

Practice Dimension I. - Clinical Evaluation

Elements:

- ✓ **Screening** - process by which the counselor, the client, and available significant others review the current situation, symptoms, and other available information to determine the most appropriate initial course of action, given the client's needs and characteristics and the available resources within the community.
- ✓ **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.

The Addictions Counselor should:

24. Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.
25. Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints.
26. Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.
27. Assist the client in identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse.
28. Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
29. Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.
30. Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
31. Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.
32. Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow-through.
33. Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic culture, and disabilities that includes but is not limited to:
 - History of alcohol and drug use
 - Physical health, mental health, and addiction treatment histories
 - Family issues
 - Work history and career issues
 - History of criminality
 - Psychological, emotional, and worldview concerns
 - Current status of physical health, mental health, and substance use
 - Spiritual concerns of the client
 - Education and basic life skills
 - Socioeconomic characteristics, lifestyle, and current legal status
 - Use of community resources

- Treatment readiness
 - Level of cognitive and behavioral functioning.
34. Analyze and interpret the data to determine treatment recommendations.
 35. Seek appropriate supervision and consultation.
 36. Document assessment findings and treatment recommendations.

PD I. BIBLIOGRAPHY – Clinical Evaluation

Screening

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Practice Dimension II. - Treatment Planning

The Addictions Counselor should:

37. Use relevant assessment information to guide the treatment planning process.
38. Explain assessment findings to the client and significant others.
39. Provide the client and significant others with clarification and additional information as needed.
40. Examine treatment options in collaboration with the client and significant others.
41. Use relevant assessment information to guide the treatment planning process.
42. Explain assessment findings to the client and significant others.
43. Provide the client and significant information as needed.
44. Examine treatment options in collaboration with the client and significant others.
45. Consider the readiness of the client and significant others to participate in treatment.
46. Prioritize the client's needs in the order they will be addressed in treatment.
47. Formulate mutually agreed-on and measurable treatment goals and objectives.
48. Identify appropriate strategies for each treatment goal.

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Practice Dimension III. - Referral

The Addictions Counselor should:

49. Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria.
50. Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.
51. Inform the client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
52. Reassess the treatment plan at regular intervals or when indicated by changing circumstances.
53. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow-through.
54. Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care.
55. Evaluate the outcome of the referral.

PD III. BIBLIOGRAPHY - Referral

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Practice Dimension IV. - Service Coordination

Elements:

- ✓ Implementing the Treatment Plan
- ✓ Consulting
- ✓ Continuing Assessment and Treatment Planning

Service Coordination Definition: 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 framework of action to enable 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.

Implementing the Treatment Plan

The Addictions Counselor should:

56. Initiate collaboration with the referral source.
57. Obtain, review, and interpret all relevant treatment planning information.
58. Confirm the client's eligibility for admission and continued readiness for treatment and change.
59. Complete necessary administrative procedures for admission to treatment.
60. Establish accurate treatment and recovery expectations with the client and involved significant others, including but not limited to:
 - The nature of services
 - Program goals
 - Program procedures
 - Rules regarding client conduct
 - The schedule of treatment activities
 - Costs of treatment
 - Factors affecting duration of care
 - Clients' rights and responsibilities
 - The effect of treatment and recovery on significant others.
61. Coordinate all treatment activities with services provided to the client by other resources.

Consulting

62. Summarize the client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.
63. Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.
64. Contribute as part of a multidisciplinary treatment team.
65. Apply confidentiality rules and regulations appropriately.

66. Demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies.

Continuing Assessment and Treatment Planning

67. Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.
68. Understand and recognize stages of change and other signs of treatment progress.
69. Assess treatment and recovery progress, and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.
70. Describe and document the treatment process, progress, and outcome.
71. Use accepted treatment outcome measures.
72. Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.
73. Document service coordination activities throughout the continuum of care.
74. Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

PD IV. BIBLIOGRAPHY – Service Coordination

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Practice Dimension V. - Counseling

Elements:

- ✓ Individual Counseling
- ✓ Group Counseling
- ✓ Counseling, Families, Couples, and Significant Others

Counseling Definition: A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives.

Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built on an understanding of, appreciation of, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.

Individual Counseling

The Addictions Counselor should:

75. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.
76. Facilitate the client's engagement in the treatment and recovery process.
77. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
78. Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
79. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
80. Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
81. Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.
82. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.
83. Facilitate the development of basic and life skills associated with recovery.
84. Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
85. Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.
86. Apply crisis prevention and management skills.
87. Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

Group Counseling

88. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.
89. Carry out the actions necessary to form a group, including but not limited to determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.
90. Facilitate the entry of new members and the transition of exiting members.
91. Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.
92. Understand the concepts of process and content, and shift the focus of the group when such a shift will help the group move toward its goals.
93. Describe and summarize the client's behavior within the group to document the client's progress and identify needs and issues that may require a modification in the treatment plan.
94. Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.
95. Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.
96. Facilitate the engagement of selected members of the family or significant others in the treatment and recovery process.
97. Assist families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.
98. Assist families, couples, and significant others in adopting strategies and behaviors that sustain recovery and maintain healthy relationships.

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Practice Dimension VI. - Client, Family and Community Education

Client, Family and Community Education Definition: 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.

99. The Addictions Counselor should:
Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and the recovery process.
100. Describe factors that increase the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders.
101. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
102. Describe warning signs, symptoms, and the course of substance use disorders.
103. Describe how substance use disorders affect families and concerned others.
104. Describe the continuum of care and resources available to the family and concerned others.
105. Describe principles and philosophy of prevention, treatment, and recovery.
106. Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.
107. Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.

PD VI. BIBLIOGRAPHY – Client, Family and Community Education

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Practice Dimension VIII - Documentation

Documentation Definition: The recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data.

The Addictions Counselor Should:

108. Demonstrate knowledge of accepted principles of client record management.
109. 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.
110. Prepare accurate and concise screening, intake, and assessment reports.
111. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.
112. Record progress of client in relation to treatment goals and objectives.
113. Prepare accurate and concise discharge summaries.
114. Document treatment outcome, using accepted methods and instruments.

PD VII. BIBLIOGRAPHY - Documentation

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Practice Dimension VIII. - Professional and Ethical Responsibilities

Professional and Ethical Responsibilities Definition: The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

The Addictions Counselor should:

115. Adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client.
116. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.
117. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
118. Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice.
119. Use a range of supervisory options to process personal feelings and concerns about clients.
120. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
121. Obtain appropriate continuing professional education.
122. Participate in ongoing supervision and consultation.
123. Develop and use strategies to maintain one's physical and mental health.

PD VIII. BIBLIOGRAPHY – Professional and Ethical Responsibilities

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Attitudes

ATTITUDES BIBLIOGRAPHY

Counselors' attitudes toward clients and the treatment process are important because they shape the therapeutic relationship that is at the core of treatment for substance use disorders. Negative counselor attitudes need to be considered within the framework of stigma and its consequences for the counselor, the client, and the field. Attitudes of treatment professionals toward the multiple systems of bureaucracy with which they interact—agency priorities, clinic hierarchies, the criminal justice system, departments of social services, community organizations—may also affect their ability to deliver effective treatment.

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