The Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CLINICAL SUPERVISION I

Building Chemical Dependency Counselor Skills

Instructor Guide

Gordon Lindbloom, Ph.D.
Thomas G. Ten Eyck, M.A., CADC II
Lewis & Clark College

Steven L. Gallon, Ph.D.
Northwest Frontier Addiction Technology Transfer Center
Salem, Oregon

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UNIT - 3 Definitions, Tasks, and Functions of Supervision

OBJECTIVES:

- Emphasize that evaluation is an essential and on-going aspect of both clinical and administrative supervision.
- Help the participants understand that the move from being a counselor to supervisor requires significant changes in role, relationship and responsibilities.

BASIC CONCEPTS:

- The role of the supervisor is to provide the glue – the support and relationship – that allows direct service workers to do their job, effectively.
- To the counselor, the supervisor is the designated representative of the agency.
- The supervisor has the responsibility to communicate the agency standards.
- The supervisor holds the staff accountable for their conformance to agency expectations.
- The supervisor is a model of values and behavior, involving clarity, limit setting, accountability, all within the framework of professional ethics.
- Supervising a counselor has a different emphasis and respects different boundaries than personal counseling.
- Success in supervision is measured by the quality of the counselor's performance.

NOTE to the instructor: *If the participants have little experience as supervisor, emphasize that clinical supervision is NOT having the supervisor become a therapist for the counselor, that doing personal therapeutic work with the counselor is at best counterproductive and at worst an ethical violation. Explain that if the counselor has personal issues which undermine effective counseling with clients, then the counselor should seek assistance outside the agency.*

ACTIVITY PREPARATION GUIDE – UNIT 3

The following material appears in the Participant's Manual, starting on page 18 and is the content, which must be covered throughout the activities for this unit. You may choose to give a quick initial presentation and then do the activity, or you may simply start with the activity and make sure this material is covered as the steps of the activity proceed. Activity instructions can be found here on page 36.

DEFINITION OF SUPERVISION

SUPERVISION: Planning, directing, monitoring and evaluating the work of another.

- Includes both administrative and mentoring roles.
- Conflicts are inherent in the supervisory role.
- Stress can be reduced by understanding – what cannot be controlled.
- Becoming a supervisor should be an informed choice.

THREE GOALS OF AN EFFECTIVE SUPERVISOR:

- Assure delivery of quality treatment
- Create a positive work environment.
- Develop staff clinical skills.

ELEMENTS OF THE SUPERVISORY RELATIONSHIP:

- Authority: You are the designated representative of the agency
- Expectations: You are responsible for communicating agency standards to staff.
- Intensity: You hold staff accountable for their conformance to agency expectations.
- Parallel process: be aware that within the organization the quality of your relationship with your workers is reflected in their relationships with clients.

THE TASKS AND FUNCTIONS OF SUPERVISION:

Clinical and administrative aspects of supervision are overlapping. Evaluation is a part of each of these areas, and is an on-going process that is central and essential to everything a supervisor does. So, supervision has clinical, administrative and evaluative components.

Here are examples of different supervisory tasks:

- A clinical task: Reviewing a counselor's case presentation and giving guidance on working with the client.
- An administrative task: Hiring a counselor and orienting the counselor to the agency and the job description.
- An evaluative task: Observing a counselor's work and assessing skills to establish a baseline for future development.
- An evaluative task: Assessing a counselor's knowledge, skills and attitude when management considers introducing a new treatment protocol.

EFFECTIVE SUPERVISORS:

- Are effective communicators.
- Set clear expectations that are understood.
- Follow-through via observation.
- Provide feedback with respect in a timely manner.
- Teach needed skills.
- Provide a supportive and respectful environment.
- Check assumptions about counselors.
- Check counselor assumptions about supervision and you as their supervisor.
- Understand how people change.

CONFLICTS THAT SUPERVISORS FACE

CONFLICTS	DESCRIPTION
Time	There is always too much to do and never enough time.
Rewards	What do we like to do best? Least?
Peers	When you become a supervisor, you leave your former co-corkers behind as peers. It is important to be aware of, and deal with, the grief and loss that occur. Challenges from former peers are to your role as supervisor, not to you as an individual. Challenge may be to your skill as supervisor, rather than to you as a person. You deserve the respect of former peers, but you must find your support elsewhere, ideally from other supervisors and managers. Expect a "testing" process from supervisees during your first six months on the job.
Focus	Providing direct service (client caseload) vs. supervision.
Agency	How you choose to spend your time vs. what the agency chooses to have you do?
Intrapersonal	Your expectations, beliefs, experiences with self as an "authority figure." Your past experiences of being supervised by a "negative authority." Your preparation for the role of supervisor, both in skills needed and the emotional impact of changing role definition – your self-identity.

TO ACCOMPLISH THESE GOALS, YOU AS THE SUPERVISOR MUST:

- Know the people you supervise – their skills, abilities and training.
  - What are they good at?
  - What is their background and training?
  - What are their strengths?
  - What jobs do they like doing? What do they not like?
  - What training are they currently involved in?
- Provide training to keep your staff up-to-date.

DO YOUR SUPERVISEES HAVE THE SAME FRAME OF REFERENCE YOU DO?

- This is especially important in regard to their respect for your authority.
  - What is their work view of how and why things happen?
  - What are their assumptions about people's behavior?
  - What is their experience and knowledge base?
  - What are their values?
  - What do they think is the purpose and usefulness of supervision?
- Do you share a common language?
- Are you aware of the differences between their frame of reference and yours?
- Do you know about the supervisee's previous experience and expectations about supervision?

SUPERVISORS – BOTTOM LINE:

You…

- Can't avoid " being the BOSS"
- Are under constant pressure.
- Need to recognize that conflict will occur.

THE QUESTION IS HOW TO RESOLVE CONFLICT, NOT HOW TO AVOID IT.

Unit 3 Slides

Slide 15

Unit 3

Definitions, Tasks, and Functions of Supervision

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Supervision

Our Definition:

Supervision is planning, directing, monitoring and evaluating the work of another

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Slide 17

Supervision includes:

- Administrative limit setting
- Mentoring and teaching
- Conflicts
- Stress

"Supervision is not for everyone"

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Slide 18

Our Goals as Supervisors

- Assure delivery of quality treatment
- Create a positive work environment
- Develop staff clinical skills

NFATTC 18

Slide 19

The Supervisory Relationship

- **Authority** - you represent the agency
- **Expectations** - you communicate agency standards
- **Intensity** - you hold staff accountable
- **Parallel process** - quality of your relationship impacts client services

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Slide 20

3 Task Areas of Supervision

- **Clinical** teaching and mentoring
- **Administrative** planning and clarifying
- **Evaluative** monitoring and assessing

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Slide 21

Effective Supervisors

- Are effective communicators
- Set clear expectations
- Observe counselors at work
- Provide feedback
- Teach needed skills
- Provide supportive respectful environment
- Check assumptions
- Understand how people change

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Conflicts Supervisors Face

- Time
- Rewards
- Peers
- Focus
- Agency
- Intrapersonal

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Slide 23

To Accomplish Your Goals

- Know the people you supervise - their knowledge, skills and attitudes
- Know their frame of reference - their beliefs, values and assumptions
- Know their views about supervision - their past experience and expectations
- Develop a common language

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THE BOTTOM LINE

YOU....
- Can't avoid being the "BOSS"
- Are under constant pressure
- Need to recognize conflict will occur

The question is how to resolve conflict, not how to avoid it.

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Slide 25

Basic Concepts

The Supervisor...
- helps workers do their jobs effectively
- is the agency representative to the worker
- communicates agency standards
- holds staff accountable
- is a model of values, behavior, ethics
- respects boundaries in the relationship
- succeeds if the worker is effective

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Slide 26

Discussion

- What disagreements do you have with this perspective on supervision?
- What are the most important truths in this material?
- What is left out of these considerations that you think should be included?

NFATTC 26

UNIT 4 - Definitions of Clinical and Administrative Supervision

OBJECTIVES:

- Help participants distinguish clearly between clinical and administrative supervision.
- Clarify the emphases and boundaries of clinical supervision.
- Help participants understand that a primary goal of clinical supervision is fostering the counselor's professional growth.

BASIC CONCEPTS:

- Clinical supervision is different from administrative supervision. Both are important. Being clear about the distinction is critical.
- Clinical supervision emphasizes improving the counseling skills and effectiveness of the supervisee. Administrative supervision emphasizes conformity with administrative and procedural aspects of the agency's work. Examples include using correct formats for documentation, and complying with agency leave policies.
- Clinical supervision emphasizes developing counselor effectiveness through positive changes in knowledge, attitudes and skills. It is not a personal therapy or treatment relationship.
- In clinical supervision, the criterion for determining supervisor action is: "Will it help the counselor achieve the performance goal?"
- A clinical supervisor has a role as expert, authority, mentor and representative of the treatment agency in relationship to the counselor.
- Quality supervision is based on a relationship that is respectful, is clear regarding authority and accountability, and involves clear expectations for each person.

ACTIVITIES – UNIT 4

1. Present the following (Participant's Manual, page 27)

DIFFERENCES BETWEEN COUNSELING AND SUPERVISION

	COUNSELING	CLINICAL SUPERVISION	ADMINISTRATIVE SUPERVISION
PURPOSE	Personal growth Behavior changes Decision-making Better self understanding	Improved job performance	Assure compliance with agency policy and procedure
OUTCOME	Open-ended based on client needs	Enhanced proficiency in knowledge, skills and attitudes essential to effective job performance	Consistent use of approved formats, policies, and procedures.
TIME FRAME	Self-paced; longer term	Short term and on going	Short-term and on-going
AGENDA	Based on client needs	Based on service mission and design	Based on agency needs
BASIC PROCESS	Affective process which includes listening, exploring, teaching	Assessing worker performance, negotiating learning objectives, and teaching/learning specific skills	Clarifying agency expectations, policy and procedures, assuring compliance

2. In the large group, referring to each of the columns, brainstorm what strengths one needs to do effective work as a counselor or supervisor, and what difficulties might be encountered in each role.

3. Review the Basic Concepts for this unit from the previous page (Participant Manual page 26).

Unit 4 Slides

Slide 27

Unit 4
Counseling vs. Supervision

Participant Manual page 27

- **Purpose**
- **Outcome**
- **Time Frame**
- **Agenda**
- **Basic Process**

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Strengths and Difficulties

- What strengths do you need to be an effective counselor?
- What strengths do you need to be an effective supervisor?
- What difficulties might be encountered in each role?

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Slide 29

Basic Concepts

- Clinical is different from administrative
- Clinical emphasizes counselor skills
- Administrative focuses on agency rules
- Clinical supervision is not therapy
- Clinical focuses on improved performance
- Supervisor: expert, authority, and mentor
- Quality supervision: respectful and clear

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UNIT 5 - Feedback – The ORAL Model

OBJECTIVES:

- Participants learn and practice a model for giving job performance feedback, including "asking permission" and using "playback" to assure mutual understanding between supervisor and supervisee.

- Help participants understand that feedback is a core process in supervision.

BASIC CONCEPTS – Giving Feedback

NOTE to the instructor: *In the following the word "assumptions" is used. For some, that word carries negative connotations, which are not intended here. We use the word "assumptions" in the sense of "guiding beliefs" or "quick judgements."*

- Providing feedback to a counselor which is clear, specific, and informative is a pivotal element in successful supervision.

- What we observe in a counselor's work and how we interpret what we observe is based on our own assumptions about the counselor's actions and our expectations regarding what constitutes preferred job performance.

- When we give feedback to our counselors it is important that we be able to describe and explain our assumptions and expectations so that the supervisee can understand "where we are coming from." They are the basis for our observations and interpretations.

- Sharing our assumptions makes it possible for the counselor to accurately interpret our actions and thoughts. In turn, if we make it safe and desirable for the supervisee to share her/his assumptions with us, we have a much better chance of understanding the sources of her/his actions and thoughts.

- Sharing and comparing expectations which govern our actions and judgements about effective counseling practice allows us to communicate effectively, to collaborate better, and to open the door to constructive, voluntary change.

- This process promotes reflective learning. Reflecting on our own assumptions and those of others can increase our ability to choose the ways we approach our clients and our supervisees. It can also increase mutual understanding, respect, trust, and collaborative learning.

BASIC CONCEPTS – Confirming Mutual Understanding

- In giving feedback to a counselor our chances of being understood are improved if we get the counselor's permission to present our observations, interpretations, and the assumptions they represent.

- Because these interactions are often experienced as criticism, we can easily be too brief, rushing through. Our supervisee can also indicate her/his understanding too quickly, simply to get past the discomfort that we commonly feel in such interactions.

- Premature confirmation of mutual understanding is a significant barrier to establishing and maintaining an effective supervisory relationship. It can lead to increasing misunderstanding, less trust, resistance and conflict.

- Clarifying and verifying our understandings, both ways, is necessary to confirm what was intended and understood, and what was not intended and possibly not understood.

- Repeating, replaying, paraphrasing and confirming all elements of key messages and observations are vital. A "head nod" is not sufficient to know you have been understood as you want to be.

  NOTE to the instructor: *On the following pages is the material to be covered in this unit. This material is also available in the identical form in the Participant's Manual on page 31.*

THE ORAL FEEDBACK MODEL

FEEDBACK:

Feedback is an overt response, verbal or nonverbal, that gives specific and subjective information to a person about how her or his behavior in a particular situation affects someone or something.

THE OBJECTIVE OF FEEDBACK:

The objective of feedback is to transmit reliable information so that persons receiving it can establish a "data bank" from which to change their behavior – if they choose to do so.

THE ORAL MODEL – STEPS IN GIVING FEEDBACK:

O Observe: Observe and record behavioral information.

R Report: Repeat in specific, objective, behavioral terms as factually as possible what was seen and/or heard.

A Assume: Share your assumption or belief about the behavior you just described. What did you think the person was thinking or trying to accomplish? What assumption were you making about the person's motivation?

L Level: Describe your feelings and how the other person's behavior affected you and others, including the "bottom line" expectations and long term consequences, if needed.

USING THE MODEL PROCEEDS LIKE THIS:

"When I saw (heard) you ....
I assumed (thought) ....
and my reaction was................................"

ORAL PROCESS
1. Ask permission
2. Report behavior observed
3. Relate assumptions
4. Share your feelings and concerns
5. Report impact on clients, colleagues, agency
6. Request playback of message sent
7. Clarify misunderstandings and omissions
8. Confirm mutual understanding

Unit 5 Slides

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Unit 5

Giving and Receiving Feedback

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Basic Concepts: Giving Feedback

- Clear, specific, informative feedback is pivotal to successful supervision
- We interpret observations based on our assumptions and expectations
- Feedback needs to include our assumptions and expectations
- Comparing expectations which govern our judgements allows us to collaborate and promotes constructive, voluntary change

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Feedback

An overt response, verbal or nonverbal, that gives specific and subjective information to a person about how that person's behavior in a particular situation affects someone or something

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Objective of Feedback:

Transmit reliable information so that persons receiving it can establish a "data bank" from which to change behavior - if they choose to do so.

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ORAL Model for Giving Feedback

O - Observe
R - Report
A - Assumption
L - Level

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So how does the model sound?

"When I saw (heard) you . . .
I assumed (thought) . . .
And my reaction was . . ."

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Adding 3 more parts to the model

- First, ask permission
- Request playback of the message
- Confirm mutual understanding after accurate playback

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ORAL Process

1. Ask permission
2. Report behavior observed
3. Relate assumptions about the behavior
4. Share your feelings and concerns
5. Describe impact on clients, staff, agency
6. Request playback
7. Clarify misunderstandings
8. Confirm mutual understanding

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Basic Concepts:
Confirming mutual understanding

- Seeking permission to present feedback increases chance of being understood
- Temptation is to proceed too quickly to get past discomfort
- Avoid premature confirmation
- Verifying confirms intent & understanding
- Repeating, replaying, paraphrasing and confirming all parts of a message are vital

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EIGHT STEPS OF MENTORING AND CLINICAL SUPERVISION*

STEP	TITLE	EXPLANATION
1	**Agree to work together**	Agree on working together toward improving the supervisee's counseling skills.
2	**Define and agree on a learning goal**	The learning goal must be clearly defined, and there needs to be agreement to work together to help the counselor attain proficiency in the skill chosen.
3	**Understand the value of the goal**	The counselor needs to understand the value of achieving the agreed upon goal.
4	**Break goal into manageable parts**	The overall goal needs to be broken down into its constituent parts: a) the knowledge, b) the skills, c) the attitudes necessary to attain proficiency.
5	**Pick styles and methods of learning**	The supervisor needs to elicit from and negotiate with the counselor his or her preferred styles and methods of learning.
6	**Observe and evaluate**	How progress will be observed and evaluated needs to be discussed and agreed upon.
7	**Provide feedback**	The supervisor needs to know how to give feedback which guides, corrects, and at the same time encourages.
8	**Demonstrate competency & celebrate**	An outcome demonstration of the newly acquired skill which confirms success needs to be designed, followed by a celebration of the accomplishment.

* Adapted from Stiehl, R. and Bessey, B (1994). The Green Thumb Myth: Managing Learning in High Performance Organizations – A Success Strategy for Trainers and Managers. Second Edition, Corvallis, Oregon: The Learning Organization.

Unit 6 Slides

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Unit 6
Mentoring and Clinical Supervision

- The next step in creating a format for your clinical supervision model is to understand the need for mentoring in clinical supervision.
- Take a look at PM page 38 for an explanation of the mentoring steps.

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Eight Steps of Mentoring

Basic Concepts

- Gain acceptance for learning new skills
- Establish clear goals and expectations
- Reach agreement on goals
- Collaborate on learning steps and methods
- Learning styles should fit the learner
- Balance effort with the learner
- Help learner use available means to learn

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The Eight Steps . . .

1. Agree to work together
2. Define and agree on learning goal
3. Understand the value of the goal
4. Break goal into manageable parts
5. Pick styles and methods of learning
6. Observation and evaluation
7. Feedback
8. Demonstration and celebration of mastery

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Slide 45

The Supervisor's Challenge

We need a conceptual model to help:

- Understand the work of the counselor
- Identify what a counselor needs
- Present our observations
- Translate our observations into learning strategies

NFATTC 45

UNIT 7 - The Rubrics for Assessing Counselor Performance

OBJECTIVES:

- Understand that the goal of clinical supervision is to build counselor skills.
- Help participants visualize progressive levels of developing competencies,
- Link the Performance Assessment Rubrics to the Addiction Counseling Competencies.

BASIC CONCEPTS:

- The Rubrics document provides supervisors and counselors with descriptions of successive levels of proficiency in moving toward full mastery of the Addiction Counseling Competencies.
- The Rubrics can help a supervisor and counselor visualize or imagine how a fully developed skill or competency appears in practice.
- With an agreed vision of the final goal, supervisors and counselors can work together more successfully in identifying steps of learning and how progress can be measured.

Unit 7 Slides

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Unit 7
The Rubrics

Assessing Counselor Performance

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Rubric

- A heading or classification within a larger system
- Rubrics are a description of expected behavior at 3 distinct stages in a counselor's development
- The stages are benchmarks along a continuum of counselor development

1 Developing	2	3 Proficient	4	5 Exemplary

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The Rubrics

- ***Developing*** Counselors - limited understanding and inconsistent
- ***Proficient*** Counselors - apply KSAs consistently and effectively
- ***Exemplary*** Counselors - develop and implement effective strategies for complex and difficult situations

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Slide 49

Assessing Proficiency in a Practice Dimension

For ***Screening:***

- Check all the boxes in each column that describe the counselor's performance in screening clients
- Check the box on the Rating Scale that best identifies the counselor's proficiency in Screening

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Slide 50

Performance Rating Systems

How could you use the rubrics in clinical supervision?

–Share and compare your evaluation of your counselor within your group.

–In your group, discuss ways to use the rubrics in your clinical supervision.

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Let's examine the Rubrics document . . .

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Note:

Rubrics describe stages of counselor development

- Rubrics are useful in defining and visualizing the process of skill development
- Rubrics represent a series of benchmark descriptions of counselor behavior

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Slide 53

Basic Concepts

- The Rubrics provide descriptions of successive levels of proficiency.
- The Rubrics can help you visualize how a fully developed skill looks in practice.
- With an agreed goal, you can work together to identify learning steps and progress measures.

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Slide 54

We're through Day 1!!!

- For tomorrow, please review Unit 8. We will start by discussing the ACCs, and how they can work with the Rubrics in assessing counselor performance and creating a Professional Development Plan
- Let's do Pluses and Wishes before we leave today.

NFATTC 54

Unit 8 - The Addiction Counseling Competencies

OBJECTIVES:

- Help participants learn how to use the Addiction Counseling Competencies (ACC) to identify learning goals for supervisees.

- Build an understanding of the relationship between the ACC and the Rubrics.

BASIC CONCEPTS:

- When we have established a basic agreement with supervisees to work together becoming more proficient in the Addiction Counseling Competencies, the next step is to define a general goal or goals.

- The Addiction Counseling Competencies provides definitions of expected counselor performance that can be helpful in establishing goals with supervisees.

- In Addiction Counseling Competencies a competency is a description of the job performance expected of a fully proficient addictions counselor.

- The Rubrics provide a description of how counselors develop over time. The Competencies organize the work of the counselor in 4 Foundations and 8 Practice Dimensions. The Competencies are descriptions of what fully proficient clinicians know, believe and are able to do.

Unit 8 Slides

Slide 5

Unit 8
Addiction Counseling Competencies

Participant Manual
page 51

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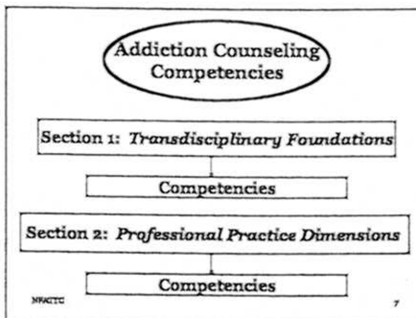
Slide 6

Competency

A behavior comprised of requisite knowledge, skills and attitudes that plays an essential role in the practice of addiction counseling

NFATTC 6

Slide 7



Slide 8

Transdisciplinary Foundations

A. Understanding Addiction
B. Treatment Knowledge
C. Application to Practice
D. Professional Readiness

NFATTC 8

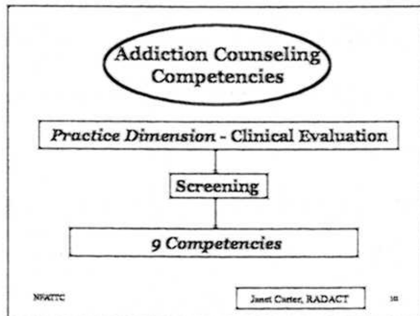
Slide 9

Practice Dimensions

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

NFATTC 9

Slide 10



Slide 11

Using the Competency Rating Form......Page 53

- Think of the same counselor you rated within the Rubrics yesterday. Rate his/her performance in each of the 9 Screening competencies.
- Compare your rating to others in your group. Discuss the value of the rating scale.
- Compare this rating system with the one you did yesterday with the "Rubrics".

NFATTC 11

Slide 12

Assessing Proficiency

- What do you think about rating the counselor's proficiency in Screening?
- Which competencies should be improved?
- What specifically needs to be learned for performance to improve?

NFATTC 12

Slide 13

Discuss :

- Were you able to distinguish counselor strengths?
- Which competencies need improvement?
- How would counselors respond to such an evaluation of their skills?

NFATTC 13

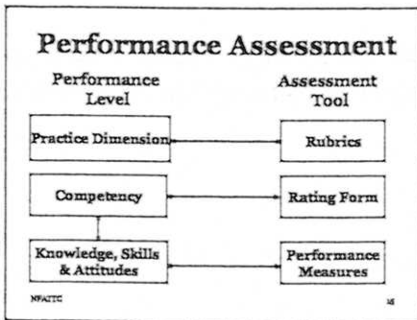
Slide 14

A Rating System will help to:

- Increase common understanding of what is expected.
- Increase reliability and objectivity of our assessment of counselor performance.

NFATTC 14

Slide 15



Slide 16

Basic Concepts

- When we have reached agreement to work together on enhancing competency, the next step is to define the goal.
- The ACC provides definitions of expected counselor performance.
- A competency is a definition of job performance expected of a fully proficient addictions counselor.

NFATTC 16

UNIT 9 - The Knowledge, Skills and Attitudes of Addiction Counseling

OBJECTIVES:

- Introduce the Knowledge, Skills and Attitudes (KSAs) that form the foundation of the Addiction Counseling Competencies.
- Participants practice using the KSAs to identify areas to be targeted for learning.

BASIC CONCEPTS:

- The KSAs included in the Addiction Counseling Competencies and the Rubrics are extensive and complicated. Working in small groups to understand selected sections will help participants begin to understand the contents of these documents and how they can become useful.
- The KSAs in the Addictions Counseling Competencies are useful in breaking down a competency into its components so that manageable units of learning can be defined.

Unit 9 Slides

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Unit 9

The KSAs of Addiction Counseling

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Slide 18

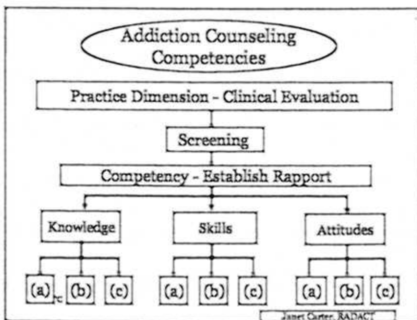
What are KSAs?

A competency is comprised of:

- **KNOWLEDGE** - *what we need to know in order to develop proficiency.*
- **SKILLS** - *the behaviors needed for effective performance.*
- **ATTITUDE** - *the state of mind consistent with professional practice*

NFATTC 18

Slide 19



Slide 20

Identifying Learning Objectives

1. Review the competencies for Screening
2. For your imagined counselor, select a competency that needs improvement
3. Note the KSAs to target for further learning on page 61 in the PM

NFATTC 20

Slide 21

Small Group Discussion:

- Which Screening KSAs did you select?
- How could the KSAs help you and the counselor identify learning targets?
- How could the Screening Rubrics be useful in working with the counselor?

NFATTC 21

Slide 22

Summary notes:

- The Competencies and Rubrics provide potential learning objectives
- The Rubrics help identify benchmarks for improvement
- The Competencies provide specific KSAs for enhancing proficiency in specific competencies

NFATTC 22

UNIT 10 - The Professional Development Plan

OBJECTIVES:

- Review the framework for a Professional Development Plan.
- Select a sample Professional Development objective.
- Review the Rubrics for the targeted Practice Dimension and Competency as an aid in objective setting.
- Practice identifying an observable performance or objective.

BASIC CONCEPT:

- To learn skills offered in this training, demonstration, observation, practice, and having time for feedback and reflection helps participants grasp and clarify the skills as well as begin to develop them.

Unit 10 Slides

Slide 23

Unit 10
Professional Development Plan

Objectives:

- Review the framework
- Understand the role of the Rubrics
- Practice developing observable objectives

NFATTC 23

Slide 24

The Professional Development Plan
Let's do a walk through...

A. Select practice dimension
B. Identify the target competency
C. Describe present proficiency and goal
D. Level of proficiency to attain
E. List the KSAs relevant to the goal
F. Identify what needs to be learned
G. Select activities that will facilitate learning
H. Choose how progress will be evaluated
I. Decide how proficiency will be demonstrated

NFATTC 24

Slide 25

Activity

1. Identify a practice dimension and a competency to target (Section A &B)
2. Review Professional Development Plan form
3. Examine the rubrics for your practice dimension and competency
4. Complete page 1 of the PDP (Sections C&D)

NFATTC 25

UNIT 11 - The PDP: What will be learned - CONTENT

OBJECTIVES:

- Learn to break down a competency into learning components.
- Practice using the KSAs from the Addiction Counseling Competencies (ACC) as a resource for breaking a larger learning goal into smaller units.

BASIC CONCEPTS:

- Breaking the knowledge and skills into learning steps is the key to mastering complex competencies.
- Mastering a skill occurs by a progression of improvements.
- Becoming proficient in a competency requires a sound grasp of essential knowledge, practice of the needed skills, and attention to acquiring the attitudes that are congruent with the knowledge and skills.
- The ACC document outlines the constituent elements of counselor competencies and is useful in breaking those down into areas of learning of manageable size.

Unit 11 Slides

Slide 26

Unit 11
Content of the PDP

Objectives:

- Identify KSAs as the building blocks
- Review Bloom's Proficiency Levels Rating Scales
- Clarify relationship between Rating Scales and
  - Rubrics
  - Addiction Counseling Competencies
- Learn to incorporate proficiency levels into PDP

NFATTC 26

Slide 27

Content of the PDP

Basic Concepts

- Breaking KSAs into learning steps is key to becoming proficient in the competencies
- Looking for a progression of improvement
- Proficiency requires attention to K-S-A
- ACC document can help with creating learning steps

NFATTC 27

Slide 28

Knowledge, Skills and Attitudes

- The essential elements of a competency
- Help us break needed learning into manageable parts
- Counselor may not need to address every KSA in their learning plan
- The PDP is individualized to the needs of the counselor

NFATTC 28

UNIT 13 - The Supervisory Interview – What is it?

OBJECTIVE:

- Define and demonstrate a model for structuring an interview with a supervisee.

BASIC CONCEPTS:

- An effective supervisory interview is well structured, has specific goals, and follows defined steps and processes.
- A learning plan will be changed and adapted many times while a supervisee is learning a new area of competency.
- Adapting the learning plan can be a cooperative effort by the supervisor and supervisee.
- The structure of a supervisory interview offered here is useful on a continuing basis. It gives a basis for continuing a collaborative relationship with clear leadership from the supervisor.

STEPS OF THE SUPERVISORY INTERVIEW

	OBJECTIVES	TOOLS
Step One **SET AGENDA**	Give structure Decrease anxiety Foster trust, report, partnership	Give agenda Prioritize Set time frame
Step Two **GIVE FEEDBACK**	Empower supervisee* Individualize supervision	ORAL model
Step Three **TEACH and NEGOTIATE**	Confirm common understanding of the performance issue Determine whether you have agreement on importance of this issue	Motivational skills Active listening Paraphrasing
Step Four **SECURE COMMITMENT**	Determine interest, willingness to change Clarify expectations, responsibilities Create mutual accountability	Clarification skills Asking for commitment

*Empower means to create a relationship which elicits, guides, supports, validates and respects the other's individual and autonomous thoughts and behaviors; therefore, allowing the individual the choice to communicate and act freely and safely without fear of retribution.

Unit 13 Slides

Slide 34

Unit 13
The Supervisory Interview

- Pulling it all together!
- The Supervisory Interview is a structured communications process with a clearly defined purpose:

to enable the counselor to improve job performance and increase effectiveness in providing client services.

NFATTC 34

Slide 35

Purpose and Focus

Purpose: Create an atmosphere and structure which facilitates:
- **Two-way feedback**
- **Teaching**
- **Learning**
- **Evaluation**

Focus: Skill development

NFATTC 35

Slide 36

Characteristics of the Process

It is a teaching/learning process:

a. Highly charged
b. Intense
c. Personalized
d. Source of tension
e. Source of emotional support
f. Focused relationship
g. Involves accountability & authority

NFATTC 36

Slide 37

More Characteristics

- It involves parallel process
- It needs a common frame of reference
- It involves risk taking and self disclosure
- It requires a willingness to change for the counselor and the supervisor

NFATTC 37

Slide 38

Interview Structure

Steps	Objectives	Tools
1. Set Agenda	Give structure Decrease anxiety Foster trust, rapport, partnership	Set agenda Prioritize Set time
2. Give Feedback	Empower counselor Individualize supervision	ORAL
3. Negotiate Teach	Build knowledge and skills Determine degree of agreement	ME skills Listening
4. Secure Commitment	Determine interest, willingness Clarify expectations,	ME skills Negotiating

NFATTC 38

Slide 39

Demonstration of Supervisory Interview

Observe this demonstration and watch for:

- –Use of the Oral Model and Mentoring Steps
- –Teaching/Negotiating
- –Completion of the PDP

NFATTC 39

UNIT 14 - Practice the Supervisory Interview

OBJECTIVES:

- Present and practice a four stage supervisory interview, focusing on the process and structure rather than the content.
- Practice specific steps for clarifying a learning goal and increasing commitment to work toward it.

BASIC CONCEPTS:

- To learn the skills offered in this training through, demonstration, observation, practice, and having time for feedback and refection helps trainees grasp and clarify the skills as well as begin to develop them.
- To make supervision effective, the counselor needs clear goals and expectations for learning.
- Visualizing the desired level of new skill makes the goal clear.
- If supervisees feel "ownership" of learning, they are more likely to achieve mastery, confidence, and self-esteem.
- Supervisees feel "ownership" of their learning when they are involved in setting goals, choosing methods for learning, and responsible for demonstrating proficiency.

Unit 14 Slides

Slide 3

Unit 14
Practice the Supervisory Interview

Hope and Motivation are a function of:

- **Comprehensibility** - goal and steps clearly understood
- **Manageability** - goal and steps within reach; methods fit the learner
- **Meaning** - goal and steps are valued

NFATTC 3

Slide 4

Interview Structure

Steps	Objectives	Tools
1. Set Agenda	Give structure Decrease anxiety Foster trust, rapport, partnership	Set agenda Prioritize Set time
2. Give Feedback	Empower counselor Individualize supervision	ORAL
3. Negotiate Teach	Build knowledge and skills Determine degree of agreement	ME skills Listening
4. Secure Commitment	Determine interest, willingness Clarify expectations,	ME skills Negotiating

NFATTC 4

Slide 5

Interview Structure

1. Set the Agenda
2. Give Feedback
3. Teach/Negotiate
4. Secure Commitment to Action Plan

NFATTC 5

Slide 6

Demonstration

- In your small groups review the PDP.
- Prepare a 10 minute Supervisory Interview. At least two pairs will be able to complete demonstrations for the group.
- Conduct a supervisory interview in which you negotiate a PDP with a counselor.
- Observers use the Observation Sheet on page 97 to record your comments for feedback.

NFATTC 6

Slide 7

Observation

1. Structure followed?
2. Time managed effectively?
3. Climate?
4. Stayed on Course?
5. Resistance?
6. Agreement reached?
7. Follow-up plan created?

NFATTC 7

Slide 8

Follow-up Questions

- What works and doesn't work with this model?
- What would you do differently?
- What part of the model can you infuse into your current work?
- Why or why not?

NFATTC 8

UNIT 15 - Styles of Supervisees

OBJECTIVES:

- Learn three different styles of supervisee behavior.
- Recognize supervisor techniques that match the identified supervisee behaviors.

BASIC CONCEPTS:

- Most effective work with a supervisee is based, in part, on recognizing and being sensitive to a supervisee's style of behavior. You can't treat all supervisees the same and get good outcomes.
- By matching supervisor responses to particular supervisee behaviors, the desired behavior change is more likely.

ACTIVITIES

1. The instructor asks the participants to turn to the table – A-B-C Supervisee Model – found in the Participant's Manual on page 103, and introduces the model, answering any questions that arise.
2. In small groups of three, have participants:

    1) Identify an experience with one of each of these types, and
    2) Share preferred supervisee strategies for each type.

3. During this exercise, each small group creates a visual aid. Encourage them to use the guide in the Participant's Manual on page 104.
4. In large group, have each small group make a presentation to the large group using the visual aid.

A-B-C SUPERVISEE MODEL

SUPERVISEE	BEHAVIORS	SUPERVISION NEEDS
C "Challengers"	✓ Not responsible ✓ Consistently inconsistent ✓ Rarely meets deadlines ✓ Below minimum standards	✓ Constant attention ✓ Give minimum room to fail
B "Better Be there"	✓ Semi-responsible ✓ Semi-consistent ✓ Sometimes meets deadlines ✓ Sometimes meets standards	✓ Clear expectations ✓ Teaching, reinforcement ✓ Consistency, support ✓ "A presence"
A "Always"	✓ Responsible, reliable ✓ Timely, meets deadlines ✓ Consistent ✓ Exceeds standards ✓ Comes early, stays late ✓ Works too much (obsessive)	✓ Minimal oversight ✓ High level of discretion ✓ Likes challenges ✓ Limit-setting re: self care ✓ Personal recognition ✓ Needs boundary setting ✓ Needs a place to "check in" to get a 10 minute supervision

SUPERVISOR STRATEGIES:

SUPERVISEE	SUPERVISOR STRATEGIES
C "Challengers"	
B "Better Be There"	
A "Always"	

UNIT 16 - Doing a Corrective Interview

OBJECTIVE:

- Define, demonstrate and practice specific skills for conducting an interview with a supervisee where the emphasis is on correcting a supervisee's lack of compliance or failure to perform as expected.

BASIC CONCEPTS:

- Evaluation is a part of everything a supervisor does – in both administrative and clinical functions.
- The role of authority, setting standards, and addressing performance gaps is unavoidable.
- Conflicts will occur. There may be a need for the supervisor to take corrective action.
- The power of authority can be misused and cause destructive results: Being the Boss does not mean being bossy.
- The corrective interview requires more structure than the teaching interview, and is used when a supervisee's behavior must change in order to remain in good standing with the agency.
- The purpose of a corrective interview is to change the supervisee's behavior to meet the *agency's needs*, not the other way around.

ACTIVITIES

1. Referring to page 106-108 in the Participant's Manual, the instructor presents.

   A. The Characteristics of the Corrective Interview,
   B. The Differences between Mandatory and Discretionary Rules, and
   C. Differential Strategies Based on Assessed Needs

2. Present the basic Corrective Interview Process (Participant Manual, page 109).
3. The instructor models a Corrective Interview.
4. In large group setting, have participants discuss what they have observed.
5. Have participants choose a real issue to practice and do a 10 minute corrective interview with a partner and observer.
6. Stop after the first interview and debrief, before moving on to the next interview. Repeat this process two more times, allowing each person to practice in the supervisor role.
7. In large group setting, debrief and review.

Unit 16 Slides

Slide 11

Unit 16
Doing a Corrective Interview

- Assumption: Conflict will occur!
- Sets the stage for a corrective action plan.
- Establishes firm boundaries and expectations.
- Creates a clear plan of action.

NFATTC 11

Slide 12

Corrective Interview

Basic Concepts

- Can't avoid addressing performance gaps
- Being the Boss is not being Bossy
- Structure is needed
- Supervisee must change to meet agency needs

NFATTC 12

Slide 13

Characteristics of the Corrective Interview

- Requires more structure than the teaching interview
- Focused on a specific behavior or duty
- Change is necessary to comply with agency rules and expectations

NFATTC 13

Slide 14

Types of Rules

Mandatory Rules - non-negotiable related to safety of clients, compliance with regulatory authorities, time schedules, principles of client care, ethical issues.

Discretionary Rules - how the job is done in which workers have choices and are expected to exercise judgement.

Optional Rules - the agency believes they are mandatory but the workers see them as optional (lunch hours, time at which the work day begins, etc.) Potential sources of conflict.

NFATTC 14

Slide 15

Elements of a Mandatory Rule

- **Specific** behavioral definition exists
- **When** it is to be done is clear
- **How** it is to be done is defined
- **How often** it is to be done is spelled out
- **For how long** it is to be done has been clarified

NFATTC 15

Slide 16

Differential Supervision Strategies

What is the issue?	What is needed?
•Lack of understanding	•Clarify expectations
•Lack of skill	•Teach, train, coach
•Fear	•Support, mentor
•Values conflict	•Clarify choices
•Attitude	•Set limits; bottom line

NFATTC 16

Slide 17

Corrective Interview Process

- Identify the issue.
- Set time frame for the interview.
- Clarify agenda and the process to be used.
- Give feedback; request playback and use ORAL.
- Listen to the feedback for accuracy.
- Discuss to promote a common understanding.
- State the expectation; request playback.
- Discuss if necessary.
- Seek commitment to meet the expectation.
- Use a closed ended question - Will you do this?
- Schedule follow-up meeting to monitor progress.
- FOLLOW THROUGH!

NFATTC 17

Slide 18

Corrective Interview Structure

Steps	Objectives	Tools
1. Set Agenda	Identify the issue Acknowledge importance Communicate respect	Set agenda Set time
2. Give Feedback	Clarify observation Clearly state concern	ORAL
3. Teach	Clarify rules and/or expectations Establish understanding	I statements Listening
4. Secure Commitment	Determine willingness to change Clarify expectations and plan	ME skills Negotiating

NFATTC 18

Slide 19

LET'S Practice!

- Using the PDP, your supervisory interviewing skills and ORAL conduct a CORRECTIVE INTERVIEW.
- Be the authority and establish the parameters within which your counselor must perform his/her duties.
- Maintain a respectful attitude.
- Remember, you are in charge.

NFATTC 19

UNIT 18 - Evaluating Baseline and Progress – OBSERVATION

OBJECTIVES:

- Understand that observation of performance is the key element in measuring and evaluating a supervisee's progress.
- Help participants identify ways of observing a supervisee's performance.

BASIC CONCEPTS:

- If we are to assess the progress a supervisee is making toward her/his learning goals, we need specific observable criteria.
- Visualizing the end performance with the help of ACC and the Rubrics makes it possible for supervisors and supervisees to identify steps along the way and communicate effectively about them.
- A baseline of the supervisee's performance skill must be identified so that the supervisee's progress in acquiring proficiency can be measured.
- *Observing* the supervisee, directly or with recorded performances, is necessary to accurately evaluate the supervisee's level of skill and progress.
- Adjusting and updating the learning plan is a cooperative activity shared by the supervisor and supervisee.
- All performances are approximations – perfection is never achieved, and never should be the goal.
- Effective supervision is measured by demonstrated improvement of the supevisee's clinical skills.

Unit 18 Slides

Slide 21

Unit 18
Evaluating Progress

- Rating proficiency is a subjective activity
- Must move beyond superficial impressions into identifying specific evidence of progress
- Include direct observation of counselor at work
- Initial rating becomes the baseline for measuring progress

NFATTC 21

Slide 22

Quantifiable Measures

Examples:

- Number of articles read
- Attending workshop
- Earning 3 hours of college credit
- Watching 3 taped counseling sessions
- Reviewing 4 clinical records
- Speaking with 2 colleagues once per week
- Writing and reviewing 7 treatment plans

NFATTC 22

Slide 23

Qualitative Measures

- Assess proficiency with the Rubrics
- Use a competency rating scale
- Develop a rating scale to assess each KSA
- Tailor a measure based on a specific learning task

NFATTC 23

Sample
Professional Development Plan

Northwest Frontier ATTC

A. Practice Dimension:____

B. Target competency or competencies:

____

____

____

C. Present level of competence:

1	2	3	4	5
Understands	Developing	Competent	Skilled	Master

Describe the counselor's strengths and deficiencies:

____

____

____

D. Level of proficiency to attain:

1	2	3	4	5
Understands	Developing	Competent	Skilled	Master

Describe the preferred performance in observable terms:

____

____

____

____

1=Understands:	Comprehends the tasks and functions of counseling
2=Developing:	Applies knowledge and skills inconsistently
3=Competent:	Consistent performance in routine situations
4=Skilled:	Effective counselor in most situations
5=Master:	Skillful in complex counseling situations

Page 1

E. List the knowledge, skills and attitudes relevant to achieving the target competency.

Knowledge

Skills

Attitudes

F. Identify the specific ideas, models, behaviors, approaches or experiences you want the counselor to learn and be able to perform.

G. What will be done to accomplish the learning: What activities, methods or tasks will help the counselor achieve the learning objectives?

Page 2

H. How will progress be evaluated?

____
____
____

I. Method of demonstrating proficiency agreed upon.

____
____
____
____
____

Supervisor Signature______________________________ **Date**____________

Counselor Signature______________________________ **Date**____________

UPDATE

Date of demonstration ____________________

Demonstration successful: ________________

Demonstration needs the following correction and to be rescheduled.

____
____
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____
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Supervisor Signature______________________________ **Date**____________

Counselor Signature______________________________ **Date**____________

Page 3

Sample
Professional Development Plan

Northwest Frontier ATTC

A. Practice Dimension: ______________________________

B. Target competency or competencies:

____

____

____

C. Present level of competence:

1	2	3	4	5
Understands	Developing	Competent	Skilled	Master

Describe the counselor's strengths and deficiencies:

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Page 1

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Knowledge

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Skills

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Attitudes

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Counselor Signature_________________________ **Date**____________

Page 3

TWELVE CORE FUNCTIONS OF THE ALCOHOL AND OTHER DRUG ABUSE COUNSELOR

Global Criteria for Assessing Case Presentations in the IC & RC Certification Process

The Case Presentation Method (CPM) is based on the Twelve Core Functions. Scores on the CPM are based on the Global Criteria for each Core Function. The counselor must be able to demonstrate competence by achieving a passing score on the Global Criteria in order to be certified. Although the Core Functions may overlap, depending on the nature of the counselor's practice, each represents a specific entity. Give specifics throughout and do not supply original definitions.

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

Global Criteria:

1. Evaluate the psychological, social, and physiological signs and symptoms for alcohol and other drug abuse.

2. Determine the client's appropriateness for admission or referral.

3. Determine the client's eligibility for admission or referral.

4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate the need for additional professional assessment and/or services.

5. Adhere to applicable laws, regulations, and agency policies governing alcohol and other drug abuse services.

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

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

Global Criteria:

6. Complete the required documents for admission to the program.

7. Complete the required documents for program eligibility and appropriateness.

8. Obtain appropriately signed consents when soliciting information from, or providing information to, outside sources to protect client confidentiality and rights.

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

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

Global Criteria:

9. Provide an overview to the client by describing program goals and objectives for client care.

10. Provide an overview to the client by describing program rules and client obligation and rights.

11. Provide an overview to the client of program operations.

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

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

Global Criteria:

12. Gather relevant history from client, including but not limited, to alcohol and other drug abuse using appropriate interview techniques.

13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.

14. Identify appropriate assessment tools.

15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.

16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

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

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

Global Criteria:

17. Explain assessment results to the client in an understandable manner.

18. Identify and rank problems based on individual client needs in the written treatment plan.

19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.

20. Identify the treatment methods and resources to be utilized as appropriate for the client.

Explanation:

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

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

Global Criteria:

21. Select the counseling theory(ies) that apply(ies).

22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramification.

23. Apply techniques(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.

24. Individualize counseling in accordance with cultural, gender, and lifestyle differences.

25. Interact with the client in an appropriate therapeutic manner.

26. Elicit solutions and decisions from the client.

27. Implement the treatment plan.

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

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

Global Criteria:
28. Coordinated services for client care.

29. Explain the rationale of care management activities to the client.

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

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

Global Criteria:
30. Recognize the elements of the client crisis.

31. Implement an immediate course of action appropriate to the crisis.

32. Enhance overall treatment by utilizing crisis events.

Explanation:
A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, a psychotic episode or outside pressure to terminate treatment. If no specific crisis is presented in the Written Case, rely on and describe a past experience with a client. Describe the overall picture before, during and after the crisis. It is imperative that the counselor be able to identify the crises when the surface, attempt to mitigate or resolve the immediate problem and use negative events to enhance the treatment efforts, if possible.

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

Global Criteria:

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

34. Present information about available alcohol and other drug services and resources.

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

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

Global Criteria:

35. Identify needs(s) and or problem(s) that the agency and/or counselor cannot meet.

36. Explain the rationale for the referral to the client.

37. Match client needs and/or problems to appropriate resources.

38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.

39. Assist the client in utilizing the support systems and community resources available.

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

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

Global Criteria:

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.

41. Care pertinent on-going information pertaining to the client.

42. Utilize relevant information from written documents for client care.

Explanation:

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

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

Global Criteria:

43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.

44. Consult with appropriate resources to ensure the provision of effective treatment services.

45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.

46. Explain the rationale for the consultation to the client, if appropriate.

Explanation:

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

Appendix 2

Addiction Counseling Competencies
Competency Rating Forms

Addiction Counseling Competencies
TRANSDISCIPLINARY FOUNDATIONS

COMPETENCY RATING FORM

1= serious deficiency, 2= needs development, 3= competent, 4= strength area, 5= role model*

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

B. TREATMENT KNOWLEDGE:	Rating
1. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.	
2. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.	
3. Understand the importance of research and outcome data and their application in clinical practice.	
4. Understand the value of an interdisciplinary approach to addiction treatment.	

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C. APPLICATION TO PRACTICE:	Rating
1. Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.	
2. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.	
3. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery	
4. Provide treatment services appropriate to the personal and cultural identity and language of the client.	
5. Adapt practice to the range of treatment settings and modalities.	
6. Be familiar with medical and pharmacological resources in the treatment of substance use disorders	
7. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.	
8. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.	
9. Understand the need for and the use of methods for measuring treatment outcome.	

D. PROFESSIONAL READINESS:	Rating
1. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.	
2. Understand the importance of self-awareness in one's personal, professional, and cultural life.	
3. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.	
4. Understand the importance of ongoing supervision and continuing education in the delivery of client services.	
5. Understand the obligation of the addiction professional to participate in prevention as well as treatment.	
6. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.	

Addiction Counseling Competencies
PROFESSIONAL PRACTICE DIMENSIONS

COMPETENCY RATING FORM

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I. CLINICAL EVALUATION - SCREENING: The process through which a counselor, client and available significant others determine the most appropriate initial course of action, given the client's needs and characteristics, and the available resources within the community.	**Rating**
1. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.	
2. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health and substance related treatment history; mental status; and current social, environmental, and/or economic constraints.	
3. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and coexisting mental health problems.	
4. Assist the client in identifying the impact of substance use on his or her current life problems and the effects of continued harmful use or abuse.	
5. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.	
6. Review the treatment options that are appropriate for the client needs, characteristics, goals, and financial resources.	
7. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.	
8. Construct with client and appropriate others an initial action plan based on client needs, preferences, and resources available.	
9. Based on initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.	

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COMPETENCY RATING FORM

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I. CLINICAL EVALUATION - ASSESSMENT: An ongoing process through which the counselor collaborates with the client, and others, to gather and interpret information necessary for planning treatment and evaluating client progress.	**Rating**
1. Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic cultural issues, and disabilities that includes, but is not limited to: - history of alcohol and other drug use; - family issues; - current status of physical health, mental health, and substance use; - spirituality; - physical health, mental health, and addiction treatment history; - education and basic life skills; - work history and career issues; - history of criminality; - socio-economic characteristics, lifestyle, and current legal status; - use of community resources.	
2. Psychological, emotional, and world-view concerns;	
3. Analyze and interpret the data to determine treatment recommendations.	
4. Seek appropriate supervision and consultation.	
5. Document assessment findings and treatment recommendations.	

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COMPETENCY RATING FORM

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II. TREATMENT PLANNING: A collaborative process through which the counselor and client develop desired treatment outcomes and identifies strategies to achieve them. At a minimum, the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.	**Rating**
1. Obtain and interpret all relevant assessment information.	
2. Explain assessment findings to the client and significant others involved in potential treatment.	
3. Provide the client and significant others with clarification and further information as needed.	
4. Examine treatment implications in collaboration with the client and significant others.	
5. Confirm the readiness of the client and significant others to participate in treatment.	
6. Prioritize client needs in the order they will be addressed.	
7. Formulate mutually agreed upon and measurable treatment outcome statements for each need.	
8. Identify appropriate strategies for each outcome	
9. Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.	
10. Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.	
11. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.	
12. Reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.	

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III. REFERRAL: The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.	**Rating**
1. Establish and maintain relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large to ensure appropriate referrals, identify service gaps, expand community resources, and help to address unmet needs	
2. Continuously assess and evaluate referral resources to determine their appropriateness.	
3. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.	
4. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.	
5. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.	
6. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality regulations and generally accepted professional standards of care.	
7. Evaluate the outcome of the referral.	

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IV. SERVICE COORDINATION – IMPLEMENTING THE TREATMENT PLAN: The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Service coordination, which includes case management and client advocacy, establishes a frame-work of action for the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.	Rating
1. Initiate collaboration with referral source.	
2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.	
3. Confirm the client's eligibility for admission and continued readiness for treatment and change.	
4. Complete necessary administrative procedures for admission to treatment.	
5. Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to: - nature of services, - program goals, - program procedures, - rules regarding client conduct, - schedule of treatment activities, - costs of treatment, - factors affecting duration of care, - client's rights and responsibilities.	
6. Coordinate all treatment activities with services provided to the client by other resources.	

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IV. SERVICE COORDINATION – CONSULTING:	Rating
1. Summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment	
2. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.	
3. Contribute as part of a multidisciplinary treatment team.	
4. Apply confidentiality regulations appropriately.	
5. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.	

IV. SERVICE COORDINATION – CONTINUING ASSESSMENT & TREATMENT PLANNING:	Rating
1. Maintain ongoing contact with client and involved significant others to ensure adherence to the treatment plan.	
2. Understand and recognize stages of change and other signs of treatment progress.	
3. Assess treatment and recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.	
4. Describe and document treatment process, progress, and outcome.	
5. Use accepted treatment outcome measures.	
6. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.	
7. Document service coordination activities throughout the continuum of care.	
8. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.	

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V. COUNSELING – INDIVIDUAL COUNSELING: A collaborative process that facilitates the client's progress toward meeting treatment goals and objectives.	**Rating**
1. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.	
2. Facilitate the client's engagement in the treatment and recovery process.	
3. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.	
4. Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.	
5. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.	
6. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.	
7. Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.	
8. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS), tuberculosis (TB), sexually transmitted diseases (STDs), and other infectious diseases.	
9. Facilitate the development of basic and life skills associated with recovery.	
10. Adapt counseling strategies to the individual	
11. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.	
12. Apply crisis management skills.	
13. Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.	

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V. COUNSELING – GROUP COUNSELING:	Rating
1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.	
2. Carry out the actions necessary to form a group, including, but not limited to: determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.	
3. Facilitate the entry of new members and the transition of exiting members.	
4. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.	
5. Understand the concepts of process and content, and shift the focus of the group when such an intervention will help the group move toward its goals.	
6. Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs and issues that may require a modification in the treatment plan.	

V. COUNSELING – COUNSELING FOR FAMILIES, COUPLES & SIGNIFICANT OTHERS:	Rating
1. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.	
2. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.	
3. Facilitate the engagement of selected members of the family, couple, or significant others in the treatment and recovery process.	
4. Assist families, couples, and significant others to understand the interaction between the system and substance use behaviors.	
5. Assist families, couples, and significant others to adopt strategies and behaviors that sustain recovery and maintain healthy relationships.	

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VI. CLIENT, FAMILY AND COMMUNITY EDUCATION: The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources.	**Rating**
1. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.	
2. Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders.	
3. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.	
4. Describe warning signs, symptoms, and the course of substance use disorders.	
5. Describe how substance use disorders affect families and concerned others.	
6. Describe the continuum of care and resources available to family and concerned others.	
7. Describe principles and philosophy of prevention, treatment, and recovery.	
8. Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, TB, STDs, and other infectious diseases.	
9. Teach life skills, including but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.	

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VII. **DOCUMENTATION** The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.	**Rating**
1. Demonstrate knowledge of accepted principles of client record management.	
2. Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third-parties.	
3. Prepare accurate and concise screening, intake, and assessment reports.	
4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.	
5. Record progress of client in relation to treatment goals and objectives.	
6. Prepare accurate and concise discharge summaries.	
7. Document treatment outcome, using accepted methods and instruments.	

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VIII. PROFESSIONAL AND ETHICAL RESPONSIBILITIES: The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.	**Rating**
1. Adhere to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.	
2. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.	
3. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.	
4. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice	
5. Utilize a range of supervisory options to process personal feelings and concerns about clients.	
6. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.	
7. Obtain appropriate continuing professional education.	
8. Participate in ongoing supervision and consultation.	
9. Develop and utilize strategies to maintain one's own physical and mental health.	

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