I know it is discussed and considered but it really should be included as part of the competency on the Alcohol and Drug Counselor exam.
All covered
pharmacology; motivational interviewing; brief counseling interventions; crisis management
Survey covered everything. However, the role often depends on the program and how the lowest competency level is used. This will need to be clarified.
supervision and ongoing cultural ; competency training is a must along with the importance of ; spirituality in the recovery process
personal appearance, always on time with sessions, expects same for client
All were covered.
I FEEL THAT THE SCREENING AND ASSESSMENT PHASES HAVE BEEN DEVALUED FOR TIME AND EXPENSE AND ARE VIATL IN SA TX
ongoing education and membership in professional assn.
motivational interviewing/stages of change
Record keeping and counseling are very vital in the role of the new counselor. Also needed is when to seek supervision and personal wellness. Lastly ongoing training is also very important for this group.
I think the field has not yet come to grips of designing treatment based on evidence. It is obvious when you see how many providers still use 12 step methodology
Knowledge of stages of change and working with client resistance, knowledge of substances, recovery lifestyle and relapse process.
Increased emphasis on substance use disorder as a brain disease. It would be a large step for entry level counselors to know biopsychosocial sings and symptoms in conjunction with understanding of regeneration of the brain and abstinence based symptoms.
I think there should be a more emphasis on the Recovery Principals model. I think, for the most part, the addictions industry has an implied recovery principal; however the industry needs to be purposeful in its recovery model addictions worker education.
At minimal a Alcohol/Drug Counselor should be able to provide education on the neurobiology of addiction and relapse prevention. They should also be able to join with the client in a non-judgmental way.

I believe that for a minimally competent, entry level counselor, it is extremely important that they be knowledgeable of current drug trends, street names, pharmacology which isnt necessarily covered in the survey. Lastly, the counselor should be aware (somehow) of his/her biases with people suffering from addictions so that they are more effective in this field.
Spot on.
I feel it is very important for a entry level counselor to have training on co occurring disorders. How to assess, treat and refer as needed. Also that a counselor in recovery needs to have clear boundaries and supervision.
at that level they should be aware of the need to confer with the clinical supervisor.
I believe the survey covered all areas which are needed to demonstrate a person is competent to provide substance abuse services.
be able to identify and have the means to resolve facility norms that conflict with your professional norms.
Entry level counselor should understand what attitude is necessary for competency. A good tool is the Addictions Counseling Competencies which cover cultural competency, professional ethics, and professional readiness.
boundaries
The language of some questions was difficult for me; I caucasian however am also bi-ligual and bi-cultural from an adoption so ethnicity wasnt addressed well. Also one of the questions asked about cultural competecy and yet linked it with evidence based - we need years of more research to establish evidence based when it comes to culture and race - I believe
Personal recovery work
I am working with inmates then the approch is different. understand the criminal mind and the needs differs from other population but should be consider with the treatment
Ethical Boundaries was covered somewhat but not sufficiently.
Ability to conduct psychoeducational group lectures and facilitate group sessions.
Screening and assessment
group education
All were covered
Boundaries: A new Counselor should understand how easy it is to become overly attached to a client. I have seen this over and over through out my time in this field and watched several clinicians relapse with their clients when they crossed the line with them.
personal morals. lenght of sobriety. openness to new ideas in treatment.
Performing Extensive case management services to address issues of homelessness, Domestic Violence, Sexual Abuse, physical abuse. Address other pertinent addiction which may precipitate relapse to primary substance.
Understaning of disease concept, builing trusting rleationship, respecting, being honest with the client.
THE CULTURALLY COMPETENCE QUESTION NEEDS TO BE FURTHER EXAMINED IN TERMS OF PT. IMMEDIATE OR NON IMMEDIATE RESPONSES.. WHERE IF PROVIDED BY A NON SIMILAR CULTURE INDIVIDUAL, PATIENTS AUTOMATIC RESPONSES MAY AFFECT ASSESSMENT SUMMARY.
None
The most important issue is to understand our job is to do whatever it takes to help and promote healing of each unique individual.
Screening, assessments, engagement, treatment planning, collaboration, referrals, communication, competence, counseling skills, professional readiness, and
Level of "client-first" care competence.; Communication skills.; Level of bias awareness to interact with diverse population.
I believe that a new counselor just enetering the field is not able to do the tasks asked about here. There should be a period of time where he or she is working closely with supervision/senior staff and therefore the importance of their ability in these issues increases as they learn.
Evaluation: Conducting substance abuse evaluations, determining diagnoses and recommending course of action.

Ability to be empathetic
Utilizing a treatment team. Working well with the supervisor, detachment from client and family, upgrade and adapt to inovation and new research in the field, Mentor
Individuals wanting to help this particular population need to be able to separate the person from the behavior, which does not happen often in my experience.
To be honest.. The same people you observe also observe you. You learn from each other.
Group practices.
Working with the QCC and/or clinical supervisor.
Boundaries, transference and counter-transference should have a much stronger focus.
All domains are equally important given the relevance of each.
survey slow to respond to computer commands. Often had to complete responses twice.
It is critical for new counselors to establish rapport, maintain professional boundaries and be present as therapy is not just a science but an intra-psychic exchange.
you covered all that is necessary and the rest you learn as you go
Training- they must be able to learn somewhere under a professional willing to train!!
Understand and know how to use 12 core functions and KSA
To ensure your own capabilities skills and work can enable you to get into the clients world to understand how he or she relates to themselves others and their world
Since the U.S. prison population continues to rapidly grow, new counselors need competency in understanding the criminal personality, an item that is often just as significant as drug addiction itself. The survery was very comprehensive. Section 3, question #8 used the term "disease." Not all clinicans or treatment models embrace this view.
developing rapport; GAIN-I SI certification; working within scope of practice even if holding a license from another discipline, such as MD or LPC. Licensed practitioners are often held to lower standards in terms of ICADC or CADC certification due to acquired education; however licensed practitioners from other disciplines that enter the addiction treatment field are often woefully inexperienced in working with alcoholics and addicts in an addiction treatment setting. 4,000 hours are needed
Would like to see some awareness of co-occuring disorders and advocacy for patient rights and access to care.
Providing written communication with support staff and team members.
ADC must have basic computer software skills to multi-task in this job within any organization.
family involvement, knowledge of placement and treatment in continuation of care, ETHICS ETHICS ETHICS AND LAWS, intervention, group counseling, relapse prevention
Group therapy theory and practice principles. Twelve Step Recovery theory and principles.
A more complete breakdown specifying the value and importance of directly observed clinical supervision. These direct observations should occur during individual and group sessions with processing to follow observation.
Under Professional and Ethical Responsibilities, I would like to see more questions indicating a philosophical understanding of human services work and less material equating boundaries with ethical behavior.
Motivational Interviewing, Understanding triggers and promote coping skills
counseling
the engagement in honesty without reservation in the engagement of the process phase.
1. Learning how to be a part of a clinical team.; 2. Understanding the normal community chaos of a treatment center.; 3. Learning how to balance boundaries, roles, and responsibilities (i.e. a counselor is also an advocate, case mgr, mentor, peer, coach, and often authoritarian, etc.)
The most important is knowing you client such has history and family.
Educate the client about all addiction theories, not just the disease model.
The survey was very good about covering all that applies to the tx process for a new patient
For the purpose of exam questions and tasks for a CADC, this was very complete. Its hard to comment here; I

find greater issues with the implementation of such, the learning and training process. Much change is needed in that area (practical on the job training facilitated by senior mentors). Otherwise, another task to understand is managed care, the UR process and ASAM LOC. Also, add knowledge of drug testing, in depth.
Knowledge of medication assisted treatments. Group therapy skills
Building a theraputic alliance with patient is very important.
assess and document clients current status and develop a plan for recovery.
I believe the categories mentioned covered every aspect of counseling. However, it was difficult to answer the questions to minimal competent because every area is important to assist the client appropriately.
I think everything was well covered.
Developing a portfolio to get ready for the next level.
Addiction Physiology; Psychoeducation
Survey did not address group counseling practices, or use of supervision and consultation with more experienced staff.
I think it is very important for Alcohol and Drug Counselor to be knowledgeable with the population that we serve, be knowledgeable with the DSM- Manual.
Thorough knowledge of ASAM Criteria; DSM-V; Awareness of ones scope of practice; Meeting client needs where the client is, rather than imposing where the counselor thinks the client should be. Understanding the diffference betwen empathy and sympathy.
None needed
n/a
For my particular setting, an understanding of the therapeutic community model would be essential - but that is mostly covered with the EBP questions already mentioned
rapport, establishing a suportive demeanor with the client, take the client where they are in their thinking
Gaining trust and confidence of client is essential to lead to all of the other competencies.
In additioin I would like the borad to consider another issue ,by nature testing ,is utilized to detemine the overall level of cumulative knowledge one has in the area being tested .with in the substance abuse counseling field,we are consistently evaluated for job performance and specifically competencies with in the 12 core functions.From my understanding,competency is base largely not only in ones knowledge of a particclar content but ones ability draw upon and utilize that knowledge .
N/A
I felt that the only missing link was that of compasion for the client.Having sincere compasion for the client makes all of the other areas of importance less of a strugle to apply. and places the client in a more human light rather than a number.
Overall, I believe everything has been covered for an entry level Alcohol and Drug Counselor.
all covered
I want to emphasis that new counselors understand the integrity and flow from a multimodal perspective of chemical addiction through principles, policy, and practices. Clinical supervision needs to address this constantly in the practicum process.
Needs better understanding that what counselor sees as little progress, for the consumer it is major. Learn how to ID MI from manipulation or SA
If/as appropriate, share personal experience with addiction & recovery to build rapport, augment trust, and offer suggestions.
Supervised minimum hours of hands on in- service/volunteer work prior to entry level testing by certified/licensed counselor.
Group therapy
min education requirements for counseling positions.
Safe surroundings and privacy of setting
The survery was thorough.

Diversity is a must in order to respect differences in clients.
Boundary issues including understanding of manipulation and transference.
I personally believe that the rapport with the Client in of most importance, welcome them, encourage them, explain to them that they have made a wise choice by being there, be sincere and let them know they can reach you at any time they have a question or just need to talk. Dr. Joyce R. Dickens (PhD Addiction Psychology) ; 10-17-2013 ; joycedickens@bellsouth.net
n/a
The mention of a counselor being culturally and lingustically competent is an essential job tasks. This is an important element as our population varies from culture to culture and at the same time our staff must be senistive to all client needs, beliefs and values that will address race, age, and sexual orientation as well as spirtual beliefs.
N/A
Education Level; Practical Experience
Express emphacy
to set boundaries that promote recovery, while demonstrating appropriate empathy.
There needs to be some kind of mechanism for a candidate to gain some insight into their own personal issues, bias, prejudices, etc before they begin to do any kind of work w clients.
There needs to be some sort of evaluation about the actual practice of the counseling techniques. I have seen book smart masters level people convey all the wrong practices and miss the boat. I have a greater respect for those that can be practical in application.
Consulting with the consumer and the treatment team or others
Knowledge of support groups, 12 step and others. Dual diagnosis. Addictions other than drugs and alcohol.
FACILITATING GROUPS
The counselor may be a part of an organisation that is value-based and it is important that he or she embraces those values
A basic understanding of the different treatment theories and group therapy techniques
New DSM5 ; Psychopathologies (especially personality disorders); Stigmas and prejudgements; Disdane from other professions
All Alcohol and Drug Counselor must be sensitive to the differences of other
What of the local support systems are you personally familiar with and how can you effectively connect your client with these supports?

Appendix D: Other Credentials

Other Credentials

LIcensed Alcohol and Drug Abuse Counselor (LADAC)
Licensed Independent Chemical Dependency Counselor
SQP (SATOP Qualified Provider)
PCC, LCDC III-ohio
SAP, ADC
Licensed Chemical Dependency Counselor II
Master of Interdisciplinary Studies of Alcohol & Drugs
Social Work Assistant
CDCA
SAP
ICADC
ICADC
SAP, LMHC, ICADC
occupational therapist
LICDC
RMHC intern
lcdc
National Certified Gambling Counselor II
Anger Management and Human Behavior Consultant
Chemical Dependency Counselor Assistant
LICDC-CS
Canadian Problem Gambling Counsellor & Certified Ontario Counsellor, Consultant, Psychometrist & Psychotherpist
Certified Addiction Professional
Registered Addictions Specialist
Certified Medical Asssistant
CDCA
lcdc
Psychologist
VT Rostered Psychotherapist
Licensed Independent Substance Abuse Counselor (LISAC)
Peer Support Specialist
CDCA
Certified Addiction Professional
Licensed Clinical Addiction Specialist
Health-based Psychotherapist
Licensed Clinical Addictions Counselor
certified as a chemical dependency counselor trainee
LCDC
Licensed cd counselor
Certified Prevention professional

Limited Licensed Psychologist-Michigan
Certified Christian Counseling Therapist
Licensed Clinical Addiction Specialist
ADC 3; LCDC; Advanced Certified Prevention Specialist; Licensed Marriage and Family Therapist
counselor in training
LCDCIII
Chemical Dependence Counselor Assisantant
LPN
LISW-S, SAP
Certified Prevention Specialist
Lcas
Licensed Clinical Addictions Specialist
MARS
Licensed Clinical Addictions Specialist
Licensed Clinical Addictions Specialist (North Carolina)
Certified Peer Recovery Coach
LMHC
Licensed Mental Health Counselor
N/A
Certified Behavior Analyst
Completing MPH Program at Walden Univ
LCDC
Licensed Clinical Social Worker
CEAP / Intervention
LCDC
MLADC, LCMHC
Licensed Clinical Addictions Counselor
Certified Rehabilitation Counselor
International
CEAP, CFAS
Licensed Mental Health Counselor
NCGC1
Addiction Care Worker Diploma
LICENSED INDEPENDENT CHEMICAL DEPENDENCY COUNSELOR WITH CLINICAL SUPERVISION ENDORSEMENT
Certified Peer Specialist
LCDC III
certified anger management specialist
Licensed Clinical Supervisor
Licensed Substance Abuse Treatment Practitioner
RN; LCDC III
LCDC, ADC III, ICADC, SAP

certified Educator/teacher
Intermediate Clinical Director
Licensed Chemical Dependency Counselor
cdca
LICDC
cdca
LCDC III
Chemical Dependency Counselor Assistant
Child and Youth Counsellor
MRC
ICPS
LICDC
Doctor of Chiropractic
my License are LISW-S, and LICDC-CS
Certified Psychiatric Rehabilitation Practionier
Professional Counselor Training License
CDCA
Licensed Professional Clinical Counselor
CEAP SAP CC
Registered Psychiatric Nurse
SWA Social worker Asstiant
LICDC-CS, EdD, LISW
Licensed chemical dependency professional
CDCA
LISW-S
Addictions Counseling Diploma
registered student
Licensed Mental Health Counselor
MSSA, LICDC-CS, ICCS, ICPS, ICADC, OCPS II, CAM-1
Chemical Dependency Counselor Assistant Licenses
Licensed Chemical Dependency Counselor III
LCDC-III
RASAC II
ICADC
Licensed chemical dependency counselor III
Licensed Addiction Counselor
licenced clinical counselor and licensed independent chemical dependency counselor
CLINICAL SOCIAL WORKER
CDCT-testing for CCDCIII on 9/18
CTRS
CTTS

Licensed Child and Youth Counsellor of Alberta
certified rapid resolution therapist
diploma addictions counselor
LCDCIII
Licensed Independent Chemical Dependency Counselor- Clinical Supervisor
LCDP, Licensed Chemical Dependency Professional
LCDCIII
LCDC, ADC-II
Certified prevention specialist, LVN
Social Worker Trainee
Problem Gambling Competency
LCDC III
ATR-BC
Health Education Specialist
Board Certified Registered Art Therapist
Board Certified Diplomat Clinical Social Work
cdca phase 1
LICDC-CS - State of Ohio Licensed Independent Chemical Dependency Counselor with Supervisor Endorsement
Limited License Profesional Counselor
BA in Psychology
Limited Licensed Psychologist (MI)
Licensed Creative Arts Therapist
SAP
Registered Addiction Counselor
LICDC-CS
Licensed Addiction Counselor
Certificate Training in Mental Health and Addictions
LICDC
LAC
CDCA
chemical dependency certifiate dipolma
licdc-cs(lic indep cemica; dep coun -w/ c;inical super
case manager ccm
R.N.
Licensed Chemical Dependency Counselor II
MA Psy Asst.
Certificate of Competency in Problem Gambling
PCGC, MISA I
School Psychologist
LCDC III Licensed Chemical Dependency Counselor (OH)
Certified Addictions Program Administrator

ICADC
Domestic violence Counselor
Licensed Chemical Dependency COunselor
CIT
ICADC / CSAC
RA
licensed independent chemical dependency counselor
CTS, SWA, LCDCII
Certificate of Competency in treatment of Compulsive Gambling
Certified Clinical Supervisor
Licensed Mental Health Counselor and Licesneces Clinical Addictions Counselor
chemical dependency counselor assistant
LLMSW
Development Plan/ FACE/ SPEC
Certified Case Manager
BSN, RN
Licensed Clinical Addiction Counselor
Licensed Clinical Addictions Counselor
DOT-Substance Abuse Professional, Substance Abuse Expert, Certified Employee Assistance Professional
SAP
Prevention Specialist
LCDC and CPS
Mediator
Sap
Substance Abuse Professional Department of Transportation
ATOD Prevention Specialist
LCDC, CCDS, SAP
Licensed Clinical Addiction Counselor
SAP
Licensed Independent Chemical Dependency Counselor
LCDC III
LICDC
Minister License
CCJP
IDDT specialist
LCDCIII Ohio, Ordained minister
Reality Therapy Certified
MDiv
licensed clinical addictions counselor
Licensed Addiction Counselor
ICADC

licensed clinical addictions counselor
LICDC, RN
Licensed Clinical Addiction Counselor
LPC intern
LCDC
LCDC/LAC
registered nurse
LCDC III
CDCA
LCDC-III
Approved Clinical Supervisor, Art Therapy Certified Supervisor
LCDC, LAADAC
Certified Prevention Professional
CDCA (Ohio)
Licensed Addictions Counselor
SAP
Internationally Certified Advance Alcohol and Drug Counselor
Counselor Intern
Certified Prefention Professional
licensed Chemical dependency Counselor, Certified Criminal Justice Specialist
SAP
Licensed Alcohol and Drug Counselor
Limited Licensed Psychologist
NCGC-1
Licensed Independent Chemical Dependency Counselor
LICDC-CS
CASAC
Certified Addiction Specialist
Licensed Mental Health Counselor
licensed advanced substance use disorder counselor
Licensed Mental Health Counselor
ACS, SAC, School Psychologist
CPS
Licensrd Clinical Alcohol & Drug Counselor
Clinical Certified Forensic Counselor
gambling counselor
RAC
Licensed Clinical Alcohol and Drug Counselor
LCADC
Certified Recreation Therapist
CDCA

Licensed I ndependendent Chemical Dependency Counselor
MATS
Licensed Clinical Mental Health Counselor, Licensed Alcohol and Drug Counselor
Substance Abuse Counselor-In Training
Licensed Professional Clinical Counselor - Supervisor, Licensed Independent Chemical Dependency Couselor - Clinical Supervisor
Licensed Chemical Dependency Counselor
national intervention cac II
LICDC-CS
Certified Mental Health Professional
QMHP
MBA, LCDCI
LCDC lll
Registered Mental Health Counseling Intern
SQP
Cheap
CDA
none
Certified Addictions Proffesional - International Certification and Reciprocity Consortium
Licensed Mental Health Counselor
Registered addictions specialist intern
Hba psych MA coursework in applied psychology
Certified Addictions Professional (CAP)
PRSS and trainer
LMHC
Registered Clinical Social Work Intern
LADC
LICDC
RN
Nationally Certified Psychologist, Susbtance Abuse Professional
BSN, CCPSII
dot/ Sap Professional
Licensed Prevention Professional
CPP
Tobacco Treatment Specialist
Certified Compulsive Gambling Counselor
MS and CP
LMSW- Licensed Master of Social Work
Licensed Clinical Addictions Specialist
LCAS
LMHC, CAP
Licensed Clinical Addictions Specialist

Licensed Clinicla Addictions Specialist
Certified Addiction Professional (CAP)
Licensed Clinical Addicition Specialist
LCAS
LCAS, CSI
Certified Rehab Counselor
CSAC/Intern
Licensed Clinical Addictions Specialist
ARMS
Licensed ClinicalAddictions Specialist in NC & Licensed Addiction Counselor in CO
CSACI
LMSW
SATOP Qualified Professional
Registered Clinical SW Intern; will take CAP test in Dec 2013
CSAC
Licensed Independent Chemical Dependency Counselor
Licensed Mental Health Counselor
Licensed Mental Health Counselor
Certified Addictions Counselor
LCAS
Certified Peer Support Specialist
Licensed Chemical Dependency Counselor (LCDC) in Texas
CAP
Certified Addictions Professional
LICDC OHIO
CRSS
CMHP
Certified E-therapist, Certified Trauma Therapist
Licensed Clinical Addiction Specialist
CAP
Certified Addictions Professional
Registered Addiction Counselor
Limited Licensed Professional Counselor
LLPC, CRC
CAP/CRSS

Appendix E: Other Work Settings

Other Work Settings

Health Region
hospital university setting
shelters and programs for homeless men and women
Sole Proprietor
RehabCenter
Industry
Contractor
hospital substance abuse program.
private practice
Hospital
Prince Albert Saskatchewan Regional Health Authority Canada
Private practice
Department of Corrections
private practice
Adolescent Corrections
private practice
Arizona State Prison
non-profit community based agency
private
Hospital-not for profit
management
retired
Hospital outpatient clinic
Non-Profit
Currently taking courses to sit for exam
Criminal Justice
For profit
inactive as a CD counselor
nonprofit contracted by county
independent practitioner
private practice
Union
Behavioral Health
mental health clinic
Community Mental Health
Higher Educaiton
University
Private Practice
Health Sector

School Outreach Counselor for High Risk Youth
med/surg/trauma hospital
Canadian: Ontario: Community Health Centre (non-profit govt funded)
Private Practice
hospital non-profit, private
Regional Health Authority
Provincial health Govt department
self
Health region
non for profit
Private for profit & 2nd job state university
Private practice
High School
publicly funded health care
University
Academic
higher education
Private Practice
local health region
Private Practice
Private practice
Eap
Health Center
non-profit community based
Provincial Government
TC3 - education
Trainer Consultant
Outreach in Family Practice Clinics & Pain Clinics
Provincial Health Region
Hospital based treatment program
Hospital
university
Solo private practice
Private Practice
DOT/SAP
Private Practitioner
Governement funded
Retired
University
Private Medical Clinic
hospital, not for profit, outpatient

Private Practice
private, non-profit, state funded
Provincial
Corrections
Hospital Based
Provincial Government
private practice
Independent
Corporate EAP
hospital
Hospital CD Program
Prison
the last 16 or so years I am in administration.
Education
HMO
university
Hgher Education
hospital
Hospital
hospital
Education
Consulting
prison
Hospital ER
private practice
Solo Private Practice
Self employed private practice
school
Ontario Government
PhD Addiction Psychology-Volunteer Work-Teach Addictions/Psychology
IP hospital
hospital
public hospital

Appendix F: Other Levels of Care

Other Levels of Care

intake, assessment and referrals
Case Management/Managed Care
Sober AA 18 years
interventions
Prison addiction unit
Assessments
previously residential inpatient, now community outreach
residential and op
casemanagement
compliance oversite
eligblity determination
Administrative
management
Intensive outpatient (20 hrs a week)
School District
III C Sub-Acute Detox
Return to duty program
retired
Counseling
Outpatient, Day Treatment and Residential
assessments Hospital
Residential Prison Setting
Admistration
Have experience in In-patient & Out-patient Care
Education
None
Outreach screening assessment referral
Teaching--past outpt.
IOP
Educaitonal
Institutional Corrections
state HIV care site
Administration
school-based
Administration
Court mandated forensic assessments
assessments
training inpatience
correctional

Insurance company
substance abuse consultations as a clinical social worker
In Home
Intensive Outpatient Program
EVALUATION/PREVENTION
Intensive Out Patient
Jail-Based CBT/AOD
72 hr education dip
counseling
prison
fund all levels
Prison outpatient
Department of Corrections
certified as intensive outpaitient
domestic violence shelter
Support during school hours
We provide level II.1 care in a juvenile facility. We are licensed at 1.0, but provide a higher level of services than required.
both residential and outpatient
I.O.P and Residential Inpatient
Community Prevention
program chair
both residential and outpatient
Individual Counseling and Assessments
case manager assessment
Probation supervision
case management
Case Management
Support Staff
Students
Jail re-entry
Transitional Lt
Trainer Consultant
Corrections
Outpatient screening, assessment, referral
OP and Residential
III.5, I, II, 0.5, 0.7
community
case management
Assessment and referral/ Case Management
Utilization management
private practice office setting

Community Prevention
walk-in, crisis
MCPCN
Education of drug and alcohol counselors
All of the above before retirement
EAP
jail psycho-ed
Correctional Institution
Outreach
ACT
Education
Emergency Svcs
Currently a probation officer
Prison
ITC
Transitional
Access/Screening
Inmate
Correctional
Intensive Outpatient
school-based
Community Based
Levels I, II and III
residential & outpatient services
Supportive Housing
Private Practice Out-Patient
Assessment & Referral
Employee Assistance Program
Case management services
certificatiocation ofcounselors
school based
Probation/Parole. General Counseling
care coordination
intervention & referral
Therapeutic Community
Traffic offender DWI
Insurance
OPP -After care-codep-family
Prevention: High Risk Youth interventions
Administrative
community

residential and outpatient
Consulting and Teaching
RSAT jail program
correctional based residential
Co-occurring disorders, assessment, treatment, voc rehabilitation
Administrative
Assessment & Intervention
both OP, Residential, & Medically Monitored Inpatient Detoxification
Assessment/LOC/Placement
Transitional/Outpatient/IOP
Crisis intervention, assessment & referral
Post treatment Relapse Prevention
PHP/IOP
Supervision and oversite
Outpatient & Residential
Management
residential, outpatient, virtual counseling
Recovery Support Services and Assistance; make treatment recommendations
Re-Entry
Intensive Outpatient
ACTT SA LCAS
administration
High School
Intensive Outpatient (In Jail Setting)
case management
All- Supervisor, Administrator, and Service Delivery
iop
prison
Drug Court
N/A
community based/assertive community

Appendix G: Other Primary Roles

Other Primary Roles

management
Counselor, administrator, educator, community
Counselor Intern
CEO
Not working inthe Field
Program/Clinical Director
Consultant
program coordinator
Program Director
Addiction Professional
Manager
Clinical Supervisor/ Program Manager
Manager/therapist
Youth Outreach
CDCA, admin. assistant, intake ,program coordinator
Group Facilitator
Intern
Trainer
Case manager
Trainer
administrator, supervisor, clinical therapist
tech
Probation Officer
owner private practice
Program Director
Prevention Specialist
Executive Director
EAP Clinical Consultant
trainer/consultant
Counselor Education, Relapse Prevention, Individual Counseling, and Continued Care Planning, staff education as well
clinical care coordinator
intervention specialist
Professor and Supervisor
Addiction Counselor
CSW
clinical record and service monitoring
Substance Abuse/Mental Health Specialist
Program Manager
I run a OP site.
IOP therapist

Registered Nurse Case Manager Primary Care Counselor
Clinician/Manager
substance abuse counselor
AdMIN/Coordinator3
all except clergy
Counselor Intern
probation officer/counselor
Clinical Assessor
owner/clinician/manager
Assessor
Outpt detox
Corrections Tech
Peer Support; Treatment Group Co-Facilitator
Behavioral Tech
Community Mental health program supervisor
COO
Behavioral Health Tech
substance abuse counselor

Appendix H: Other Educational Qualifications

Other Educational Qualifications

ICADC
Certificate in Native Human Justice
Diploma and Certificate
Assessment Counselor
Masters Degree Student-prjected Graduation date of December 1, 2013
masters 2014
Ed.S.
College Diploma X 2
College Diploma
Diploma
Currently obtaining bachelors in human services
Post Master Marriage & Family Therapist
Masters degree in progress
University Certificate in Addiction Studies
Doctor of Ministry
bachelors and current master student
Diploma of Counselling/Addiction Worker Certificate
Masters level non-accredited ministerial
9 Credit Hours from B.A.
masters certificate in addiction
College Diploema
CGAs
diploma
20 years
masters and post baccalaureate hours
BA, MA, Ed.S.
Masters candidate
post graduate

Appendix I: Other Ethnicities

Other Ethnicities

Mixed
Metis (Half Breed)
a/Irishmeerican Indian
metis
Metis
Eurasian
Melungeon
European American
Appalachian
noyb
Metis
bi-cultural
caucasian
Prefer not to say

Appendix J: Tasks in order of Non-Performance

Tasks in order of Non-Performance

No. Legend: Example – IIA6

II Domain Number
A Subdomain
6 Task Number

Element	Task	Respondents	Frequency	Percentage
IIA7	Evaluate the effectiveness of case management activities to ensure quality service coordination.	1221	56	4.39
III5	Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.	1219	56	4.39
I8	Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.	1238	38	2.98
III7	Provide information on issues of identity, ethnic background, age, sexual orientation, gender and other factors that influence behavior as they relate to substance use, prevention and recovery.	1241	34	2.67
I7	Interpret results of screening and assessment and integrate all available information to formulate a diagnostic impression and determine an appropriate course of action.	1240	33	2.59
III1	Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.	1251	31	2.42
I4	Administer appropriate evidence-based screening and assessment instruments specific to the client to determine their strengths and needs.	1250	30	2.34
I6	Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.	1250	30	2.34
IIA5	Communicate with community resources regarding needs of the client.	1250	29	2.27
III4	Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.	1254	26	2.03
IIA10	Utilize multiple pathways of recovery in treatment planning and referral.	1251	24	1.88
IIA6	Advocate for the client in areas of identified needs to facilitate continuity of care.	1255	24	1.88

IIA1	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.	1260	23	1.79
I3	Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.	1258	21	1.64
I5	Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.	1259	21	1.64
IIA2	Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.	1260	21	1.64
IIA3	Match client needs with community resources to facilitate positive client outcomes.	1261	21	1.64
IIA8	Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.	1258	21	1.64
III3	Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.	1256	20	1.57
III6	Document counseling activity and progress towards treatment goals and objectives.	1255	20	1.57
IIA4	Discuss rationale for a referral with the client.	1258	20	1.56
IIA9	Document treatment progress, outcomes, and continuing care plans.	1255	18	1.41
IVA4	Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.	1259	18	1.41
III2	Provide information to the client regarding the structure, expectations, and purpose of the counseling process.	1264	17	1.33
III8	Provide information about the disease of addiction and the related health and psychosocial consequences.	1261	15	1.18
I2	Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.	1267	13	1.02
IVA7	Prepare concise clinically accurate and objective reports and records.	1264	13	1.02
IVA6	Obtain written consent to release information from the client and/or legal guardian, according to best practices.	1268	7	0.55

I1	Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.	1276	5	0.39
IVA2	Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.	1276	3	0.23
IVA1	Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.	1279	2	0.16
IVA3	Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.	1275	2	0.16
IVA5	Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.	1274	2	0.16

Appendix K: Tasks in order of Mean Importance

Tasks in order of Mean Importance

No. Legend: Example – IIA6

II Domain Number
A Subdomain
6 Task Number

Element	Task	Respondents	Mean	SD
IVA1	Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.	1279	4.88	0.36
IVA5	Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.	1274	4.84	0.42
IVA6	Obtain written consent to release information from the client and/or legal guardian, according to best practices.	1268	4.83	0.44
I1	Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.	1276	4.76	0.47
IVA3	Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.	1275	4.65	0.57
I3	Assess client’s immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.	1258	4.63	0.61
III1	Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.	1251	4.62	0.6
IVA4	Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.	1259	4.59	0.63
IVA2	Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.	1276	4.58	0.66
III3	Continually evaluate the client’s safety, relapse potential, and the need for crisis intervention.	1256	4.55	0.63
IVA7	Prepare concise clinically accurate and objective reports and records.	1264	4.55	0.64
IIA8	Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.	1258	4.52	0.63
IIA1	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.	1260	4.49	0.66
I7	Interpret results of screening and assessment and integrate all available information to formulate a diagnostic impression	1240	4.48	0.73

	and determine an appropriate course of action.			
I5	Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.	1259	4.48	0.67
I6	Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.	1250	4.46	0.71
III8	Provide information about the disease of addiction and the related health and psychosocial consequences.	1261	4.46	0.7
IIA9	Document treatment progress, outcomes, and continuing care plans.	1255	4.43	0.72
I2	Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.	1267	4.43	0.71
IIA2	Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.	1260	4.42	0.69
III6	Document counseling activity and progress towards treatment goals and objectives.	1255	4.4	0.73
III4	Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.	1254	4.39	0.74
III2	Provide information to the client regarding the structure, expectations, and purpose of the counseling process.	1264	4.36	0.72
IIA3	Match client needs with community resources to facilitate positive client outcomes.	1261	4.35	0.74
I8	Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.	1238	4.33	0.79
IIA4	Discuss rationale for a referral with the client.	1258	4.33	0.74
IIA10	Utilize multiple pathways of recovery in treatment planning and referral.	1251	4.32	0.73
IIA6	Advocate for the client in areas of identified needs to facilitate continuity of care.	1255	4.26	0.78
I4	Administer appropriate evidence-based screening and assessment instruments specific to the client to determine their strengths and needs.	1250	4.25	0.8
III5	Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.	1219	4.18	0.79
IIA5	Communicate with community resources regarding needs of the client.	1250	4.11	0.83
IIA7	Evaluate the effectiveness of case management activities to ensure quality service coordination.	1221	4.09	0.85

III7	Provide information on issues of identity, ethnic background, age, sexual orientation, gender and other factors that influence behavior as they relate to substance use, prevention and recovery.	1241	4.07	0.87

Appendix L: Final ADC Examination Content Outline

Final ADC Examination Content Outline

DOMAIN I: SCREENING, ASSESSMENT, AND ENGAGEMENT (23%)

1. Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.
2. Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.
3. Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.
4. Administer appropriate evidence-based screening and assessment instruments specific to the client to determine their strengths and needs.
5. Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.
6. Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.
7. Interpret results of screening and assessment and integrate all available information to formulate a diagnostic impression and determine an appropriate course of action.
8. Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.

DOMAIN II: TREATMENT PLANNING, COLLABORATION, AND REFERRAL (27%)

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. Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.
3. Match client needs with community resources to facilitate positive client outcomes.
4. Discuss rationale for a referral with the client.
5. Communicate with community resources regarding needs of the client.
6. Advocate for the client in areas of identified needs to facilitate continuity of care.
7. Evaluate the effectiveness of case management activities to ensure quality service coordination.
8. Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.
9. Document treatment progress, outcomes, and continuing care plans.
10. Utilize multiple pathways of recovery in treatment planning and referral.

DOMAIN III: COUNSELING (28%)

1. Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.

2. Provide information to the client regarding the structure, expectations, and purpose of the counseling process.
3. Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.
4. Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.
5. Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.
6. Document counseling activity and progress towards treatment goals and objectives.
7. Provide information on issues of identity, ethnic background, age, sexual orientation, gender and other factors that influence behavior as they relate to substance use, prevention and recovery.
8. Provide information about the disease of addiction and the related health and psychosocial consequences.

DOMAIN IV: PROFESSIONAL AND ETHICAL RESPONSIBILITIES (22%)

1. Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.
2. Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.
3. Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.
4. Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.
5. Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.
6. Obtain written consent to release information from the client and/or legal guardian, according to best practices.
7. Prepare concise clinically accurate and objective reports and records.

International Certification & Reciprocity Consortium

Alcohol and Drug Counselor

2013 Job Analysis Report Addendum

Prepared by:

Zijian Gerald Wang
Psychometrician
Schroeder Measurement Technologies, Inc.

Post Job Analysis Activity

Following the JA2 meeting on December 13, 2013, IC&RC worked with the SME panel to develop knowledge, skills, and ability (KSA) statements to further expand the task statements that were determined to be essential to minimum competency as an ADC. The KSA statements were developed over a series of webinars using results from preliminary research conducted by IC&RC and SMEs from the original JA panel. The expanded ADC content outline is shown in Appendix M.

Appendix M: Final Expanded ADC Examination Content Outline

Final Expanded ADC Examination Content Outline

Domain I: Screening, Assessment, and Engagement

Task 1	**Demonstrate verbal and non-verbal communication to establish rapport and promote engagement.**
Knowledge of:	
1	Best practices related to interviewing techniques
2	Self-awareness and therapeutic use of self
3	Stages of change
4	How culture affects communication
Skill in:	
1	Building trust and establishing rapport with clients
2	Recognizing and understanding verbal and non-verbal behaviors
3	Using stages of change to promote engagement

Task 2	**Discuss with the client the rationale, purpose, and procedures associated with the screening and assessment process to facilitate client understanding and cooperation.**
Knowledge of:	
1	Criteria for evaluation of substance use disorders
2	Significance of diagnostic reports from laboratory tests
3	Behavior, patterns, and progressive stages of substance use disorders
4	States of intoxication, stages of withdrawal, psychological and physical effects of psychoactive substances
5	Patterns and methods of misuse and abuse of prescribed and over-the-counter medications
6	Current commonly used substances
7	How blood alcohol content affects behavior
8	Professional ethics and confidentiality
Skill in:	
1	Utilizing interview techniques
2	Gathering and assessing information and summarizing data
3	Assessing and determining the severity of client psychoactive substance use

Task 3	**Assess client's immediate needs by evaluating observed behavior and other relevant information including signs and symptoms of intoxication and withdrawal.**
Knowledge of:	
1	Current commonly used substances
2	How blood alcohol content affects behavior
3	Legal limits of blood alcohol content

4	Effects and interactions of using substances
5	Withdrawal symptoms
6	Behavioral management of an impaired person
7	Emergency procedures associated with overdose and acute withdrawal symptoms
Skill in:	
1	Recognizing signs and symptoms of intoxication and withdrawal
2	Using interview techniques
3	Assessing verbal and non-verbal behavior
4	Referring to appropriate medical personnel

Task 4	**Administer appropriate evidence-based screening and assessment instruments specific to clients to determine their strengths and needs.**
Knowledge of:	
1	The variety of substance use disorder assessment instruments and their limitations and strengths
2	The administration and scoring procedures for substance use disorder instruments
3	Diagnostic criteria for evaluating substance use
4	Behavior patterns and progressive stages of substance use disorders
5	Screening, brief intervention, and referral to treatment (SBIRT)
6	The role of the client's culture, demographics, and cognitive functioning in the assessment process
Skill in:	
1	Selecting and administering assessment instruments

Task 5	**Obtain relevant history and related information from the client and other pertinent sources to establish eligibility and appropriateness of services.**
Knowledge of:	
1	Information and resources regarding cultures, sexual orientation, gender and special needs
2	The significance of diagnostic reports from laboratory tests
3	Signs and symptoms of co-occurring mental health disorders
4	Interview processes, including objectives and techniques
5	The use and method of feedback to the client
6	How a client’s financial circumstances influence treatment options
Skill in:	
1	Identifying and understanding non-verbal behaviors
2	Building trust and establishing rapport
3	Gathering and assessing information
4	Identifying discrepancies in information given by client and/or concerned others
5	Determining the importance of the relationship between the client and

	concerned others
6	Assessing the appropriateness of involving concerned others in the assessment process
7	Recognizing a need for more in-depth information from other professionals
8	Effective use of open- and closed ended questions and other interview techniques
Task 6	**Screen for physical needs, medical conditions, and co-occurring mental health disorders that might require additional assessment and referral.**
Knowledge of:	
1	Appropriate screening and assessment tools
2	Screening and identification of issues outside the scope of practice of a substance abuse counselor that require referrals
3	Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders
4	Crisis Intervention
Skill in:	
1	Applying the use of screening and assessment instruments
2	Using interview techniques
3	Collaborating with multiple disciplinary teams to determine course of action
Task 7	**Interpret results of screening and assessment and integrate all available information to formulate diagnostic impression, and determine an appropriate course of action.**
Knowledge of:	
1	Criteria for diagnosis of substance use disorder
2	Behaviors indicative of other addictive disorders
3	Conditions commonly associated with substance use e.g. physical needs, medical conditions and co-occurring mental health disorders
4	The relationship between substance use and trauma
5	The various manifestations of client ambivalence related to readiness to change
6	Treatment options
7	Detoxification
8	Laboratory data related to substance use disorders
Skill in:	
1	Identifying and understanding verbal and non-verbal behaviors
2	Prioritizing the information obtained from the client relative to the assessment
3	Organizing and summarizing client data and clinical impressions
4	Documenting information in a concise, clinically accurate and objective manner
5	Recognizing client needs
6	Communicating treatment options

Task 8	**Develop a written summary of the results of the screening and assessment to document and support the diagnostic impressions and treatment recommendations.**
Knowledge of:	
1	Interpretation of results to integrate all available information, formulate diagnostic impressions, and determine an appropriate course of action
2	The elements of a bio psychosocial assessment
3	Appropriate recommendations for treatment planning
4	Diverse communication styles and systems
5	The various manifestations of client ambivalence relative to stages of change
6	Clinically appropriate documentation practices
Skill in:	
1	Documenting information in a concise, clinically accurate and objective manner
2	Organizing and summarizing client data, reports from other professionals, and clinical impressions

Domain II: Treatment Planning, Collaboration, and Referral

Task 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.**
Knowledge of:	
1	The purpose of the assessment and treatment planning process
2	Client ambivalence encountered during assessment process
3	Criteria for evaluating substance use disorders
Skill in:	
1	Building trust and establishing rapport with the client
2	Eliciting feedback to assure understanding of information given
3	Communicating effectively
4	Presenting technical information in a manner appropriate to the client
5	Writing obtainable and measureable goals with the client

Task 2	**Use ongoing assessment and collaboration with the client and concerned others to review and modify the treatment plan to address treatment needs.**
Knowledge of:	
1	How culture, demographics and other client characteristics affect response to treatment
2	Risk factors that relate to suicide, homicide, family violence, self-injury, and other harmful behaviors
3	Methods to respond to client in crisis
4	Circumstances which may necessitate a change in the course of treatment
Skill in:	
1	Collaborating with client and, when appropriate, concerned others to negotiate adjustments to the treatment plan
2	Using client feedback to enhance treatment
3	Documenting any adjustments to the treatment plan

Task 3	**Match client needs with community resources to facilitate positive client outcomes.**
Knowledge of:	
1	Community resources to meet client needs
2	Appropriate practices regarding case consultation
3	Appropriate practices for handling confidential client information
Skill in:	
1	Assessing client's needs for referral
2	Identifying professional and agency limitations
3	Responding to client and/or family in crisis
4	Planning and facilitating referral

5	Developing and maintaining working relationships with other professionals
Task 4	**Discuss rationale for a referral with the client.**
Knowledge of:	
1	Referral rationale for group, individual and family counseling
2	Methods of responding to a client and/or family in crisis
3	Professional scope of practice in substance use disorder counseling
4	Personal/professional strengths and limitations
5	Strengths and limitations of other service providers
6	Philosophies and approaches of outside community resources
7	Rationale, benefits, and modalities of other treatment providers
8	Level of care placement criteria
Skill in:	
1	Communicating warmth, respect and acceptance of cultural and individual differences
2	Communicating (oral and written)
3	Collaborating with multidisciplinary team members
4	Coordinating care
Task 5	**Communicate with community resources regarding needs of the client.**
Knowledge of:	
1	Consultation and referral within confidentiality guidelines
4	Oral/written communication
3	Agency's policies regarding case consultation
4	Services available to family and significant others especially as they affect access to treatment and the recovery process
Skill in:	
1	Explaining the rationale for decisions affecting confidentiality
2	Making clear and concise oral/written case presentations
3	Gathering, organizing, and interpreting data for case consultation
4	Interpreting written reports of other professionals
5	Seeking and responding to information from other professionals relative to own knowledge of the case
6	Identifying and using sources of supervision and consultation
7	Establishing trust and rapport with colleagues
8	Identifying appropriateness of request for information from consultation source
9	Communicating with community resources

Task 6	**Advocate for the client in areas of identified needs to facilitate continuity of care.**
Knowledge of:	
1	Skills and services provided by other professionals
2	How to maintain working relationships with other professionals
3	Oral/written communication
4	Follow-up process with referral sources
5	Advocacy techniques
6	Eligibility requirements for funding
7	Level of care placement criteria
8	Knowledge of symptoms of substance use disorders
Skill in:	
1	Collaborating with outside resources and professionals
2	Preparing comprehensive and relevant documentation in a timely manner
3	Matching client's needs with resources
4	Making clear and concise oral/written case presentations
5	Gathering, organizing, and interpreting data for case consultation
7	Establishing trust and rapport with colleagues

Task 7	**Evaluate the effectiveness of case management activities to ensure quality service coordination.**
Knowledge of:	
1	Skills and services provided by other professionals
2	How to maintain working relationships with other professionals
3	Utilization of consultation results
4	Understanding all aspects of the referral process
5	Understanding importance of service coordination
6	Documentation procedures for referral and follow-up
7	Individual differences (i.e., culture, ethnicity, race, age, gender, sexual orientation, HIV/AIDS status, religion) and how these differences affect all aspects of substance use disorder treatment
Skill in:	
1	Communicating warmth, respect, and acceptance of cultural and individual differences
2	Effective verbal and written communication
3	Identifying and addressing personal and organizational limitations
4	Organizing and interpreting relevant information and data
5	Preparing comprehensive and relevant documentation in a timely manner
7	Applying organizational policies and procedures
8	Interpreting written reports of other professionals
9	Identifying and using sources of supervision and consultation
11	Conducting effective service coordination
12	Identifying possible conflicts of interest with outside resources

Task 8	**Develop a plan with the client to strengthen ongoing recovery outside of primary treatment.**
Knowledge of:	
1	Recovery process and relapse dynamics
2	Techniques to interrupt the relapse process
3	Residual effects of substance use as it affects the relapse process
4	External factors (e.g., peers, family, the environment, support groups) that influence recovery and relapse
5	Developmental stages of recovery
6	How to develop an individualized recovery plan that meets the unique needs of the client
7	Integrated service delivery within the continuum of care
8	Confidentiality best practices and administrative rules
9	Treatment planning and discharge criteria
10	Available self-directed support
Skill in:	
1	Educating the client and concerned others about the recovery and relapse process
3	Recognizing client manifestations of the relapse process
4	Assessing a client's risk factors for relapse
5	Educating the client in understanding their individual relapse signs and symptoms
6	Assisting the client in intervening in the relapse process
7	Assessing community resources to support recovery
8	Guiding the client through the developmental stages of recovery
9	Collaborating with the client in developing and writing a recovery plan
10	Creating, maintaining, and monitoring effective follow-up with the client
11	Preparing client and concerned others in separation issues inherent in the referral and aftercare process
12	Recognizing addiction substitution
13	Obtaining, updating, and reviewing data related to the client
14	Explaining to the client impressions of progress and problems in the treatment process
15	Providing comprehensive and individualized discharge planning and referral services
16	Feedback procedures (e.g., reflection, reframing, interpretation, clarification)

Task 9	**Document treatment progress, outcomes, and continuing care plans.**
Knowledge of:	
1	Informed consent and limitations of confidentiality
2	Specific rules of the treatment provider related to continuum of care and record keeping formats
3	Basic formats for written documentation in objective/medical charting

4	Components of treatment or continuing care plans according to best practices
5	Documentation standards in clinical record
Skill in:	
1	Providing timely record keeping
2	Preparing clear, complete and concise written communication
3	Reporting in observable and measurable terms

Task 10	**Utilize multiple pathways of recovery in treatment planning and referral**
Knowledge of:	
1	Benefits and limitations of the 12 Steps and 12 Traditions
2	Benefits and limitations of other recovery support approaches
3	Benefits and limitations of harm reduction based models of recovery
4	Ways in which medical consultation and treatment may enhance the recovery process
Skill in:	
1	Providing unbiased information regarding treatment approaches and assist the client in choosing the best alternative
2	Explaining difficult or contradicting concepts to clients in language that helps them understand differences in approaches to recovery
3	Collaborating with other professionals to maximize support for the recovery process

Domain III: Counseling

Task 1	**Develop a therapeutic relationship with clients, families, and concerned others to facilitate transition into the recovery process.**
Knowledge of:	
1	Methods and techniques for client engagement
2	Counseling approaches (e.g., empathy, active listening, authenticity, appropriate self-disclosure)
3	Appropriate use of boundaries
4	Positive reinforcement (e.g., identifying client strengths, instilling hope, identifying client potential)
5	Transference and countertransference
Skill in:	
1	Using reinforcing and affirming behaviors
2	Staying consistent in the professional role
3	Demonstrating a non-judgmental attitude
4	Identifying and interpreting verbal and non-verbal behaviors
5	Asking open-ended questions
6	Responding therapeutically
7	Determining relevant therapeutic approaches appropriate to stages of recovery
8	Responding appropriately to ambivalence
9	Identifying and managing transference and countertransference
10	The termination process, techniques, and effects

Task 2	**Provide information to the client regarding the structure, expectations, and purpose of the counseling process.**
Knowledge of:	
1	Counseling and therapeutic process specific to substance use
2	Stages of treatment
3	Methods and techniques for enhancing client engagement
4	Recovery-oriented behavior
5	Feedback procedures (e.g., reflection, reframing, interpretation, clarification)
Skill in:	
1	Communicating effectively
2	Responding therapeutically
3	Responding appropriately to ambivalence
4	Identifying and interpreting verbal and non-verbal behavior
5	Explaining the treatment process

Task 3	**Continually evaluate the client's safety, relapse potential, and the need for crisis intervention.**
Knowledge of:	
1	Recovery and relapse process
2	Risk factors associated with relapse
3	Feedback procedures
4	Various forms of reinforcement
5	Defense mechanisms and appropriate counseling approaches
6	Recovery -oriented systems of care (ROSC)
7	Services provided in the community and necessary referral information
8	Crisis Intervention
9	Non-life/life-threatening crises situations and impact on recovery
Skill in:	
1	Obtaining, updating, reviewing, and synthesizing data related to the client
2	Communicating clearly and concisely
3	Utilizing counseling techniques
4	Building trust and establishing rapport through various counseling techniques
5	Maintaining a non-judgmental attitude
6	Assessing risk potential and responding appropriately
7	Utilizing crisis intervention techniques and documenting results
8	Utilizing crisis situations to facilitate the recovery process

Task 4	**Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.**
Knowledge of:	
1	Appropriate counseling techniques for client needs
2	Various psychosocial needs and intrinsic motivations
3	Different types of groups, their purposes, function, and parameters
4	Various facilitator roles and techniques
5	Group dynamics and stages of group functioning
6	How differences among various populations (e.g., cultural, ethnicity, race, age, gender, sexual orientation) affect response to treatment
7	How peer influence and the community environment encourages or discourages substance use disorders
8	Family dynamics and theories of family counseling
9	Client resistance strategies and the modalities to assistance the client
Skill in:	
2	Observing and responding to family interaction
3	Applying different family counseling techniques
4	Assisting family members to differentiate between individual needs and family needs in the treatment process
5	Orienting clients for group counseling

6	Managing membership issues (e.g., turnover, dropout, adding new members)
7	Establishing an environment to support trust among group members
8	Developing cohesiveness and identity among group members
9	Using group dynamics for individual and group growth
10	Guiding group process appropriate to the developmental stage of the group
12	Terminating the counseling process with the group or an individual member
13	Determining relevant strategies appropriate to different therapeutic stages
14	Selecting and implementing appropriate counseling approaches

Task 5	**Assist families and concerned others in understanding substance use disorders and engage them in the recovery process.**
Knowledge of:	
1	Substance use disorder as a primary disease, including symptomatology and pharmacology
2	Behavior patterns and progressive stages of substance use disorder
3	How substance abuse disorders affect society and the family of the substance user
4	Adverse effect of combining various types of psychoactive drugs, as well as over-the- counter medications
5	The potential for cross and multiple dependencies
6	The dynamics of relapse
7	Effect of substance abuse on various body systems (e.g., endocrine, immunity, reproductive system, skeletal, neurological, muscular, respiratory, circulatory, digestive)
8	Patterns and methods of misuse and abuse of prescribed and over-the-counter medications
10	Learning styles and teaching methods
12	Family dynamics and roles
Skill in:	
1	Communicating effectively
2	Conveying respect for personal differences
3	Evaluating the reception of the information provided
4	Time management and organizing information

Task 6	**Document counseling activity and progress towards treatment goals and objectives.**
Knowledge of:	
1	Oral/written communication
2	Acceptable documentation standards
3	Record keeping requirements
4	Skills and services provided by other professionals
Skills in:	
1	Making clear and concise oral/written case presentations

2	Gathering and organizing data for case consultation
4	Identifying and using sources of supervision and consultation

Task 7	**Provide information on issues of identity, ethnic background, age, sexual orientation, and gender as it relates to substance use, prevention and recovery.**
Knowledge of:	
1	A variety of cultures
2	Personal biases
3	Diagnoses of substance use disorders, treatment issues, support group and prevention strategies.
Skill in:	
1	Communicating effectively
2	Conveying respect for individual needs

Task 8	**Provide information about the disease of addiction and the related health and psychosocial consequences.**
Knowledge of:	
1	Health and high-risk behaviors associated with substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted infections, hepatitis, and other infectious diseases
2	Health consequences of substance use and its relationship to other chronic disease such as diabetes, heart disease, cirrhosis and other effects of chemical substances on the body
3	Life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills
4	Emotional, cognitive, and behavioral aspects of substance use
5	Sociological and environmental effect of substance use
6	Continuum of care and resources available to develop an understanding of prevention, intervention, treatment, and recovery
Skill in:	
1	Educating the client, family, and concerned others about the disease of addiction and the related health and psychosocial consequences
2	Effective oral and written communication
3	Adapting education style to the specific needs of the client

Domain IV: Professional and Ethical Responsibilities

Task 1	**Adhere to established professional codes of ethics and standards of practice to uphold client rights while promoting best interests of the client and profession.**
Knowledge of:	
1	Applicable professional codes of ethics
2	Professional standards of practice
3	Client rights
4	Consequences of violating codes of ethics, confidentiality laws, and client rights
5	Jurisdictional specific rules and regulations regarding best practices
6	Grievance processes
7	Agency policies and procedures
8	Confidentiality and privacy laws
Skill in:	
1	Appling professional codes of ethics to professional practice
2	Developing professional competencies through continuing education, professional supervision and training
3	Appling best practices regarding client rights

Task 2	**Recognize diversity and client demographics, culture and other factors influencing behavior to provide services that are sensitive to the uniqueness of the individual.**
Knowledge of:	
1	Differences found in diverse populations
2	Culturally sensitive counseling techniques
3	Different resources to assist in working with clients who are members of a diverse population
Skill in:	
1	Advocating for client-specific needs
2	Recognizing client feelings and behaviors that result from their respective culture
3	Conveying respect for culture and diversity in the therapeutic process
4	Adapting therapeutic strategies to specific client needs
5	Assessing client substance use in light of client's cultural context
6	Assessing counselor bias

Task 3	**Continue professional development through education, self-evaluation, clinical supervision, and consultation to maintain competence and enhance professional effectiveness.**
Knowledge of:	
1	Education and training methods which promote personal/professional growth

2	Current professional literature on substance use
3	Information sources on current trends in the substance use field
4	Personal and professional strengths and limitations
5	Self-evaluation techniques
6	Emerging trends in the treatment of addiction
7	Clinical supervision and consultation utilization
Skill in:	
1	Assessing personal training needs
2	Selecting and participating in appropriate training programs
3	Reading, interpreting, and applying professional literature
4	Applying evidence-based practices to the counseling process
5	Developing professional goals and objectives
6	Using self-assessment for personal and professional growth
7	Eliciting and using feedback from colleagues and supervisors
8	Accepting both constructive criticism and positive feedback

Task 4	**Identify and evaluate client needs that are outside of the counselor's ethical scope of practice and refer to other professionals as appropriate.**
Knowledge of:	
1	Physical disorders that may complicate treatment of substance use disorders
2	The relationship between psychoactive substance use and trauma
3	The relationship between psychoactive substance use and other mental and emotional disorders
4	Crisis situations that need an immediate response
5	The diversity of services provided within the community and necessary referral information
6	Services available to family and concerned others as they affect treatment and the recovery process
7	The continuum of care
8	Potential conflicts of interest
Skill in:	
1	Assessing the need for referral to outside services
2	Protecting and communicating client rights
3	Identifying appropriate resources for specific client needs
4	Collaborating with outside resources
5	Identifying personal and agency limitations
6	Identify legitimacy and legality of requested information

Task 5	**Uphold client's rights to privacy and confidentiality according to best practices in preparation and handling of records.**
Knowledge of:	
1	Best practices for handling confidential client information
2	Essential components of client records and their uses
3	Regulations governing storage and destruction of records
4	Electronic health record utilization
Skill in:	
1	Communicating effectively and sharing of client records within the rules and regulations of confidentiality
2	Applying appropriate laws and regulations for the handling of confidential information

Task 6	**Obtain written consent to release information from the client and/or legal guardian, according to best practices.**
Knowledge of:	
1	Best practices for handling confidential client information
2	Essential components of client records and their uses
Skill in:	
1	Applying appropriate laws and regulations for the handling of confidential information

Task 7	**Prepare concise, clinically accurate, and objective reports and records.**
Knowledge of:	
1	Significance of presenting symptoms
2	Related physical and behavioral health concerns that could affect treatment
3	Client progress
4	Critical incidents and crisis intervention
5	Factors effecting prognosis development
6	Appropriate and relevant recommendations
Skill in:	
1	Summarizing and synthesizing relevant client information
2	Reporting in observable and measurable terms
3	Timely record keeping