

GUIDELINES
FOR ALCOHOL/DRUG STUDIES PROGRAMS
WITHIN HIGHER EDUCATION

**Developed in cooperation with the
California Association for Alcohol/Drug Educators (CAADE)
through the efforts of the**

ACCREDITATION COMMITTEE

Lucinda Alibrandi
James Evans
Gregory Granderson
Joan Harter-Speer
Dick Wilson

And

**CALIFORNIA STATE UNIVERSITY, FULLERTON
COLLEGE OF HEALTH AND HUMAN DEVELOPMENT
DEPARTMENT OF HUMAN SERVICES**

Lori L. Phelps

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The California State Department of Alcohol and Drug Programs
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Preface

During the past twenty years since the earliest drafts of the *Guidelines for Alcohol/ Drug Studies Programs within Higher Education* were drafted, there has been increased knowledge about drug abuse/dependence, about the brain reward mechanisms involved in drug use, and considerable evidence based research on effective individual, family, and group counseling techniques and strategies.

The California Association for Alcohol/Drug Educators (CAADE), through its board of directors, sub-committees, and the Department of Alcohol and Drug Programs keeps current on federal, state, and local developments in the field. This guidelines manual is intended to be used as a working document with new ideas, suggestions, and comments always welcome.

Foreword

The *Guidelines for Alcohol/Drug Studies Within Higher Education* was originally prepared for the California State Department of Alcohol and Drug Programs (ADP) during November 2000. The California alcohol and drug studies community thanks Dick Wilson for being the project director for this effort (CAADE contract #98-0022343)

The ADP project was a culmination of several years of work starting in 1985 with revisions in 1997, 1998, and 2000.

During the years 2000 – 2004, as several more colleges and universities received CAADE Accreditation, and as the alcohol and drug studies field was becoming more evidence and research based, the CAADE Board agreed to revise the guidelines manual to be used for new colleges and universities seeking accreditation as well as for board members to use when re-accrediting current programs.

Angela R. Stocker, a former CAADE president, along with other board members in 2004, was instrumental in preparing a successful grant to the Helen and Charles Schwab Foundation which allowed the CAADE board to prepare the previous revision of the Guidelines Manual.

In 2007 and 2008, Dr. Richard C. Wilson, in cooperation with Dr. Lori Phelps and the Human Services Department at California State University Fullerton, was awarded grants by the California Department of Alcohol and Drug Programs (ADP AGREEMENT NUMBERS 06-00207 and 07-00155).

Thanks go to all CAADE board members who were responsible for the 1987, 1997, 1998, 2000 and 2004 editions.

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PROPOSAL

CALIFORNIA ASSOCIATION FOR ALCOHOL/DRUG EDUCATORS (CAADE) ACCREDITATION INFORMATION

The accreditation process for Addiction Studies Programs in Higher Education is under the direction of the California Association of Alcohol and Drug Educators (CAADE) Board of Directors. The CAADE office can be reached at:

5230 Clark Avenue, Suite 3
Lakewood, CA 90712
707.7.Caade.1 (707-722-2331)

ACCREDITATION COMMITTEE

Dick Wilson, Ph.D., Chair	(714) 528-2257
Lucinda Alibrandi, Ph.D.	Cypress College
Professor James Evans	City College of San Diego
Greg Granderson, M.A.	Santa Rosa Junior College
Joan Harter-Speer	San Bernardino Valley College
Lori L. Phelps, Psy.D. (Executive Director)	Cal-State Fullerton

The accreditation committee is responsible for the oversight of the Accreditation process. As a subcommittee, they evaluate programs and make recommendations to the CAADE Board of Directors and to the Department of Alcohol and Drug Programs.

In 2004, the need to create re-accreditation policies and procedures for Colleges and Universities that have already been accredited emerged. An additional CAADE subcommittee was established to assist in this task.

CAADE wishes to thank Dr. Lou Hughes who was responsible for the task of editing the revisions to the Guidelines Manual in 2004.

The current revision was developed for the California State Department of Alcohol and Drug Programs to fine tune the revisions of the 2004 Guidelines Manual and to reflect changes that have been deemed necessary since that time. This revision was under the direction of Dick Wilson and Lori L. Phelps acting as representatives of the CAADE Accreditation Committee and as Project Director and Assistant Director of the ADP/Cal-State Fullerton Grant (CONTRACT NUMBERS 06-00207 and 07-00155).

HISTORY – DEVELOPING THE GUIDELINES MANUAL

Under Contract with the Department of Alcohol and Drug Programs, the *Guidelines for Alcohol and Drug Studies Program Within Higher Education* was prepared and adopted by the Accreditation Committee at the annual educators conference in Sacramento during April of 1986. The Committee was composed of members representing educational, treatment and recovery interests throughout the state: the California Association of Alcohol and Drug Abuse Counselors (CAADAC), California Association of Addiction Recovery Resources (CAARR), California Association of Drinking Driver Treatment Programs (CADDTP), California Therapeutic Community (CTC), American Academy of Health Care Providers, American Indian Commission, County and State Alcohol and Drug agencies, DUI and EAP programs, service providers, and educators from community colleges, state universities, and private colleges.

These Guidelines were revised and updated in 1997, 1998 and 2000 to include competency infusion from the State and National Curriculum Competencies developed under the auspices of the Addiction Technology Transfer Center (ATTC). CAADE is responsible for revising and maintaining the educational standards for this Guidelines Manual.

In 2004, CAADE received a grant from the Charles and Helen Schwab Foundation to “include evidence based practices into its educational requirements, revise the Guidelines Manual, and advise and then evaluate the CAADE accredited counselor education programs by conducting a Re-Accreditation Self Study.”

In 2007, Dick Wilson and Lori Phelps, through California State University Fullerton, were contracted by the Department of Alcohol and Drug Programs to continue updating and refining this Guidelines Manual. The current revision is the result of that agreement.

Rationale for Accreditation:

The rationale for accreditation is to promote and support quality higher education in alcohol and drug studies. The mission is accomplished through:

- The development and application of accreditation standards for alcohol and drug higher education programs
- Assurance of qualified and certified addiction counselors
- Participation in forums for examination, discussion, and debate on subjects related to alcohol and drug studies

THE PRESIDENTS OF CAADE

Rod Skager, UCLA – first President
 Dick Wilson, Saddleback College
 Roger Kissel, Merced College
 Bill Shilley, Oxnard College
 Dick Wilson, Saddleback College

Lucinda Alibrandi, Cypress College
 Angela Stocker, College of San Mateo
 Joan Harter, San Bernardino Valley College
 Paul Sharpe, Mt. San Antonio College
 Lori Phelps, Cal-State University Fullerton

COURSES FOR THE ALCOHOL AND DRUG STUDIES CURRICULUM

The Committee recommends that an approved Alcohol and Drug Studies Program shall contain a minimum of courses from the following areas:

- | | |
|---------------------------------|---------------------------------|
| a. Behavioral/Foundational----- | 6 Semester Units or Equivalent |
| b. Core----- | 12 Semester Units or Equivalent |
| c. Skills----- | 12 Semester Units or Equivalent |
| d. Field Studies----- | 6 Semester Units or Equivalent |
| Total ----- | <u>36</u> Semester Units |

BEHAVIORAL/FOUNDATIONAL

There is a body of basic information from the Social Sciences and Humanities disciplines that is considered by addictions education experts to be essential for persons who desire to work in the field. Exposing students to this information will broaden education perspectives and enable them to apply this information to core, skills and practicum preparation. These recommended courses are listed below.

Introduction to Human Services-----	3 Semester Units
Introduction to Psychology-----	3 Semester Units
Human Development-----	3 Semester Units
Introduction to Sociology -----	3 Semester Units
Abnormal Psychology -----	3 Semester Units
Specific Population Groups -----	3 Semester Units
Cultural Anthropology-----	3 Semester Units
Other Appropriate College Electives -----	3 Semester Units
Total-----	<u>6</u> Semester Units

(A minimum of two courses or more from the above)

Introduction: Alcohol/ Drug Studies Core and Skills Areas

The Alcohol/Drug Studies core and skills curriculum represents a research and science based set of conceptual, attitudinal, and skills competencies which provide the minimally sufficient knowledge and understanding for addictions counselors. The competencies are primarily derived from Technical Assistance Publication Number 21 (TAP 21), "Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice," published by the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT). **To order via phone or fax:** Phone-1-800-729-6686; Fax-240-221-4292

The competencies have been organized and grouped into a series of courses. New or existing programs can use these courses as a guideline for their curriculum development.

It is recognized that not all programs will contain courses which are titled or described exactly like the ones in this guideline. For example, topics in the Crisis Intervention course may be covered in a Counseling Skills or Case Management course. It is not the intent of the Accreditation Committee to dictate the title, descriptions, or complete content of any given program's curriculum. It is our intent to assure that the competencies listed in those suggested courses are covered somewhere in the program's curriculum **and that sufficient time is spent on those areas (*see addendum below)**. Thus, the curriculum accreditation and re-accreditation process is based on conformance to the competencies, not course titles or descriptions. It is therefore important that official institutional course outlines demonstrate these competencies.

The Accreditation Committee recognizes the dynamic nature of the alcohol and drug studies fields, and that there may be some lag time between new material in course syllabi, and material being institutionalized into the official course outline. A total of 12 units in the core is required. The following courses are suggested.

CORE AREA: Suggested Courses

Introduction to Alcohol/Drug Studies: An Overview	3 Semester Units
Treatment Modalities/Intervention, Treatment and Recovery (AKA Assessment and Service Coordination in Addiction Treatment)	3 Semester Units
The Pharmacology and Physiological Effects of Alcohol and Drug Abuse	3 Semester Units
AOD Prevention and Education	3 Semester Units
OR	
Co-occurring Disorders.....	3 Semester Units
OR	
Legal and Ethical Issues.....	3 Semester Units
OR	
Culture, Race and Gender Considerations (AKA Specific Populations).....	3 Semester Units
Total	<u>12 Semester Units</u>

A total of 12 units in the Skills Area is also required.

SKILLS AREA: Suggested Courses

Basic Counseling Skills (Required)	3 Semester Units
(AKA Theories of Addiction Counseling, Helping Skills)	
Group Leadership and Group Process (Required)	3 Semester Units
Subtotal	6 Semester Units

Select two courses from the following:

Family Dynamics and Addiction	3 Semester Units
Crisis Intervention (AKA Intervention and Referral Techniques)	3 Semester Units
A Study of Social Model Living Skills	3 Semester Units
Theories of Addiction Counseling	3 Semester Units
AOD Prevention and Education	3 Semester Units
Co-Occurring Disorders	3 Semester Units
Legal and Ethical Issues.....	3 Semester Units
Culture, Race and Gender Considerations (AKA Specific Populations).....	3 Semester Units
Total	12 Semester Units

**AOD Prevention and Education, Co-Occurring Disorders, Legal and Ethical Issues, and Culture, Race and Gender Considerations can be taken for the Core or Skills area but not both.*

FIELD STUDIES (Internship)

Field Studies (Internship) student experiences should include the following concepts:

- Six units (or equivalent) consisting of 250 hours of field internship
- A minimum of one hour per week of classroom activity
- Students to prepare weekly internship activity logs
- Students to have completed a minimum number of three core courses and the two required skills courses prior to internship (minimum of 15 units)
- Internship experiences provides opportunities to observe, practice, and experience TAP 21 competencies
- College and intern sites have a written contract which includes measurable learning objectives for the student intern
- College may provide opportunity for liability insurance for interns

Field Studies & Seminar I.....	3 Semester Units
Field Studies & Seminar II	3 Semester Units
Total	6 Semester Units

TOTAL FOR THE PROGRAM: 36 Quarter units or 60 Quarter Units.

The 36 semester units includes ten (10) academic courses of three (3) units each for a total of 30 academic units, plus an additional six (6) units of field studies.

ADDENDUM

The Accreditation Committee developed this Alcohol and Drug Studies Program as a competency-based curriculum. Those competencies and course descriptions are contained in Parts II, III, and IV. This curriculum has also been designed to meet the Competencies contained in the national Birch Davis Study, the 12 Core Functions and the Eight Core Functions described in the National ATTC Curriculum or TAP 21.

The Committee recognizes that course titles will change from institution to institution because of curriculum development policies. Although course titles are important, the Accreditation Committee will give more attention to course descriptions and course syllabi when determining articulation policies and procedures. **The Accreditation Committee's recommendation is that there be a minimum of 16 hours of instruction in each content area. It is the Program Director's responsibility to ensure that the course content areas have been met in the program.**

In order to ensure that the educational mandates of this program are carried out the college or university housing this program will provide a minimum of 20% release time (or its equivalent) for a faculty Chair, Dean or other designated official (exclusive to alcohol and drug programs) to administer the program.

Computer literacy and Spanish fluency, though not required, are highly recommended.

Summary: Courses and Units

BEHAVIORAL/FOUNDATIONAL

Introduction to Human Services	3 Semester Units
Introduction to Psychology	3 Semester Units
Human Development	3 Semester Units
Introduction to Sociology	3 Semester Units
Abnormal Psychology.....	3 Semester Units
Specific Population Groups	3 Semester Units
Cultural Anthropology	3 Semester Units
Other Appropriate College Electives	3 Semester Units
TOTAL.....	6 Semester Units

(A minimum of two courses from above listing)

CORE AREA

Introduction to Alcohol/Drug Studies: An Overview	3 Semester Units
Treatment Modalities/Intervention, Treatment and Recovery (AKA Assessment and Service Coordination in Addiction Treatment)	3 Semester Units
The Pharmacology and Physiological Effects of Alcohol and Drug Abuse	3 Semester Units
AOD Prevention and Education	
-OR- Co-Occurring Disorders	
-OR- Legal and Ethical Issues	

-OR- Culture, Race and Gender Considerations 3 Semester Units
(AKA Specific Populations)

TOTAL.....12 Semester Units

(A minimum of four courses from above listing)

SKILLS AREA

Basic Counseling Skills (**Required**)..... 3 Semester Units
(AKA Theories of Addiction Counseling, Helping Skills)

Group Leadership and Group Process (**Required**)..... 3 Semester Units

Select 2 courses from the following:

Family Dynamics and Addiction 3 Semester Units

Crisis Intervention (AKA Intervention and Referral Techniques) 3 Semester Units

A Study of Social Model Living Skills 3 Semester Units

Theories of Addiction Counseling 3 Semester Units

AOD Prevention and Education 3 Semester Units

Co-Occurring Disorders 3 Semester Units

Legal and Ethical Issues..... 3 Semester Units

Culture, Race and Gender Considerations 3 Semester Units
(AKA Specific Populations)

TOTAL12 Semester Units

**AOD Prevention and Education, Co-Occurring Disorders, Legal and Ethical Issues, and Culture, Race and Gender Considerations can be taken for the Core or Skills area but not both.*

FIELD STUDIES

Field Studies & Seminar I..... 3 Semester Units

Field Studies & Seminar II 3 Semester Units

TOTAL.....6 Semester Units

a. Behavioral/Foundational 6 Semester Units or Equivalent

b. Core Area..... 12 Semester Units or Equivalent

c. Skills Area..... 12 Semester Units or Equivalent

d. Field Studies..... 6 Semester Units or Equivalent

TOTAL36 Semester Units

PART I

STANDARDS FOR ADMISSION AND EVALUATION OF STUDENTS IN PROFESSIONAL TRAINING PROGRAMS FOR THE ALCOHOL AND DRUG STUDIES FIELD

These standards for admission and evaluation of students assume that the curricula of most alcohol and drug programs will incorporate academic as well as skills and field practice components. It is useful to distinguish between these components in admissions and evaluation.

The curriculum model to which these standards relate assumes a general core of basic knowledge essential for working in the alcohol and drug field, plus various special emphases, one or more of which might be developed by a given program, such as, program management, employee assistance, counseling, court counseling, or prevention and education. Generally, the special emphasis components would be located in the skills/practice portion of the curriculum.

These courses were originally selected and designed with input from a broad spectrum of representatives from the treatment and recovery sectors of the State (see list of current Accreditation Committee members on page 2). The Guidelines Manual was also developed to provide educational course work for the certification needs of the California Coalition of Addiction Certifying/ Credentialing Organizations (C.C.A.C.C.O.), and other related certification organizations including the following:

California Association of Alcoholism and Drug Abuse Counselors (CAADAC)

California Association for Alcohol/Drug Educators (CAADE)

California Association of Addiction Recovery Resources (CAARR)

California Association of Drinking Driver Treatment Programs (CADDTP)

Forensic Addictions Corrections Treatment (FACT)

Indian Alcoholism Commission of California, Inc.

American Academy of Health Care Providers

ADMISSION

Students who apply for admission to alcohol and drug studies programs come from a variety of ethnic, social and academic backgrounds. Many are older adults with an interrupted academic career history. These are often persons recovering from alcoholism or drug addiction, or adult children of alcoholics. However, a growing number of students enter the program from such professional disciplines as nursing, social work, probation and psychology who enroll to develop a specialization in alcohol and drug studies.

The applicant pool also includes students with English as their second language, others entering higher education at entry level and still others entering from other professional disciplines, admission may require individualized counseling and advisement.

All colleges and universities provide special assistance for students who qualify for rehabilitation and other educational services. Administration and faculty who work with these specific populations should assess and refer students appropriately in order to enable these students to secure a high level of competency in mastering the information contained in the core curriculum. Student assessment should be incorporated in the evaluation process.

The principle of student self-selection based on an accurate description of the program requirements and modes of student assessment still applies. For example, if consistent with program requirements, prospective applicants may be informed that successful completion of the core curriculum requires reading articles and books and summarizing the information contained therein, taking effective lecture notes, and communicating knowledge on written examinations. Applicants who believe they do not possess the necessary academic competencies should be referred to programs which develop communication skills and should be encouraged to apply later.

Alternatively, some alcohol/drug studies programs may be incorporated in regular academic degree programs. In such cases, the usual standards of admission to the institution or department may be applied to applicants in the alcohol/drug studies programs. However, it is still necessary to inform prospective students of the types of learning skills that are required for successful completion.

Admission to alcohol/drug training programs should be in two stages:

STAGE I: ADMISSION TO THE CORE COMPONENT

Admission to the core component should be open to all applicants on the basis of the self-selection principle just described. Recovering alcoholics and other addicts should be advised that enrollment is not a substitute for a personal recovery program. Students should also be informed that a personal recovery program is likely to be an essential precondition for successful field placement and for obtaining employment.

STAGE II: ADMISSION TO THE SKILLS COURSES

Admission to the skills/practicum courses may require the successful completion of the core curriculum*. Before beginning the skills and practicum areas, students should be informed that agencies in which they may be placed for training often will not accept or hire recovering persons unless they have completed some minimum period (often two or more years) of continuous sobriety and are pursuing an appropriate program of recovery. Unless recovering students can qualify under these criteria, they may not be accepted by field placement agencies. In addition, students should be advised that the use of illegal psychoactive drugs is in violation of all accepted professional standards of agencies in which they may be placed or later seek employment. All admissions material should contain assurances of conformity to affirmative action guidelines. Since the field of addiction studies is attracting growing numbers of students who are disabled; students, faculty and administrators will be advised that these programs support the rights of students with disabilities to enter and participate fully in the programs described herein. See Addendum for further information on student rights and information on infectious diseases.

STAGE III: ADMISSION TO FIELD STUDIES (INTERNSHIP)

Admission to the Field Studies (Internship) courses **may require completion of some or all of the core and skills curriculum***. Instructors should be explicit about the number of classes or sessions a student is allowed to miss and still receive credit for a given class or course. While enforcement of this requirement means that teachers must take roll, in some cases it acts as a screening device for students who are poorly motivated or who are still maintaining a somewhat chaotic life style.

The program should have policies clearly informing students that the Field Studies (Internship) requirements cannot be “made up” by extra academic work and are not ordinarily waived. Petitions by students who hold professional licenses (LMFT, LCSW, etc.) and desire credit for earlier field experience should be reviewed carefully. Prior experience with general mental health populations is not a substitute for work with addicted people. Likewise, prior work in general mental health courses should not be substituted for academic courses dealing specifically with alcoholism and other addictions.

This is left to the discretion of the Program Director in compliance with Title 5 regulations regarding **PREREQUISITES, COREQUISITES, ADVISORIES, AND LIMITATIONS ON ENROLLMENT*

STUDENT EVALUATIONS

Programs should have clear, written standards and procedures for student evaluation, including procedures for dismissal from the program. The process should be proactive, therefore making it possible to arrive at such decisions well before the student has completed all program requirements.

There should be two or more methods of student evaluation. One obviously must be grades in the core knowledge portion of the program; the second must reflect the student’s ability to function in professional roles incorporated in the skills and practicum component. It is expected that grades will be based on a variety of measure, such as objective exams, written assignments and oral reports. Evaluations for performance of work roles (internships) should be based, at least in part, on observable criteria by qualified supervisors.

Dismissal should be reached collaboratively among program instructors, internship supervisors and senior administrative staff rather than by a single individual. Students subject to dismissal would include those who are unable to develop the competencies needed for professional work roles, as well as those who are unable to succeed in the academic part of the program. Multiple standards of evaluation should be applied. Typically, a student performing below academic standards would be placed on a semester or quarter of academic probation to allow the student an opportunity to correct the deficiency. Whatever procedure for dismissal is used, the principles of fairness and due process should be incorporated. Dismissal criteria and procedures should be developed and provided in writing at the time of admission.

Students in alcohol/drug programs, as in other types of educational programs, sometimes show signs of psychological instability severe enough to disrupt their relationships with others, including clients. It is not within the authority of educators to make psychiatric diagnoses, nor to dismiss students for psychological reasons. Rather, educators should appropriately evaluate students in terms of the knowledge and skills that are incorporated in the learning and performance objectives of the educational program. Evaluations based on specific criteria should be developed and be available in writing.

In programs where self-selection is the primary admission tool, objective evaluation of student performance becomes correspondingly more important. Overall judgments about student performance should (a) reflect more than one aspect of performance, (b) be based on consensus of program teaching staff, (c) be flexible rather than rigid, and (d) facilitate where appropriate, both self selection out of the program and dismissal by program staff. Evidence of fairness and due process must be reflected in records of students who are dismissed from the program.

ACADEMIC HONESTY**

Students are expected to conform to ethical standards pertaining to their academic studies. Each college or university has developed rigorous guidelines for academic honesty, which must be followed by all students. Please see appendix F for examples from Fullerton College and California State University, Fullerton.

PART II

ALCOHOL/DRUG STUDIES BEHAVIORAL/FOUNDATIONAL COURSES – DESCRIPTIONS

1. INTRODUCTION TO HUMAN SERVICES (3 Semester Units)

This course explores the history, philosophy, and development of thought in the helping services field. The content area is designed to identify and analyze the primary helping services fields in urban and rural America. The course introduces students to case study analysis, including proper observation and reporting techniques. Students are given an overview of new programs and careers in the Human Services field.

2. INTRODUCTION TO PSYCHOLOGY (3 Semester Units)

This course introduces students to basic psychological concepts underlying human behavior in such areas as learning, motivation, perception, growth and development, personality, and social behavior. Students will develop an understanding of scientific approaches to collecting and analyzing data; applying measures of significance; and distinguishing between correlation and causative variables.

3. INTRODUCTION TO SOCIOLOGY (3 Semester Units)

This course introduces students to a sociological perspective of human behavior, institutions, patterns for human interaction, and the origin and nature of culture. The course discusses the socialization process and its impact on individual and group behavior. Natural forces and consequences of sociological change on human behavior and organizational changes are discussed.

4. HUMAN DEVELOPMENT (3 Semester Units)

This course provides an analysis of the developmental behaviors associated with each stage of human development with emphasis on how social environment influences this development. The course focuses on disruptive influences on human development, including the abuse of alcohol and drugs, and the methods and principles followed by human services occupations in developing systems and services to minimize these disruptive influences.

5. ABNORMAL PSYCHOLOGY (3 Semester Units)

This course explores symptoms, causes, treatment, and prevention of mental problems and discusses how such terms as “normal” and “disorder” are applied in the mental health field. Course topics include anxiety disorders, personality disorders, psycho physiological disorders, psychoses, substance use disorders, sexual disorders, and organic disorders. Students become familiar with the Diagnostic Statistical Manual – Fourth edition (DSM-IV) with particular emphasis placed on the criteria utilized by mental health professionals in determining the level and degree of specific disorders.

6. STUDY OF SPECIFIC POPULATIONS (3 Semester Units)

This course identifies special problems, issues, and concerns of modern living within specific population groups. The course offers a beginning look at the historical issues involved in the intercultural socialization process. Course focus is on the social-psychological dynamics of special population groups such as the aged, disabled, persons diagnosed positive for HIV, ARC, AIDS, women, gays, lesbians, and adolescents. Ethnic and cultural differences will be emphasized to provide students the skills needed to communicate effectively with diverse populations.

7. HUMAN SEXUALITY (3 Semester Units)

This course provides a thorough examination of the fundamentals of the development and practice of sexuality including the sexual dynamics of the recovering chemically dependent population - in particular, how past substance use and abuse affects the development of sexuality. The course examines the historical, psychological and psychosocial aspects of human sexuality from childhood to old age. The course explores human sexuality from both male and female perspectives. Sexual dysfunction as a result of alcohol and drug abuse will be studied along with suggestions for corrective therapy for these problems.

8. OTHER APPROPRIATE ELECTIVES

PART III
COURSE COMPETENCIES FOR THE CORE CURRICULUM

A. Competencies to be covered in a course such as *Introduction to Alcohol/Drug Studies*

This course provides an historical and sociological perspective on the use, abuse, and social control of psychoactive drugs. Included are overviews of the biopsychosocial nature of addiction; the impact of addiction on children, families and society; contemporary treatment and prevention approaches; and the addiction counseling profession.

1. Recognize the social, political, economic, and cultural context within which substance use, abuse, and, addiction exist.*
2. Provide examples of past and present social policy conflicts regarding psychoactive drug use such as the prohibition of alcohol and medical marihuana.
3. Understand a variety of models and theories of addiction and other problems related to abuse.*
4. 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.*
5. Recognize the importance of family, social networks, and community systems in as both a causative and preventive force in addiction.*
6. Understand the importance of research and outcome data and their application to clinical practice.*

*Adopted from TAP 21 (Technical Assistance Publication) *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*

B. Competencies to be covered in a course such as *Treatment Modalities: Intervention, Treatment And Recovery (Aka Assessment And Service Coordination In Addiction Treatment)*

This course reviews the principles and practice of **case management** in addiction treatment including the processes of intake, screening, assessment, treatment planning, referral, and documentation. Professional and ethical codes of conduct and behavior are also reviewed and emphasized.

1. Understand the value of an interdisciplinary approach to addictions treatment.*
2. Understand the importance of developing proper procedures for a client's consent for treatment; informing clients of their confidentiality rights; program procedures and expectations; and counselor mandated reporting requirements.*
3. Understand the established diagnostic criteria for substance use disorders (DSM-IV) and describe treatment modalities and placement criteria within the continuum of care.*
4. Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.*
5. Gather systematic data from clients using screening and assessment instruments which are sensitive to age, developmental level, culture, and gender.*
6. Utilize assessment instruments in an ongoing manner throughout the treatment process, modifying client outcome goals as necessary.*

7. Use multidimensional assessment instruments (such as the Addiction Severity Index and Stages of Change assessment) which cover historic and current substance use; physical health; mental health; family status; treatment history; and current social, economic, legal, educational, or environmental constraints.
8. Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.*
9. Develop and maintain relations with other community resources and arrange client referrals to other professionals, agencies, community programs, and other appropriate resources.*
10. Differentiate between situations which call for self or counselor referral; support client follow through; and follow-up with referral agencies as appropriate within confidentiality guidelines.*
11. Coordinate all treatment activities with services provided to the client by other agencies as appropriate.*
12. Assist clients in identifying the impact of substance abuse on their current life problems and the effects of continued use or abuse (using such strategies as motivational interviewing).*
13. Determine the client's readiness for treatment and change as well as the needs of significant others involved in the current situation.*
14. Collaborate with the client in creating mutually agreed upon and measurable treatment outcomes and goals with specific behavioral actions to achieve them.*
15. Demonstrate knowledge of accepted principles of client record management.*
16. Protect client rights to privacy and confidentiality in the preparation and handling of records, including third parties.*
17. Prepare accurate and concise screening, intake, and assessment reports.*
18. Develop and record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.*
19. Prepare accurate and concise discharge summaries.*
20. Document treatment outcomes, using accepted methods and instruments.*
21. 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.*
22. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.*
23. Understand and apply the code of ethics for Certified Addictions Treatment Specialists.
24. Utilize a range of ongoing supervisory options to process personal feelings and concerns about clients, while maintaining one's own physical and mental health.*
25. Conduct self-evaluations of professional performance to enhance self-awareness and performance.*
26. Obtain appropriate continuing professional education.

C. Competencies to be covered in a course such as *The Pharmacology and Physiological Effects of Alcohol and Drugs*

This course presents an overview of the physiological processes and impacts of psychoactive drugs on the person including risk factors related to addiction, acute and chronic health

problems, communicable diseases, and fetal impacts. Issues related to synergistic risk factors, detoxification, and withdrawal are also reviewed.

1. Describe the behavioral, psychological, physiological, and social effects of psychoactive substances on the user.*
2. Understand the basic metabolic and neurological processes involved in psychoactive drug use, including synergistic effects and risk factors.
3. Explain the differences and similarities between and among physical and psychological dependency, tolerance, and withdrawal.
4. Understand the special risk and intervention issues associated with perinatal drug use.
5. Understand the special service needs and staff precautions necessary when working with clients who may be HIV, hepatitis, STD, or tuberculosis positive.
6. Be familiar with the medical and pharmacological resources available in the treatment of substance use disorders.*
7. Be able to screen clients for psychoactive substance toxicity, intoxication, and withdrawal symptoms.*

D. Competencies to be covered in a course such as *Alcohol and Other Drug Prevention and Education*

A review of the history, theories, research, and contemporary approaches to drug abuse prevention and harm reduction, including various strategies appropriate for communities, schools, families, and work sites. The economic, social, and family impacts of drug abuse are covered as well as local community resources.

1. Understand the obligation of the addiction professional to participate in prevention as well as treatment.*
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. Ability to 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 abuse disorders affect families and concerned others.*
6. List and explain the common characteristics of adult children of substance abusers.
7. Explain the concept of codependency as an adaptive pattern for children/adults raised in a dysfunctional family.
8. Explain the concept and practice of harm reduction, using local examples if available.
9. Describe the continuum of care concept and resources available in the community.*
10. Describe the basic principles and philosophy of prevention, treatment, and recovery.*
11. Understand and describe health and behavior problems related to substance abuse, including transmission and prevention of HIV/AIDS, TB, STDs, hepatitis, and other infectious diseases.*
12. Teach life management skills including, but not limited to, stress management, relaxation, communication, assertiveness, and refusal skills.*

D. Competencies to be covered in a course such as *Co-Occurring Disorders*

This course reviews the major concepts, definitions, and features of co-occurring mental health disorders associated with addiction (either as cause or consequence). Skills in recognizing co-occurring disorders, referral and case management of clients, and appropriate

scope of practice are emphasized. Common types of mental health issues associated with addiction, including mood, anxiety, and adjustment disorders, post traumatic stress disorder, and unresolved issues of childhood abuse, are covered as well as an overview of appropriate treatment and management approaches.

1. Recognize the potential for substance abuse 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.*
2. Describe how the mental health and addiction treatment fields operate separately and the implications of this separation for persons with both psychiatric and substance use disorders.
3. Describe how to use the DSM-IV to develop a multiaxial diagnosis.
4. Explain how alcohol/drug use can mimic or mask psychiatric problems.
5. Conduct an assessment interview with a person who has both psychiatric and substance use disorders.
6. Describe the biopsychosocial model of addiction.
7. Understand how each of a client's co-existing disorders can affect treatment for other co-existing disorders.
8. Become familiar with the most commonly utilized treatment approaches for substance use disorders;
9. Become familiar with the most commonly utilized treatment approaches for mental health disorders;
10. Understand how to integrate treatment approaches for clients with co-existing disorders;
11. Recognize typical management and treatment problems and dilemmas faced by professionals attempting to help clients with co-existing disorders, and identify and employ strategies for resolving these problems and dilemmas.
12. List at least two treatment approaches traditionally utilized for mental health problems;
13. List at least two treatment approaches traditionally utilized for substance use disorders;
14. Describe the treatment needs of clients who have a substance dependence disorder and describe at least three psychiatric diagnoses;
15. Explain the need for integrated treatment services for dually diagnosed individuals;
16. Define what is meant by "dual relationships" and explain why these kinds of relationships can be unethical;
17. Define the terms codependency and countertransference;
18. Explain what is meant by "professional boundaries;"
19. List at least three symptoms of a "behavioral addiction."
20. Describe the relationships among trauma, substance use disorders, and psychiatric disorders.
21. Explain the importance of cultural sensitivity in the dual diagnosis field.
22. Define and explain the dangers of dual relationships with clients.

D. Competencies to be covered in a course such as *Legal and Ethical Issues*

This course introduces students to those issues associated with the dignity and worth of individual human beings and the protection of fundamental human rights. Professional ethics, clients' rights, confidentiality, and other relevant material related to the field of addictions will be explored. Topics include discussing situations for setting boundaries, and an overview of current federal legislation pertaining to client confidentiality and release of information.

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. Recognize and implement Federal, State, agency, and professional codes of ethics.
3. Define clients' rights and responsibilities.
4. Explain the need for Professional standards and scope of practice.
5. Describe Boundary issues between client and counselor.
6. Explain the difference between the role of the professional counselor and that of a peer counselor or sponsor.
7. List and describe consequences of violating codes of ethics.
8. Describe means for addressing alleged ethical violations.
9. Nondiscriminatory practices.
10. Explain mandatory reporting requirements.
11. Adhere to federal and state laws and agency regulations regarding the treatment of substance use disorders.
12. Interpret and apply information from current counseling and psychoactive substance use
13. Research literature to improve client care and enhance professional growth.
14. Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice.
15. Use a range of supervisory options to process personal feelings and concerns about clients.
16. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
17. Obtain appropriate continuing professional education.
18. Participate in ongoing supervision and consultation.
19. Develop and use strategies to maintain one's physical and mental health.

D. Competencies to be covered in a course such as *Culture, Race and Gender Considerations (AKA Specific Populations)*

This course identifies special problems, issues, and concerns of modern living within specific population groups. The course offers a beginning look at the historical issues involved in the intercultural socialization process. Course focus is on the social-psychological dynamics of special population groups such as the aged, disabled, persons diagnosed positive for HIV, ARC, AIDS, women, gays, lesbians, and adolescents. Ethnic and cultural differences will be emphasized to provide students the skills needed to communicate effectively with diverse populations.

1. Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.*
2. Basic concepts of social, political, economic, and cultural systems and their impact on drug-taking activity.*
3. Respect for the client's racial, cultural, economic, and sociopolitical backgrounds.*
4. Statistical information regarding the incidence and prevalence of substance use disorders in the general population and major demographic groups.*

5. Recognition of the importance of contextual variables.*
6. Appreciation for differences between and within cultures.*
7. Provide treatment services appropriate to the personal and cultural identity and language of the client.*
8. Respect for the client's racial, cultural, economic, and sociopolitical backgrounds.*
9. Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.*
10. Understand the importance of self-awareness in one's personal, professional, and cultural life.*
11. The effects of chronic substance use on clients, significant others, and communities within a social, political, cultural, and economic context.*
12. 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.*
13. 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.*

PART IV

COURSES FOR THE ALCOHOL/DRUG STUDIES SKILLS CURRICULUM (15 Units)

1. INTRODUCTION AND COURSE DESCRIPTIONS

It is suggested that a comprehensive program will contain such basic courses as Group Leadership and Group Process, Counseling the Family of Addicted Persons, Intervention and Referral, Study of Social Model Living Skills, and Theories of Counseling.

Skills Courses - 15 units

A. BASIC COUNSELING SKILLS (3 Semester Units) REQUIRED COURSE

This course develops understanding and basic competency in one-on-one counseling skills most relevant to addiction treatment with an emphasis on the principles of motivational counseling and client empowering approaches. There is a strong emphasis on ethics and professional boundaries and the clear distinction between professional counseling and self-help group sponsorship. Students develop understanding through reading, demonstrations, modeling and practice. They demonstrate competency through demonstrations and role playing and other measurable indicators.

1. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.*
2. Provide treatment services appropriate to the personal and cultural identity and language of the client.*
3. Understand the importance of self-awareness in one's personal, professional, and cultural life.*

4. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.*
5. Understand and correctly apply the code of ethics for Certified Addictions Treatment Specialists.
6. Establish and maintain appropriate professional boundaries with the client and be able to clearly distinguish between the professional counselor role and a 12 Step Sponsor role.
7. Understand the importance of ongoing supervision and continuing education in the delivery of appropriate and professional client services.*
8. Be able to establish a helping relationship characterized by warmth, respect, genuineness, concern, and empathy.*
9. Work with the client to establish realistic goals and provide psychoeducational resources which contribute to a positive change in substance use behaviors.*
10. Utilize the five basic principles and practices of motivational counseling to engage clients and support their progress through recovery's stages of change.
11. 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.*
12. Demonstrate appropriate use of active and reflective listening; concreteness, specificity, probing; confrontation; and self-disclosure when working with the client.*
13. List and describe the characteristics of effective counselors; identify self-strengths; and develop action plans to address areas of growth.
14. Utilize a range of ongoing supervisory options to process personal feelings and concerns about clients, while maintaining one's own physical and mental health.*
15. Conduct self-evaluations of professional performance to enhance self-awareness and performance.*
16. Obtain appropriate continuing professional education.

B. GROUP LEADERSHIP AND GROUP PROCESS (3 UNITS) REQUIRED COURSE

An introduction to the dynamics of group interaction with emphasis upon the individual's firsthand experience as the group studies itself (under supervision). The factors involved in problems of communication, effective emotional responses, and personal growth will be highlighted. The emphasis will be upon group process as a means of changing behavior.

Competencies to be covered in GROUP LEADERSHIP AND GROUP PROCESS

This course reviews the major goals, stages, and processes of group counseling in addiction treatment programs. The role, responsibilities, and ethics of the group leader are emphasized along with strategies and techniques for facilitating group processes. Students practice and demonstrate competencies through group leadership practice and participation as well as other measurable indicators.

1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance abuse disorders.*
2. Understand the principles of proper group formation 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. Utilize appropriate strategies for the entry of new group members and the transition of exiting members.*
4. Understand and be able to recognize the stages of group development and utilize counseling strategies appropriate to each stage.*
5. Ability to intervene and address inappropriate behaviors in a manner which protects group members while empowering the group process.*
6. Understand the concepts of process and content, and be able to shift the focus of the group as appropriate to support group problem solving, decision-making, or conflict resolution.*
7. Ability to describe and summarize client behavior in the group for the purpose of documenting client progress.*
8. Understand and apply the code of ethics for certified Addictions Treatment Specialists.
9. Utilize a range of ongoing supervisory options to process personal feelings and concerns about clients, while maintaining one's own physical and mental health.*
10. Conduct self-evaluations of professional performance to enhance self-awareness and performance.*
11. Obtain appropriate continuing professional education.

*Adopted from TAP 21 (Technical Assistance Publication) *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*

C. FAMILY DYNAMICS AND ADDICTION (3) Units (Replaces Counseling the Family of Addicted Persons)

Competencies to be covered in a course such as FAMILY DYNAMICS AND ADDICTION

This course is designed to explore methods of assisting significant others (family, employer, etc.) to understand and to cope in dealing with the alcohol and drug abuse of alcoholics and addicts. Explores the multigenerational nature of substance use disorders in family systems with an emphasis on the risk factors for addictive behaviors; the dynamics of dysfunctional families; and the impacts of child abuse and neglect for adult children. Typical values, norms, roles, and beliefs of the family system are covered as well as the common patterns of adaptation. The approach will be to analyze and examine the ideas and dynamics of those relationships and to develop practice strategies for the worker who counsels these persons. The approach will be experiential in format and students will participate in exercises that lead to the development of these skills.

1. Understand the nature, characteristics, and dynamics of families, couples, and significant others affected by substance abuse.*
2. Assist clients in understanding the interaction between the family system and substance use behaviors.*
3. Understand the basic concepts of family systems theory and chemically dependent family systems theory.

4. Understand the intergenerational nature of family dynamics (including child abuse/neglect) and the factors which increase risk for substance abuse.
5. Be able to provide clients with psychoeducational resources on dysfunctional family dynamics; dysfunctional family roles, values, and norms; the various forms and consequences of child abuse; patterns of codependency; the typical characteristics of adult children from dysfunctional families; and the family history risk factors for addictive behaviors.
6. Be able to support clients in understanding how their family of origin experiences impacts their current behavior and thinking.
7. Ability to support clients in developing cognitive/behavioral change plans which address family of origin issues.

D. CRISIS INTERVENTION (AKA) INTERVENTION AND REFERRAL TECHNIQUES (3 UNITS)

Techniques used for crisis and beginning counseling, intake interviewing and referral will be studied and practiced. Attention will be given to the appropriate strategies of intervention, the admitting process and the recording of information as it pertains to alcohol and drug abuse clients/residents. Though experiential in format, participants will learn and practice skills in attentive listening and recognizing and responding to different levels of client communication. Students will demonstrate knowledge of community resources and how to make appropriate referrals.

Competencies to be covered in a course such as CRISIS INTERVENTION (AKA) INTERVENTION AND REFERRAL TECHNIQUES

This course develops basic competencies in crisis intervention strategies for situations common in the addiction treatment setting. Students are trained to apply a model of crisis intervention to various situations including criminal justice interventions; domestic violence; suicide; sexual abuse; Post Traumatic Stress Disorders (PTSD); distressed, agitated, or dangerous clients; and other relevant topics. The importance of appropriate case management and referral in crisis intervention is covered. Students demonstrate competencies through role playing and other measurable indicators.

1. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.*
2. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.*
3. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.*
4. Be able to competently utilize a crisis intervention model in role playing situations
5. Be able to assess a client and provide appropriate intervention for aggression or danger to others; potential for self-inflicted harm or suicide; domestic violence; childhood abuse; and coexisting mental health problems such as post traumatic stress disorder, depression, or anxiety.*
6. Understand and apply the code of ethics for certified Addictions Treatment Specialists.
7. Utilize a range of ongoing supervisory options to process personal feelings and concerns about clients, while maintaining one's own physical and mental health.*

8. Conduct self-evaluations of professional performance to enhance self-awareness and performance.*
9. Obtain appropriate continuing professional education.

F. THEORIES OF ADDICTION COUNSELING

This course provides an overview of the key theorists in the addiction counseling field and the impact of their particular theoretical approaches. Current scientific and research addiction counseling strategies are presented with students given tools and techniques to analyze appropriate content and applications for individual and group activities. The historical overview discusses the progression of theories from the physical effects of substance abuse; to psychological factors impacting relapse tendencies; and more recent theories providing an holistic approach (treating the whole person). Concepts of treating like skills deficits, social skills deficits, and psychological deficits are discussed in the course with students being provided an introduction to case management, treatment planning, setting of goals, and progress charting.

2. SKILL AREA COMPETENCIES

All skills related courses are competency based. Upon completion of these courses the student will be able to:

- Describe seven or more traits of an effective helping person including establishing a helping relationship with the client characterized by warmth, respect, genuineness, concreteness and empathy.
- Demonstrate basic observation and listening skills.
- Demonstrate a knowledge of effective interviewing, assessment, treatment planning, referral and documentation processes in the continuum of care.
- In the interview (screening) process, illustrate the ability to establish rapport, assess if there is a need for crisis intervention, and determine if there is a need for additional professional assistance.
- Realize the importance of screening for psychoactive substance toxicity, intoxication, and withdrawal symptoms and for danger to self or others.
- Show ability to take a thorough history of the client (from client and any collateral resources available) that includes (but is not limited to) current and historic substance use; health, mental health, and substance related treatment history; mental status; current social, environmental, and/or economic restraints; work history and career issues; history of criminality; psychological, emotional and world-view concerns; spirituality; and education and basic life skills.
- Analyze and interpret the data to determine treatment recommendations.

- Upon construction of a treatment plan with the client and appropriate others, based on client's needs, preferences and resources available, take specific steps to initiate an admission or referral and ensure follow-through.
- Assist the client in recognizing the impact of substance abuse in different areas of his/her life and possible consequences of continued use or abuse.
- Determine the client's readiness for treatment.
- Prioritize client needs in the order in which they will be addressed, formulate measurable treatment outcome statements for each need, and identify appropriate strategies for each outcome.
- 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.
- Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress, and reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.
- Describe and demonstrate appropriate problem solving techniques for at least three case studies (case management).
- Describe the dynamics of crisis intervention.
- Describe, select and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance abuse disorders.
- Demonstrate and describe the models for, and the dynamics of group recovery assistance in a role-playing situation.
- Demonstrate three or more skills as a group member.
- Demonstrate three or more skills as a group leader.
- Understand the characteristics and dynamics of families, couples and significant others affected by substance use.
- Be familiar with and appropriately use models of diagnosis and intervention for families, couples and significant others, including extended, kinship or tribal family structures.
- Describe the role of family and friends in both frustrating and reinforcing problems associated with addiction.

- Demonstrate knowledge and skill in assisting families of addicts in their growth and development by initiating in writing, appropriate treatment or recovery strategies.
- Identify the major issues of rehabilitation, including the role of the home, school, and job, either in written assignments or oral reports.
- Demonstrate functional record keeping and documentation skills (charting).
- Describe the essential aspects of recovery programming in an oral interview before an evaluation committee composed of faculty, agency professionals, and program counselors.
- Demonstrate in written work and/or in oral class presentations, that the student possesses the communication skills that are necessary to work in alcohol and drug treatment and recovery settings.
- Demonstrate a working knowledge of confidentiality laws (both federal and state) and regulations, clients' rights and professional ethics.
- Identify the components of the Community/Social Model approaches to recovery.
- List the advantages of assisting individuals into recovery with the use of environmental, peer learning, and other related social model components.
- Demonstrate a working knowledge of the dynamics of relapse and relapse prevention.
- Describe principles and philosophy of prevention, treatment and recovery.
- Select and use comprehensive assessment instruments that are sensitive to age, gender, culture, and biopsychosocial aspects.
- Initiate collaboration with referral sources, continuously assess referral sources to determine their appropriateness, and evaluate outcomes of referrals.
- Understand and recognize culturally appropriate stages of change and other signs of treatment progress.
- Describe and document treatment process, progress and outcome.
- Assure the accurate documentation of case management activities throughout the course of treatment.
- Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.

- Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
- Promote client knowledge, skills, and attitudes consistent with the maintenance of good health (as defined by both the client culture and the treatment culture) and the prevention of HIV/AIDS, TB, STDS, and other communicable diseases.
- Mentor the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress, relapse prevention, and continuing care.
- Design and provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.
- Perform the actions necessary to start a group, including: determine 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.
- 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.
- Document individual client behavior within a group in order to assess treatment plan and make modifications if needed.
- Facilitate the entry of new group members and the transition of exiting members.
- Teach basic life skills such as stress management, relaxation, communication, assertiveness, and referral skills.
- Develop and utilize strategies to maintain physical and mental health.
- Understand the importance of (and make use of) ongoing supervision and continuing education in the delivery of client services.
- Tailor helping strategies and treatment modalities to the client's stage of dependence, change or recovery.
- Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.
- Prepare accurate and concise discharge summaries.

- * Screening and Assessment
- * Referral
- * Counseling
- * Documentation
- * Treatment Planning
- * Service Coordination
- * Client Education
- * Professional and Ethical Responsibilities

PART V

ALCOHOL/DRUG STUDIES FIELD WORK CURRICULUM

1. INTRODUCTION TO FIELD STUDIES

The Field Work practicum experience will include a minimum of two internship courses (unless alternative expectations are approved by CAADE Board) that provide students with hands-on learning experiences in chemical dependency agency settings.

2. FIELD STUDIES COMPETENCIES

PREREQUISITES: Students will be expected to meet weekly with the classroom instructor for individual/class instruction, evaluation supervision, and consultation. Interns will participate in classroom activities for three hours each week. These classes may consist of lectures involving informed guest speakers, playing of audio/video student counseling sessions for skills feedback, discussion of issues, and concerns arising during the fieldwork experience.

Upon completion of the field studies internships the student will be able to demonstrate orally and in writing knowledge, skills, and attitudes of (taken directly from TAP 21-US Dept. of Health and Human Services) the following concepts and activities:

1. The components of the licensed recovery setting in which the student participated.
2. The recovery process of at least one client who has been in contact with the student.
3. Record progress of client in relation to realistic treatment goals, objectives, and action steps. Student will recognize the role of significant others and family in the client's treatment.
4. Recovery process models and the recovery process utilized by the agency in which the fieldwork is performed.
5. The ability to screen, assess, and document professional treatment and recovery plans, clinical reports, clinical progress notes, and other client related data.
6. The intake and referral methods used by the agency.
7. The ability to understand and recognize stages of change and other signs of treatment progress. This is to include motivational interviewing skills.

8. A working knowledge of how members of the agency team support each other in the client recovery process. This will be measured by student providing weekly logs to intern instructor. Weekly logs should include brief daily summaries of activities at the site.
9. Safeguard client confidentiality and the value of professional ethics with clients.
10. Based on an initial action plan, take specific steps to initiate an admission or referral, and to ensure follow through with client.
11. Conduct continuing care, case management, relapse prevention, and discharge planning with the client and involved significant others.
12. Demonstrate strategies and process of working with clients in a group setting.
13. Understand the variety of insurance and health maintenance options and the importance of assisting clients to access said benefits including drug medical.
14. Understand and follow professional appropriate ethics and behavior as embodied in the CATC Code of Ethics.
15. Educating clients and families about the various concepts of chemical dependency including but not limited to definitions, warning signs, symptoms of abuse, and the course of substance abuse disorders.
16. Adhere to all Federal and State Laws and Regulations regarding the confidentiality and treatment of clients with substance use/abuse disorders.

Student will develop contracts, sign the CATC code of ethics, and will be evaluated by facility supervisors. There will be a midterm and final evaluation scored by the intern site supervisor and sent to instructor.

HOURS IN THE FIELD: A minimum of 250 hours of internship in addition to classroom instruction is required for each field studies program. Students following the CAADAC track will need to have a minimum of 255 fieldwork hours and 21 hours in each of the 12 core function areas as defined in CAADAC Manual.

FORMAL CONTRACTS: Contracts covering the limits of liability and Worker's Compensation will be individually negotiated between the college or university and the agency where the intern is placed. Agencies may not require formal contracts but at a minimum, a memorandum of understanding should be in place between the agency and the CAADE program.

EXAMS: Supervisor evaluation and student reports may take the place of exams in the fieldwork class. Book reports, case studies, videotapes of client/student sessions can be added evaluation tools.

GRADING: Students will receive a letter grade for their work in the class.

WORK EXPERIENCE: Students must fully complete the field studies course regardless of prior experience. This ensures that said students have been properly exposed to the eight TAP 21 competency areas.

FIELD WORK FORMS

CODE OF ETHICS FOR INTERNS

As an intern, I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I am interning. I assume the responsibility for my ethics while working in this agency and expect to account for my actions. I will keep confidential matters confidential.

I promise to bring to my work an attitude of open-mindedness, a willingness to be trained for it, and to bring to it interest and attention. I believe that my attitude towards my internship work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those whom it is performed for, and to the public.

Being eager to contribute all that I can to human betterment, I accept this code for the intern as my code, to be followed carefully and cheerfully.

Student's Signature

Date

Witness

Date

CALIFORNIA ASSOCIATION FOR ALCOHOL/ DRUG EDUCATORS

Certified Addictions Treatment Counselor (C.A.T.C.)

Ethical Standards
Adopted 2.22.02
Revised 2.3.04
Revised 6.30.06

SPECIFIC PRINCIPLES

Principle 1: Non-Discrimination

The C.A.T.C. shall not discriminate against clients or professionals based on race, religion, age, gender, disability, national ancestry, sexual orientation or economic condition.

A. The C.A.T.C. shall be knowledgeable about disabling conditions, demonstrate empathy in interactions with clients with disabilities, and make available physical, sensory and cognitive accommodations that allow clients with disabilities to receive services.

Principle 2: Responsibility

The C.A.T.C. shall espouse objectivity and integrity, and maintain the highest standards in the services the C.A.T.C. offers.

A. The C.A.T.C. shall maintain respect for institutional policies and management functions of the agencies and institutions within which the services are being performed, but may take appropriate initiative toward improving such policies when it will better serve the interest of the client.

B. The C.A.T.C. who is aware of unethical conduct or of unprofessional modes of practice shall report such inappropriate behavior to the appropriate authority.

Principle 3: Competence

The C.A.T.C. shall recognize that the profession is founded on national standards of competency which promote the best interests of society, of the client, of the C.A.T.C. and of the profession as a whole. The C.A.T.C. shall recognize the need for ongoing education and clinical supervision as a component of professional competency.

A. The C.A.T.C. shall recognize professional boundaries and limitations of the C.A.T.C.' competencies and only offer services or use techniques within their professional scope of practice.

B. The C.A.T.C. shall be sensitive to the potential harm to clients of any personal impairment and shall be willing to seek appropriate treatment for oneself. The C.A.T.C. shall support employee assistance programs in this respect.

Principle 4: Legal and Ethical Standards

The C.A.T.C. shall uphold the legal and accepted ethical codes which pertain to professional conduct.

A. The C.A.T.C. shall be fully cognizant of all federal laws and laws of the C.A.T.C.' respective state governing the practice of alcoholism and drug abuse counseling.

B. The C.A.T.C. shall not claim either directly or by implication, professional

qualifications/affiliations that the C.A.T.C. does not possess.

C. The C.A.T.C. will not use, possess, or be under the influence of alcohol or illicit drugs on program premises or while attending or conducting program services.

Principle 5 : Publication Credit

The C.A.T.C. shall assign credit to all who have contributed to the published material and for the work upon which the publication is based.

A. The C.A.T.C. who publishes books or articles and/or makes professional presentations will assure that all sources of information and contributions are properly cited.

Principle 6: Client Welfare

The C.A.T.C. shall hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.

A. The C.A.T.C. shall disclose to clients that she/he operates under a code of ethics and that same shall be made available to the client if requested.

B. The C.A.T.C. shall terminate a counseling or consulting relationship when it is reasonably clear to the C.A.T.C. that the client is not benefiting from the relationship.

C. The C.A.T.C. shall not use or encourage a client's participation in any demonstration, research or other non-treatment activities when such participation would have potential harmful consequences for the client or when the client is not fully informed.

D. The C.A.T.C. shall take care to provide services in an environment that will ensure the privacy and safety of the client at all times and ensures the appropriateness of service delivery.

Principle 7: Confidentiality

The C.A.T.C. working in the best interest of the client shall embrace, as a primary obligation, the duty of protecting client's rights under confidentiality and shall not disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent.

A. The C.A.T.C. shall provide the client his/her rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, the use of material for training or observation by another party.

B. The C.A.T.C. shall make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. The C.A.T.C. shall ensure that data obtained, including any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is necessary and appropriate to the services being provided and be accessible only to appropriate personnel.

C. The C.A.T.C. shall adhere to all federal and state laws regarding confidentiality and the C.A.T.C.' responsibility to report clinical information in specific circumstances, such as child or elder abuse or duty to warn, to the appropriate authorities and their supervisor.

D. The C.A.T.C. shall discuss the information obtained in clinical, consulting, or observational relationships only in appropriate settings for professional purposes and on a need to know basis. Written and oral reports must present only data germane and pursuant to the purpose of evaluation, diagnosis, progress, and compliance. Every effort shall be

made to avoid undue invasion of privacy.

E. The C.A.T.C. shall use clinical and other material in teaching and/or writing only when there is no identifying information used about the parties involved.

Principle 8: Client Relationships

It is the responsibility of the C.A.T.C. to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The C.A.T.C. shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

- A. The C.A.T.C. shall inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- B. The C.A.T.C. shall not engage in dual relationships with clients, which have any significant probability of causing harm to the client, or the counseling relationship. A dual relationship occurs when a C.A.T.C. and his/her client engage in a separate and distinct relationship, either simultaneously with the therapeutic relationship or within two years following the termination of the professional relationship. As a general rule, a C.A.T.C. should not provide services to friends, family members, or any person with whom they have or have had a social, business, or financial relationship.
- C. The C.A.T.C. shall not exploit relationships with current or former clients for personal or financial gain, including social or business relationships. This could include, but not be limited to, borrowing from or loaning money to clients; accepting gifts from clients; accepting favors from clients such as volunteer labor; or accepting goods or services in lieu of payment.
- D. The C.A.T.C. shall not under any circumstances engage in sexual behavior (both verbal and non-verbal) with current or former clients.
- E. The C.A.T.C. shall not accept as clients anyone with whom they have engaged in sexual behavior.
- F. The C.A.T.C. will avoid dual relationships with current or past clients in self-help based recovery groups (such as A.A., N.A., Al-Anon, Smart Recovery, etc.) by not sponsoring a current or former client; by not having as a client a former sponsor or sponsee; by avoiding meetings, whenever possible, where clients are present; and by maintaining clear and distinct boundaries between the professional counselor and self-help sponsor roles.
- G. The C.A.T.C. will refrain from promoting or advocating any particular religious orientation or from utilizing any particular religious doctrine as part of a treatment program, except in those circumstances where such a religious orientation is an accepted part of the program's mission and clients have voluntarily agreed to participate in such a program.

Principle 9: Interprofessional Relationships

The C.A.T.C. shall treat colleagues with respect, courtesy, fairness, and good faith and shall afford the same to other professionals.

- A. The C.A.T.C. shall refrain from offering professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- B. The C.A.T.C. shall cooperate with duly constituted professional ethics committees and

promptly supply necessary information unless constrained by the demands of confidentiality.

- C. The C.A.T.C. shall not in any way exploit relationships with supervisees, employees, students, research participants, volunteers, or clients.
- D. Seek resolution of workplace or professional issues in an appropriately assertive, understanding, and sensitive manner, utilizing established protocols when such exist.

Principle 10: Financial Arrangements

- A. The C.A.T.C. shall inform the client of all financial policies.
- B. The C.A.T.C. shall consider the ability of a client to meet the financial cost in establishing rates for professional services (sliding fee scale).
- C. The C.A.T.C. shall not engage in fee splitting. The C.A.T.C. shall not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services.
- D. The C.A.T.C., in the practice of counseling, shall not at any time use one's relationship with clients for personal gain or for the profit of an agency or any commercial enterprise of any kind.

Principle 11: Societal Obligations

The C.A.T.C. shall to the best of his/her ability actively engage the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and/or drug abuse.

As a Certified Addictions Treatment Counselor, I will abide by the Code of Ethics stated herein, and my signature below indicates my desire and right to grant a release of information and waiver of confidentially related to any allegations or unprofessional conduct concerning myself and can be shared with and investigated by the appointed members of the CAADE Ethics Committee.

Name: _____
(please print)

Signed: _____

Dated: _____

(This code should be returned, signed, with the application)

SCOPE OF PRACTICE

CERTIFIED ADDICTIONS TREATMENT COUNSELOR (C.A.T.C.)

Educational Requirements: Possession of the Alcohol/Drug Studies Certificate from one of the state accredited and **CAADE** approved programs. (This means a minimum of 600 hours basic Alcohol/Drug Studies programs.)

Experiential Requirements: Documented verification of 2080 hours of supervised work experience. (This may include the 250 plus hours of college internship experience.)

Renewal Requirements:

- 1) Proof of completion of 40 Continuing Education hours in any conference, workshop, or training course in the field of Alcohol and other Drugs, including at least auditor attendance at any semester course in a **CAADE** approved **ADS** program.
- 2) At the beginning of each renewal cycle, a signed agreement to abide by a Code of Ethics.

Practice Applications:

1) The CATC is able to facilitate behavioral change for persons affected by alcohol and other drug addictions;

2) The CATC, through skills of evaluation and assessment, group process, treatment planning, and the inclusion of all available 12 Step programs, will seek to provide and develop support systems for recovering clients;

3) The CATC, through education, sensitivity to cultural and family issues, and modalities of intervention and prevention will also facilitate social, community, and environmental change on behalf of the recovering client;

4) The CATC, aware of legal and ethical issues, maintaining accurate records and respecting all aspects of confidentiality, will make referrals to other professionals as appropriate for the on-going recovery of both clients and family members.

Types of Practice:

As treatment team member in social and modified-medical model recovery homes, hospital Alcohol/Drug treatment units, correctional facilities, and outpatient programs, residential treatment/care facilities, county, state, and federal programs, DUI and Domestic Violence programs, Drug Courts, and Education and Prevention programs.

I have read, understood, and accepted the parameters of the Scope of Practice declared by the C.A.T.C. credential.

Signature _____

Date _____

INFORMATION AND LEARNING OBJECTIVES WORKSHEET

Name: _____ Phone: _____

Address: _____ Zip: _____

1. OPTION ONE: Experience with your present agency or job.

A. Name and Address of Employer: _____

Supervisor: _____ Phone: _____

B. What is your present job title? _____

C. What are your present duties? _____

D.. Learning objectives and extra duties for internship:

1: _____

2: _____

3: _____

2. OPTION TWO: Field Work Assignment that will satisfy the requirements for the course

A: Name of Agency: _____

Address: _____

Supervisor: _____ Phone: _____

B. Arrangements for the student's fieldwork assignment will need to be made in cooperation with the instructor. If you have already chosen the agency or person you will work with, list learning objectives in D: 1, 2, 3, above.

3. OPTION THREE: Create a learning experience in cooperation with your instructor that will satisfy the requirements for the course.

A. Describe the Project: _____

B. Expected Outcome of Project: _____

PERSONAL INTEREST INVENTORY

Name: _____

Certificate Goal/Academic Goal: _____

General Interest Area: _____

General Long Term Objectives (5 Years): _____

Employment Interest:

- A. Part Time:
- B. Full Time:
- C. Area: (population Group)

Previous Life Experiences:

- A. Academic:
- B. Employment:
- C. Personal:
- D. Miscellaneous:

Volunteer Field Work Preferences:

- A. Type of Agency:
- B. Organization:

SAMPLE CONTRACT BETWEEN STUDENT AND AGENCY

I. Agency commitment to student:

- To provide at least one hour per week of individual supervision and ideally more.
- To provide a stimulating professional environment giving students exposure to a broad spectrum of clinical and agency services.
- To provide a safe and ethical environment allowing students the opportunity to successfully transition for future employment in the chemical dependency field.

II. Skills and Duties:

- To provide adequate exposure to the 8 core conditions as outlined in TAP 21 (Screening and Assessment, Treatment Planning, Referral, Service Coordination, Counseling, Client Education, Documentation, Professional and Ethical Responsibilities).
- Assist the student in developing confidence in working with clients and professionals in the field of helping.

III. Student commitment to agency:

- I commit to be present at the intern site on agreed upon times and dates. When present at agency I will participate to the greatest of my ability.
- Keep time commitment to agency. (Fulfill at least the required number of hours as prescribed by CAADE).
- Demonstrate a working knowledge of services and treatment provided by said agency.
- I will accept responsibility for my part in the learning process.
- I will abide by the policies of the agency, be open to supervision and direction by staff, and will commit myself to the agency and CAADE code of ethics.
- I pledge to honor confidentiality and will refrain from dual relationships wherever possible.

Student: _____ Date _____

Supervisor _____ Date _____

Alcohol/Drug Studies Director _____ Date _____

WEEKLY REPORT FOR FIELD WORK LOGS

Student Name _____

Agency _____

DATE _____ _____ _____ _____ _____ _____

HOURS _____ _____ _____ _____ _____ _____

Keep daily field notes of your activities, responsibilities, and reactions during your placement.

A. One log per week covering clinical activities of that week that relate to the 8 core conditions of TAP 21. These will be turned into class each week for the entire fieldwork experience.

B. Each log will be reviewed for:

1. Knowledge and understanding of the task, activity's purpose and rationale
2. Clear straightforward writing style
3. A reaction statement, either positive or negative (your feelings)

C. The log must include:

1. A precise description of each activity, including the who, what, when, how, and where. It should also include statements reflecting feelings and opinions and a final paragraph assessing and evaluating the weeks accomplishments, learning, and overall feelings about self and agency experience during week.
Remember, the log will account for not only activities and interactions with clients but also interactions with staff members.

D. Each particular log will include a heading of date entered, intern site name, approximate time, and general label of activity. In the first paragraph you will describe the activity performed. Subsequent paragraphs will convey purpose or rationale and outcomes. The final paragraph will include feelings and opinions for the week as a whole.

The length of each log will vary with the amount of time on site in a given week and complexity of the tasks. You are to assume that the person reading the log knows nothing about the activity there one needs to be behaviorally specific. You can expect a minimum of two to five pages per log, preferably typed.

FIELD WORK LOG

Each student will turn in a report each week indicating the number of volunteer hours worked that week. Reports should also indicate time spent in interviews, orientation, training, or negotiating for the placement. Both a factual record of these experiences and a description of the process are required.

Student's Name: _____

Agency: _____

Total hours this report: _____

DATE: _____

HOURS: _____

1. List the week's activities and experiences:

2. Describe the process: how you felt about these experiences, whether they relate to your goals, and any problems or concerns.

FINAL FIELD WORK REPORT # 1

Date and Class _____

Student's Name _____

Agency _____

Student's Signature _____

Supervisor's Signature _____

PLEASE PLACE A NUMBER IN THE APPROPRIATE BOX

1 = Area of major concern

2 = Needs minor improvement

3 = Meets the norm

4 = Above average

5 = Outstanding

		(1)	(2)	(3)	(4)	(5)
1.	Appearance/Grooming					
2.	Punctuality					
3.	Motivation					
4.	Willingness to follow direction					
5.	Ability to perform requested tasks					
6.	Use of initiative					
7.	Acceptance of responsibility					
8.	Job performance					
9.	Ability to learn on the job					
10.	Reaction to supervision					
11.	Reaction to criticism					
12.	Overall, how would you rate this student's performance?					

COMMENTS:

FINAL FIELD WORK REPORT # 2

1. Please note the areas relating to the student's field experience in which he/she displays the greatest strengths:

2. Areas in which the student needs to grow or gain more knowledge and/or experience:

3. Was the student able to fulfill his/her portion of the contract in regard to agency job responsibilities?

**FINAL FIELD WORK REPORT # 3
STUDENT HOURLY RECORDING FORM**

STUDENT'S NAME _____

AGENCY'S NAME _____

SUPERVISOR'S NAME AND TITLE _____

CLASS AND DATE _____

DATE	IN	OUT	TOTAL HOURS

TOTAL INTERNSHIP HOURS _____

Student Signature: _____

Supervisor's Signature _____

SPECIAL PROJECT REPORT ALCOHOL/DRUG STUDIES FIELD WORK

The purpose of the Field Work Program is to provide the student with "hands-on" experience. In most instances, students get their first professional experience as an intern in an agency while fulfilling the requirements of the class on field work. However there are exceptions. Some students in the program are presently employed in a profession of their choice and are attending college in an effort to upgrade their skills. In this instance, the fieldwork class serves an additional purpose of providing an opportunity to advance the student's skills and learning in his/her present employment.

The special project allows students to arrange with their agency to develop some project, program, or learning situation that will be beneficial to the agency and the student. In this instance, the student and the employer agree upon an appropriate and valuable project to be accomplished in the course of work, and will be reported on by the student at the end of the course. It is understood that the project will be related to the Alcohol and Drug Studies field. The final approval of the project will be determined by the field studies instructor.

PRELIMINARY REPORT

1. Name of student.
2. Name, address, phone number, and a general description of the agency.
3. Student's specific job description. Include duties, tasks, committees served, typical schedule, etc.

SPECIAL PROJECT

Describe the goals and purposes of the project, the proposed course of action, the tasks expected of the student and other persons involved in the project, time line with dates and points of evaluation, and the estimated number of hours to be devoted to this project.

COMMENTS OF SUPERVISOR

Ideas, comments, and recommendations of the person in charge will be appreciated as a part of the student's proposal. Specifically, how will this project be of benefit to both the student and the agency? What are agency expectations? What kind of special project would satisfy needs in your agency?

SUMMARY REPORT BY STUDENT

Description and evaluation of the project: Take care to cover all the issues covered in the proposal. Give the fullest report possible (the grade for the course depends heavily upon this report). Include approximate amount of time devoted to this project.

EVALUATION BY SUPERVISOR

A brief but accurate evaluation of the student's special project is required. The purpose of the fieldwork program is to assist in the development of capable professionals. A critique, evaluation, and suggestions are valuable to the student and to the college.

Signature of Supervisor _____ Date _____

PART VI

STANDARDS FOR INSTRUCTORS IN ALCOHOL/DRUG STUDIES PROGRAMS

The following list of recommended standards for instructors in Alcohol/Drug Studies Certificate Programs was originally developed by a Committee on Alcohol/Drug Program Instructor Credentialing, appointed at the May 1983 informal gathering of alcohol and drug educators, which later became the California Association for Alcohol/Drug Educators (CAADE). A final report from the Committee and approved with modifications at the annual meeting of CAADE in April, 1984. These guidelines were revised and updated in 1997, 1998 and 2000 to include material from the state and National Curriculum Competencies developed under the auspices of the Addiction Technology Transfer Center (ATTC).

The initial task was to develop standards for credentialing teachers in programs awarding Certificates or Degrees in Alcohol/Drug Studies. However, the Committee chose to examine the credentialing concept itself, concluding that it would be wiser to follow the usual practice in higher and adult education of accrediting programs rather than credentialing instructors. The following considerations led the Committee to favor program accreditation over instructor credentialing:

1. Program accreditation considers all aspects of program quality, rather than only the qualifications of the teaching staff.
2. Program accreditation is more responsive to changes in knowledge and philosophy than is a credentialing policy. Program accreditation standards are expected to evolve, while credentials are awarded for the professional lifetime of the recipient.
3. An accreditation policy incorporates periodic review of all training programs, while a credentialing policy normally does not require rectification of recipients. An accreditation self study is required every five years.
4. An accreditation policy allows educational programs greater flexibility in the appointment of teacher staff. This is especially appropriate in the Alcohol and Drug field where instructors who lack advanced degrees can make significant contributions, especially in practicum courses.

The Committee recognized that an accreditation policy administered through a representative body of educators, with additional representation from practitioners was potentially cost efficient, effective, and a responsive way to enhance the quality of practice in the Alcohol/Drug field. Program accreditation does not conflict with other approaches to quality assurance such as professional licensing. Indeed, graduation from an accredited educational program is a typical precondition of the licensing of individuals in other, more established fields.

In recommending program accreditation, rather than a credentialing policy, the Committee recognized that instructor qualifications are normally included in a comprehensive accreditation system. Also, AB 1725 regulations for persons who teach in Community Colleges needs to be taken into consideration. The recommendations below are intended to be part of an overall accreditation system.

It should be added that the original work of the Instructor Standards Committee has been supplemented by the broader definition of work roles in the Alcohol/Drug field which was later adopted by CAADE's Accreditation Committee. While the original focus was on counselor training programs, the Accreditation Committee has addressed all work roles, including those that are primarily administrative and managerial. The Committee has enlarged the concept of work role, which originally was restricted primarily to individuals working in chemical dependency programs, to include staff in recovery homes, employee assistance programs, and DUI programs, criminal justice system, as well as work roles in prevention and education. This broader focus is reflected in the qualifications that follow.

QUALIFICATIONS FOR INSTRUCTORS WITH MASTER'S OR DOCTOR'S DEGREE

It is suggested that the Degree be in one of the following areas: anthropology, biology or physiology, education, management/business administration, counseling, nursing, medical/pharmacology, psychology, public health, sociology, or social work. Innovative, across disciplinary fields such as "social ecology" may be accepted after examination of course content.

It is recommended that instructors have a minimum of two courses (or equivalency) specifically relevant to Alcohol and Drug dependency, in the area(s) of their teaching responsibility, i.e., (a) family dynamics*, (b) legal and ethical issues*, (c) physiological and medical aspects (d) psychological and social development, (e) prevention of alcohol and drug use and abuse, (f) special populations (adolescents, women, elderly, minorities, persons diagnosed positive for HIV, ARC, AIDS, etc.), (g) treatment modalities in relation to recovery and relapse (h) program management and administration (social or medical), (i) adult children of alcoholics, (j) intervention strategies, (k) support groups, and spiritual aspects of recovery.

(*COURSES OR EQUIVALENT REQUIRED OF ALL APPLICATIONS.)

A minimum of 500 hours of field experience is required in Alcohol/Drug prevention and/or intervention, treatment and recovery programs. Intensive workshops and/or practicum experiences would also qualify if a substantial experiential component were included (i.e., practice applying program management principles in a real world setting or direct work with clients). Relevant field experience roles include program administration, and any form of regular assistance to clients including prevention intervention, or recovery work. Such experience should be obtained in one of the following types of agencies: (a) community agency or program specializing in intervention and recovery, (b) private or public hospital, (c) EAP (Employee Assistance Programs), (d) DUI agency, (e) social model programs, and Therapeutic Communities. Documentation should be required.

NOTE: Field experience hours may be met by instructors completing college or university in-house field studies courses. Completing a CAADE Accredited Alcohol and Drug Studies program may meet instructor experience hours.

Instructors should be familiar with Alcoholics Anonymous, Social Model approaches, Therapeutic Community and Medical Models. If instructors are in recovery, it is recommended they have a minimum of two years sobriety. The two years sobriety rule is a self-selection principle. Prospective teachers should be advised of its importance and encouraged to apply it to their own case where appropriate. No teacher in an Alcohol/Drug Studies program should use any illegal drug or any medically psychoactive drug without a prescription.

QUALIFICATIONS FOR TEACHING AIDE WITH A BA DEGREE

1. Bachelor degree in any field from an accredited institution with relevant teacher or work experience may be acceptable.
2. Field experience requirement same as for advanced degree recipients as in “Qualifications for Instructors” above.
3. Same guidelines on familiarity with twelve step programs, recommendation for years of consecutive sobriety, and abstinence from use of illegal substances as in “Qualifications for Instructors” above.

The implementation of an accreditation system ordinarily requires a permanent sponsoring organization. Administrative staff review panels and site visits are necessary elements of the accreditation process. Accreditation is normally supported by an association of educational institutions acting in concert. Accreditation systems are more effective when recognized by state agencies, professional organizations, and where it is applicable, service providers. For example, state agencies granting licenses to individuals typically specify graduation from an accredited institution or program. The requirements for membership in professional organizations incorporate the same criterion. Personnel policies of reputable service providers should specify that training has been received from an accredited program or institution. By way of summary, effective educational accreditation systems are invariably supported and enhanced by recognition from government, professional organizations, and providers of services.

NOTE: While it is the intent of the State Accreditation Committee to insure high quality standards for instructors who participate, it is not the intention to disqualify programs that are making good faith efforts to meet those requirements. The Committee reserves the right to provide a reasonable period of time for programs to comply.

ADDENDUM – Discussion Items – Future Courses

There was a number of suggestions made at various conferences and CAADE meetings that were considered for future course development:

1. The region in which the program is developed may determine the cultural, ethnic, or specific population emphasis.
2. The focus of instruction should be more than just techniques for counselors reacting to clients' problems. It should also include strategies to assist clients in developing comprehensive treatment plans.
3. There is a recognized need to develop an ongoing articulation and transfer process for lower division, upper division, and graduate programs.
4. In recognition of the changing demographics of California, recruitment of students from Hispanic, Native American, Asian/Pacific Islanders, African American and other underserved populations is encouraged. Education and Treatment alcohol and drug providers should match the population as a whole.
5. Job placement of students who graduate from these programs is a major concern. Efforts should be made by program leaders to network with public and private sectors of the alcohol and drug treatment and recovery field to help facilitate placement of students.
6. Efforts need to be made to collaborate with programs in senior centers, corrections and criminal justice facilities, family services and victim services agencies, to provide trained personnel in alcohol and drug studies. This will meet staffing needs in those settings, thus providing new employment opportunities for graduates.
7. Program administrators should be encouraged to develop new tracks within the program that can meet other service needs, i.e. (1) Development of a Peer and Mentor Assistance Certificate, or (2) Degree programs to assist students in K-12 schools as well as those on College campuses.
8. All State and Federal laws that relate to rights of individuals with disabilities will be supported. On July 18, 1990, the President of the United States signed into law the Americans with Disabilities Act (ADA). The ADA gives civil rights protection to individuals with disabilities that are similar to those provided to individuals on the basis of race, sex, national origin and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, state and local government services, and telecommunications.
9. Colleges and universities recognize their dual responsibility to protect the health of students from risks posed by infectious diseases and to uphold the right of students to a free and appropriate education.

10. For purposes of this policy, infectious diseases shall include all those listed by the State Department of Health Services and the various County Health Departments. The admission of a student with an infectious disease, other than the serious illness addressed below, shall be determined by the Superintendent or designee according to standard procedures. The Superintendent or designee shall consult with the student's parent/guardian and, as required, with the student's physician and/or the County Department of Health.
11. Pursuant to Section 504 of the Rehabilitation Act (29 U.S.C. 794), the courts have held that AIDS is a handicap and a student with AIDS cannot be excluded from regular class without evidence that the student poses a risk of transmission of the HIV virus to classmates or teachers.

APPENDIX A

ALCOHOL AND DRUG STUDIES SKILLS COURSES DESCRIPTIONS – ELECTIVES

1. PROGRAM MANAGEMENT TRAINING (3 Semester Units)

This is an introductory course for individuals involved in human services who are considering a career extending into management. Course covers general management concerns of program funding and planning; cash management, budgeting and allocations; human resources; program and fiscal accountability; and community relations and resource development.

2. BIOFEEDBACK AND STRESS MANAGEMENT TRAINING (3 Semester Units)

A practical "hands on" training experience in which participants learn to use biofeedback techniques utilizing computer programs and related equipment in training clients to reduce tension. Students will also have opportunities to assist practicing biofeedback technicians in clinical settings.

3. ADVANCED COUNSELING ISSUES (3 Semester Units)

This course addresses topics in alcohol and drug abuse counseling for individuals and groups. Various psychodynamic theories are examined with special emphasis on reformative and transformative thinking as a model to explore new approaches to recovery. Special attention is given to the nature of the dual diagnosis person in treatment. Approaches include a variety of instructional techniques including lecture, dialogue, video presentations, and role-playing.

4. ADOLESCENT INTERVENTION AND RECOVERY (3 Semester Units)

This course studies adolescent human development. Stages of changes theories such as those developed by Erickson and Kohlberg are reviewed for their application to adolescent intervention and recovery. Emphasis is placed on physical, mental, psychological, emotional, and social growth issues as they relate to adolescent alcohol and drug use, treatment and recovery.

5. THE INTERVENTION/RECOVERY PROCESS FOR WOMEN (3 Semester Units)

This course is designed to provide information on the dynamics of working with chemically dependent women. Attention will be given to the special needs of women within recovery settings, including women with children and women who are dealing with custody issues involving the criminal justice system. Finally reunification issues are discussed in the course with emphasis on involving significant others family members into the process.

6. TRAINING DUI PERSONNEL (3 Semester Units)

This course serves as an introduction to the field of Driving Under the Influence (DUI) programs. Students are introduced to the effects of alcohol and drugs on the driver and the driving task. The course is designed to demonstrate the need for DUI programs and intervention and prevention strategies can reduce problems related to drinking and driving.

7. SELF-ESTEEM: Short and Long Term Goal Setting

This course introduces students to the subject of human potential development. Students are challenged to develop short and long-range goals in developing self-esteem, which impacts learning, career performance and interpersonal relationships. Course allows students to discover their own potential and explore a variety of methods for motivating self and others.

8. INTRODUCTION TO EMPLOYEE ASSISTANCE PROGRAMS (3 Semester Units)

This course introduces students to theories and suggested techniques and strategies to assist troubled employees and methods involved in providing wellness activities for business, industry, and labor unions. The federal legislating establishing current Employee Assistance Programs (EAP's) is discussed along with a comparison of various approaches in providing assistance to troubled employees. Cost effectiveness of EAP programs, population served, and research data on program effectiveness will be reviewed.

9. ADDICTIVE DISEASES AND LIFE STYLE DISORDERS (3 Semester Units)

This Course explores the similarities among the dynamics of pathology, intervention, treatment and recovery in a wide range of addictive diseases and life style disorders. Course examines sexual addiction, gambling addiction, eating disorders, (including anorexia and bulimia), compulsive overspending, nicotine addiction, violence addiction, problematic life styles such as Type A personalities, and other problem dependencies.

10. MARKETING HEALTH CARE (3 Semester Units)

This course is designed to introduce students to the concept of present day health care marketing. Course presents the complex issues in modern health care delivery including the elements of marketing, the history of behavioral health care (including addiction treatment), marketing health care programs, and developing strategies to meet changing health care service needs.

Appendix B

COMPARING THE EIGHT PRACTICE DIMENSIONS (KNOWLEDGE, SKILLS, ATTITUDES) AND 12 CORE FUNCTIONS

8 Practice Dimensions (KSA's)

- **Clinical Evaluation (Screening & Assessment)**
- **Treatment Planning**
- **Referral**
- **Service Coordination***
- **Counseling**
- **Client, Family and Community Education**
- **Documentation**
- **Professional and Ethical Responsibilities**

Service Coordination

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.

12 Core Functions

- **Screening**
- **Intake**
- **Orientation**
- **Assessment**
- **Treatment Planning**
- **Counseling**
- **Case Management***
- **Crisis Intervention**
- **Client Education**
- **Referral**
- **Reports and Record Keeping**
- **Consultation**

Case Management

Activities intended to 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.

APPENDIX C

GLOSSARY OF TERMS

Abstinence: Discontinuance and avoidance of further use of a drug.

***Active listening** – a counseling skill that enhances rapport and demonstrates interest and understanding through the use of verbal and nonverbal acknowledgment of client statements.

***Addiction** – a chronic, relapsing disease of the brain with social and behavioral manifestations marked by continued alcohol or drug use despite negative consequences.

***Addiction counseling** – professional and ethical application of specific competencies that constitute eight practice dimensions, including clinical evaluation; treatment planning; referral; service coordination; individual, group, and family counseling; client, family, and community education; and documentation.

***Advocacy** – (1) a social or political movement working for changes in legislation, policy, and funding to reflect clients' concerns and protect their rights (i.e., advocacy for clients); (2) a philosophy of substance abuse treatment practice maintaining that clients should be involved actively in their own treatment and have rights in its planning and implementation (i.e., advocacy by clients). Much of advocacy is about shifting the system from the directive model to one in which the client is an empowered, involved participant in treatment decisions.

ADP: State of California Department of Alcohol and Drug Programs. ADP's a division of the Department of Health Services mission is to provide leadership, policy direction and administration of a statewide system to reduce problems related to alcohol and other drug use.

Adverse Reaction: Reaction of an organism to a drug that is different from the desired reaction and is determined to be detrimental to the organism.

AIDS: Acquired Immunodeficiency Syndrome

Alcoholics Anonymous (AA): A voluntary fellowship founded in 1935 and concerned with the recovery and continued sobriety of the alcoholic who turns to the organization for help. The AA program consists basically of "Twelve Suggested Steps" designed for the personal recovery from alcoholism, AA is a major proponent of the disease model of alcoholism.

Alcoholism: Alcoholism is a primary chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestation. The disease is often progressive and fatal. It is characterized by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial. Each of these symptoms may be continuous or periodic.

American Academy: The American Academy of Health Care Providers is a national certification agency headquartered in Boston, MA.

Amphetamine: Behavioral stimulant.

Anorexia Nervosa: Individuals with this eating disorder keep their body weight below a minimal normal level by exercise, control of food intake, and other means.

ANTABUSE: Disulfiram, a medication that causes severe physical reactions and discomfort when combined with alcohol.

Antidepressants: Drugs prescribed and used for the treatment of depression. There are generally three categories: MAO inhibitors (such as phenelzine-Nardil and tranylcypromine-Parnate,) tricyclic types (such as amitriptyline-Elavil, imipramine-Trofranil, ect.) and atypical antidepressants (such as fluoxetine-Prozac, paroxetine-Paxil, ect.)

AOD: Alcohol and other drugs.

ATOD: Alcohol, tobacco, and other drugs

ATTC: Pacific Southwest Addiction Technology Transfer Center. Is a federal funded program providing leadership, support, and information to practitioners and educators in the addiction field.

Attention-deficit/hyperactivity Disorder (ADHD): A behavioral disorder characterized by increased motor activity and reduced attention span.

Barbiturate: Class of chemically related sedative-hypnotic compounds, all of which share a characteristic six-member ring structure.

Behaviorism: A branch of psychology that bases its observations and conclusions on definable and measurable behavior and on experimental methods, rather than on concept of the "mind."

Biofeedback: Use of a signal, such as muscle tension or brain waves, to control a normally involuntary physiological process.

***Biomedical:** pertaining to the biological and physiological aspects of clinical medicine.

Biomedical Model: A theoretical position that mental disorders are caused by abnormal biochemical processes in the brain.

***Biopsychosocial** – the biological, psychosocial, and social influences in human development and behavior.

Blood Alcohol Level (BAL) or Blood Alcohol Concentration (BAC): The concentration of alcohol in the blood, usually expressed in percent by weight. The legal limit in California for adults is .08% and .007% for persons under 21 years of age.

Bulimia Nervosa: Recurrent episodes of binge eating over a discrete period of time, with a sense of a lack of control over amount and with a recurrent inappropriate compensatory behavior in order to prevent weight gain (such as self-induced vomiting, ingestion of laxatives or diuretics or excessive exercise.).

CAADE: California Association for Alcohol/ Drug Educators. This nonprofit association includes substance abuse educators in higher education. CAADE has developed a model drug alcohol studies curriculum widely used by educators throughout the state for addiction treatment specialists.

CAADPE: California Association of Alcohol and Drug Program Executives. This nonprofit association consists mainly of representatives from substance abuse providers in the field. Primarily based in Southern California.

CAARR: California Association of Addiction Recovery Resources. This group represents residential alcohol recovery programs utilizing the social model and certifies specialists to its own standards.

CCACCO: California Coalition of Addiction Credentialing/Certifying Organizations (CCACCO) a voluntary quality assurance board for credentialing/certification standards in California.

CADCEP: California Alcoholism and Drug Counselors Education Program - the education arm of CAADAC. CAADAC is responsible for certifying all education programs that meet CAADAC's requirements.

CAADAC: California Association of Alcohol and Drug Abuse Counselors. This nonprofit association represents a group of drug and alcohol counselors in the field. CAADAC has developed its own certification standards.

CADA: Coalition of Alcohol and Drug Associations

CADDTP: California Association of Drinking Driving Treatment Program. This is an association of treatment programs that represent DUI purposes in California and certifies counselors to its own standards.

CADPAAC: County Alcohol & Drug Program Administrators Association of California

CADPAP: California Association of Drug Programs and Professionals, also known as the Alliance, a statewide group of providers, including substance abuse programs, and professional counselors based in Northern California.

Caffeine: An alkaloid found in coffee, tea, and koala nuts that acts as a stimulant and a diuretic.

Carcinogen: Agent or factor that causes cancer.

***Case management:** see “**Service Coordination.**”

CATC: Certified Addictions Treatment Counselor

Central Nervous System (CNS): The brain and spinal cord.

Chemical: Substance capable of altering body function.

Cirrhosis: Chronic liver disease marked by scarring of liver tissue and eventually liver failure.

***Client:** individual, significant other, or community agent who presents for alcohol or drug abuse education, prevention, intervention, treatment, and consultation services.

Cocaine: An extremely potent, dependence-producing stimulant drug, derived from the coca leaf.

***Codependence (or codependency):** a popular psychology concept popularized by Twelve-Step program advocates. A "codependent" is loosely defined as someone who exhibits too much, and often inappropriate, caring for persons who depend on him or her.

Codeine: Sedative and pain-relieving agent found in opium, structurally related to morphine but less potent, and constituting approximately 0.5% of the opium extract.

Competencies: Skills that are essential to perform certain functions; for example, social workers must have competencies in a number of areas to be effective professionals and to be licensed.

*** Competency** – specific counselor functions comprising requisite knowledge, skills, and attitudes.

***Confidentiality:** the body of Federal and State statutes that protect the privacy of individuals seeking alcohol and drug abuse treatment services.

***Confidentiality rules and regulations** – rules established by Federal and State agencies to limit disclosure of information about a client’s substance use disorder and treatment (described in 42 CFR, Part 2B 16). Programs must notify clients of their rights to confidentiality, provide a written summary of these rights, and establish written procedures regulating access to and use of client records.

***Continuum of Care:** the array of services that differ in terms of unique needs of clients throughout the course of treatment and recovery.

***Contracting** – the process by which the client and the counselor enter into an agreement to address specific problems, issues, or behaviors.

***Co-occurring disorder/coexisting disorder** – the presence of concurrent psychiatric or medical disorders in combination with a substance use disorder.

***Counseling:** a process involving a therapeutic relationship between a client who is asking for help and a counselor or a therapist trained to provide that help.

***Countertransference:** a counselor's unresolved feelings for significant others that may be transferred to the client

Crisis Intervention: Intervention provided when a crisis exists to the extent that one's usual coping resources threaten individual or family functioning.

Cross Dependence: Condition in which one drug can prevent the withdrawal symptoms associated with physical dependence on a different drug.

Cross Tolerance: Condition in which tolerance of one drug results in a lessened response to another drug.

CTC: California Therapeutic Communities. This is a statewide group, mostly consisting of substance abuse treatment providers that practice therapeutic community principles.

***Cultural Diversity:** an appreciation and recognition of the vast array of different cultural groups based on varying behaviors, attitudes, values, languages, celebrations, rituals, and histories; diversity as it relates to culture includes actions taken by individuals, organizations, and communities to reflect inclusion and representation of diverse groups.

***Culture:** the total structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, histories, and practices distinctive to a particular group of people.

Denial: The refusal to admit to one's self the truth or reality of a particular situation or behavior, e.g., a person who refuses to admit that they have a problem with alcohol or drugs.

Depression: A state of sadness, marked by inactivity and inability to concentrate; reduction of the functional activity of the body.

DEA: Drug Enforcement Administration. DEA is a division of the U.S. Department of Justice.

Decriminalization: The policy of making the possession of small amounts of a drug subject to a small fine but not criminal prosecution. Throughout the United States including California, Marijuana, while still illegal is now decriminalized

Depressant: Any of several drugs that sedate by acting on the central nervous system; medical uses include the treatment of anxiety, tension, and high blood pressure.

Detoxification: Removal of a toxic substance, such as a drug or alcohol, from the body.

***Dimension:** the eight essential areas of practice which addiction counselors must master to effectively provide treatment activities identified in “Addiction Counseling Competencies.”

***Disorder:** an affliction that affects the functions of the mind and/or body, disturbing physical and/or mental health.

Disease Model: A theory of alcoholism, endorsed by the AMA, APA, The World Health Organization, NCADD and AA, in which alcoholism is seen as a disease rather than a psychological or social problem.

Disorganization: A state of impaired and inefficient emotional organization resulting from a person's inability to cope with internal conflicts and external reality.

Downers: Barbiturates, tranquilizers, alcohol; and depressants.

Drug Abuse Warning Network (DAWN) A federal program in which metropolitan hospitals report drug-related emergencies.

Drug Misuse: Use of any drug (legal or illegal) for a medical or recreational purpose when other alternatives are available, practical, or warranted, or when drug use endangers either the user or others with whom he or she may interact.

Drug Tolerance: A state of progressively decreased responsiveness to a drug.

DSM-IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, American Psychiatric Association, 199.

DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, American Psychiatric Association, 2000.

Dual-Diagnosis: Generally used to describe the condition of mental patients who are also addicted to a mind-altering drug.

***Dual Disorder:** the condition of being both substance dependent and having Axis I psychiatric diagnosis as defined in the most recent edition of the “Diagnostic and Statistical Manual of Mental Disorders” (DSM)

DUI: Driving Under the Influence of alcohol, an illicit substance or any substance licit or illicit if it impairs the driving function

***Duty to Warn:** the legal obligation of a counselor (healthcare provider) to notify the appropriate authorities as defined by statute and/or the potential victim when there is serious danger of a client inflicting injury on an identified individual.

DWI: Driving While Intoxicated.

***Element:** specific, definable areas found in three of the practice dimensions (Clinical Evaluation, Service Coordination, and Counseling).

Employee Assistance Program (EAP): Corporate or institutional programs for employees to help them with problems affecting work production such as alcohol/drug abuse problems, mental health, family illness, etc.

Enzyme: Biological chemical, protein in nature and produced by living cells, that can influence the rate of body processes. Enzymes can act independently of the cells that produce them.

Ethanol: Ethyl alcohol, or the beverage type of alcohol.

FACT: Forensic Addictions Corrections Treatment certifies individuals that are working in correctional settings.

Fetal Alcohol Syndrome (FAS): A pattern of birth defects, cardiac abnormalities, and developmental retardation seen in some babies of alcohol abusing and/or alcoholic mothers.

Fetal Drug Syndrome (FDS): A pattern of developmental birth defects characterized by low birth weight, growth retardation (Teratogenic in early pregnancy), premature delivery, or spontaneous abortion, and withdrawal symptoms for the neonate; seen in babies of drug abusing mothers.

Food and Drug Administration (FDA): Agency of the US Department of Health and Human Services that administers federal laws regarding the purity of food, the safety and effectiveness of drugs, and the safety of cosmetics.

Half-life: The amount of time it takes for a drug in the bloodstream to decline to 50% of its original level. Also called "elimination half-life."

Hallucination: Perception of objects or experience of sensations with no real external cause. Can be auditory, visual, etc.

Hallucinogen: Chemical substance that can distort perceptions to induce delusions or hallucinations.

***Harmful Use:** patterns of use of alcohol or other drugs for non-medical reasons that result in health consequences and some degree of impairment in social, psychological, and occupational functioning for the user.

Hepatitis: A viral infection causing serious liver disease there are several types of Hepatitis.
 Hepatitis A, from contamination with fecal matter, usually cured.
 Hepatitis B, from contaminated needles or blood products or sex, chronic
 Hepatitis C, from contaminated needles or blood products, Hepatitis C is a serious public health concern as the majority of cases are treatment resistant
 Chronic Alcoholic Hepatitis, Inflammation of liver tissue from alcohol abuse, not viral, reversible with abstinence.

High Risk Work Environment: Any facility which houses inmates; residential facility for HIV infected persons, residential facility for the elderly, shelter for the homeless, drug treatment clinic, hospital, clinical research or production facility that works with TB bacilli, or medical facility which utilizes procedures resulting in aerosolization of respiratory secretions from patients or which provides medical treatment primarily to populations at increased risk for TB.

IV: the Human Immunodeficiency Virus, the causative agent of Acquired Immunodeficiency Syndrome (AIDS).

I.N.C.A.S.E.: International Coalition for Addiction Studies Education. An international association of substance abuse educators in higher education that provides leadership and exchange of information.

Inhalant: Volatile substance that is introduced into the body through the lungs.

Illicit Drugs: Drugs whose use, possession, or sale are illegal.

Indian Alcohol Commission of California: (IACC) A non-profit Association in California represented by eighteen Commissioners. Present focus of this organization is on education and certification of counselors.

***Infectious:** transmission of an illness or disease by direct or indirect contact.

Intoxication: Literally, a state of being poisoned or drugged; a condition produced by use (abuse) of toxic drugs, such as alcohol, barbiturates.

LAAM: (Brand name Orlaam) Is a synthetic narcotic used in the treatment of heroin addiction as a substitute in a maintenance program. Taken three times a week since it has a longer duration than methadone.

*** Managed Care:** an approach to delivering health and mental health services to clients that seeks to improve the cost effectiveness of care by monitoring access and utilization of medical services and supplies, and the outcomes of that care.

MDMA: (Also known as Ecstasy) Is a synthetic norepinephrine-related hallucinogenic drug, more toxic than most other hallucinogenic drugs.

Medical Model: A theory of drug abuse or addiction in which the addiction is seen as a medical, rather than as a social problem.

Metabolism (of drugs): All the chemical and physical reactions that the body carries out to prepare a drug for excretion.

Morphine: Major sedative and pain-relieving drug found in opium, being approximately 10% of the crude opium exudate.

Methadone: A synthetically produced opiate narcotic (trademark Dolophine). A synthetic opiate used in the treatment of heroin addiction either in a gradual detoxification program or as a substitute for heroin in a maintenance program administered once a day.

***Multi-Disciplinary:** a planned and coordinated program of care involving two or more health professions for the purpose of improving health care as a result of their joint contributions.

Naloxone: (Brand name Narcan.) Is an antagonist for Morphine and other opiate drugs, used in the emergency treatment of narcotic-overdose situations.

Naltrexone: (Brand name ReVia) A long lasting form of naloxone. Blocks the intoxicating effects of opiates.

Narcotic: A drug having the power to produce a state of sleep or drowsiness and to relieve pain, with the potential of being addictive.

NCADD: National Council on Alcoholism and Drug Dependence.

Neurotransmitter: A natural chemical released by one neuron to influence or communicate with another. (Acetylcholine, dopamine, norepinephrine, serotonin, GABA, etc.)

Nicotine: The main active ingredient of tobacco, extremely toxic, addictive, and causing irritation of lung tissues, constriction of blood vessels, increased blood pressure and heart rate, and, in general, central nervous system stimulation.

***Outcome Monitoring:** collection and analysis of data during and following alcohol and other drug treatment to determine the effects of treatment, especially in relation to improvements in client functioning.

Opiates: Any substance, natural or synthetic, that is related in action to morphine and binds to the same, or some of the same, receptors. Some writers use it just to mean opium, morphine, codeine, and heroin - the natural ingredients of the poppy and their derivatives, excluding the synthetic narcotic analgesics.

Over-the-Counter Drugs: Drugs legally sold without a prescription.

***Patient:** see “**Client**”

PCP: (Phencyclidine) is a dissociative anesthetic hallucinogen that produces disorientation, agitation, aggressive behavior, analgesia, and amnesia. Also known as angel dust.

Pep pills: Amphetamines.

Pharmacology: The branch of science that deals with the study of drugs and their action on living systems.

Placebo: A pharmacologically inert substance that may elicit a significant reaction entirely because of the mental set of the patient or the physical setting in which the drug is taken.

Precursor: In a metabolic sequence of reactions, a compound that gives rise to the next compound; for example, choline is the precursor for the neurotransmitter acetylcholine

Prescription Drugs: A controlled drug available only by the order of a licensed physician, P.A. or nurse Practitioner's prescription.

***Prevention** – the theory and means for reducing the harmful effects of drug use in specific populations. Prevention objectives are to protect individuals before they manifest signs or symptoms of substance use problems, identify persons in the early stages of substance abuse and intervene, and end compulsive use of psychoactive substances through treatment.

Process Addiction: Refers to an individual who repeats a behavior despite the fact that the behavior is causing problems for the individual (e.g., gambling, overwork, sex, etc.).

Prognosis: The prospect of recovery as anticipated from the usual course of a disease.

***Professionalism:** a demonstration of knowledge, skills, and attitudes consistently applied when working with substance users, in addition to maintaining the code of ethics most commonly held by addictions professionals.

Psychedelic: Mind-manifesting; group of drugs producing a mental state of great calm and intensely pleasurable perception.

Psychoactive Drug: Any chemical substance that alters mood or behavior as a result of alterations in the functioning of the brain.

*** Psychoactive Substance:** a pharmacological agent that can change mood, behavior, and cognition process.

Psychotropic Drug: Drug that acts on psychic mood behavior or experience. It is used to treat mental illness.

Psychological Dependence: A compulsion to use a drug for its pleasurable effects. Such dependence may lead to a compulsion to misuse a drug. A craving and compulsion to use a drug that is psychological rather than physiologically based. e.g., compulsive gambling is a purely psychological dependence; a similar effect may come from drug use.

Psychopharmacology: The study of the effects of drugs on mood, sensation, or consciousness, or other psychological or behavioral functions.

Psychiatrist: Person with a degree in medicine (MD) with additional training in psychiatry, the study of mental disorders.

Rapid Opioid Detoxification: A procedure involving the administration of naloxone and clonidine to heroin abusers in order to achieve complete heroin withdrawal in a matter of hours.

Receptor: Special protein on the membrane or in the cytoplasm of a target cell with which a drug, a neurotransmitter, or a hormone interacts.

Recidivism: Return or relapse to a type of behavior, such as drug taking.

***Recovery:** achieving and sustaining a state of health in which the individual no longer engages in problematic behavior or psychoactive substance use, and is able to establish and accomplish goals.

***Regression:** a defense mechanism in which an individual retreats to the use of primitive or less mature responses in attempting to cope with stress, fears, or pain.

Relapse: Referring to alcoholism or drug addiction, a recurrence of symptoms of the disease, after a period of sobriety. * the return to the patten of substance abuse as well as the process during which indicators appear prior to the client's resumption of substance use.

Relapse Prevention: A therapeutic process for interrupting behaviors, beliefs and self-talk that lead to life style dysfunction.

Reverse Tolerance: State produced by a particular drug, process, or individual, such that lower dosages of the same drug produce the same amount and quality of the desired or observed effect that previously was observed only with higher dosages.

Self-help Group: Group of individuals with similar problems that meets for the purpose of providing support and information to each other and for mutual problem solving; Parents Anonymous and Alcoholics Anonymous are examples of self-help groups.

***Service Coordination:** the process of prioritizing, managing, and facilitating implementation of activities in an individual's treatment plan.

Side Effects: Secondary effects, usually undesirable, of a drug or therapy or behavior.

***Significant Others:** sexual partner, family member, or others on whom an individual is dependent for meeting all or part of his or her needs.

Sobriety: A basis for pervasive change in a person requiring a desire for, and attempt to work towards a contented, productive life without drugs. *The quality or condition of abstinence from psychoactive substance abuse.

Social Model: A modality of treatment known as the recovery process characterized by life long commitment to life style changes to enable an individual to develop a constructive, productive and meaningful sober way of life that fulfills their potential; generally accomplished in a community based program.

***Special Populations:** diverse groups of individuals having a unique culture, heritage, and background.

***Spirituality:** a belief system that acknowledges and appropriates the influence in one's life of a higher power or state of being.

Steroids: Any of a group of compounds (e.g., sex hormones) having the carbon atom ring structure of the sterols. A sterol is any of a group of solid, cyclic unsaturated alcohols, such as cholesterol, found in plant and animal tissue, it is taken to build muscles and increase strength.

Stimulant: Any of several drugs that act on the central nervous system to produce excitation, alertness, and wakefulness. Medical uses include the treatment of hyperkinesias and narcolepsy.

Straight: Not using drugs; not intoxicated with drugs or under their influence.

***Substance abuse** – a maladaptive pattern of substance use leading to clinically significant impairment or distress such as failure to fulfill major role responsibilities or use in spite of physical hazards, legal problems, or interpersonal and social problems. (See also DSM-IV-TR for specific criteria.)

***Substance dependence** – the need for alcohol or drugs that results from the use of that substance. This need includes both mental and physical changes that make it difficult for individuals to control when they use the substance and how much they use. Psychological dependence occurs when individuals need the substance to feel good or normal or to function. Physical dependence occurs when the body adapts to the substance and needs increasing amounts to achieve the same effect or to function. (See also DSM-IV-TR for specific criteria.)

***Substance use** – consumption of low and/or infrequent doses of alcohol or drugs, sometimes called “experimental,” “casual,” “recreational,” or “social” use, such that consequences may be rare or minor.

***Supervision/Clinical Supervision:** the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance.

Syndrome: All the signs and symptoms associated with a disease.

Synergism: Effect of a combination of drugs taken simultaneously, which is greater than the sum of the effects of the same drugs when taken separately.

TB: The disease of tuberculosis which is caused by the bacteria, *Mycobacterium Tuberculosis*, which causes human tuberculosis infection and disease.

Therapeutic Community: Setting in which persons with similar problems meet and provide mutual support to help overcome those problems, with fairly structured rules, guidelines, etc.

TIP and TAP Series: A series of booklets that address important issues of addiction such as seniors, women, counseling skills, etc.

Tolerance: Condition in which a person must keep increasing the dosage of a drug to maintain the same effect. Tolerance develops with the barbiturates, amphetamines and related compounds, and opiates.

Toxicity: Degree of poisonousness; any substance in excessive amounts can act as a poison or toxin. With drugs, the margin between the dosage that produces beneficial effects and the dosage that produces toxic or poisonous effects varies with the drug and the person receiving it.

Tranquilizers: **Major** drugs used to relieve symptoms of severe psychosis (for example, Thorazine). **Minor** psychoactive drugs with sedative and anti-anxiety effect; also used as anticonvulsants and muscle relaxants (an example is Valium).

***Transdisciplinary:** knowledge, skills, and attitudes across academic disciplines related to substance abuse.

***Transference:** client's unresolved feeling for significant others that may be transferred to the counselor.

Twelve Core Functions: Twelve areas of skills considered to be important for effective counseling in the addictions field.

Ups or Uppers: Stimulants; amphetamines.

Values: Assumptions, convictions, or beliefs about the manner in which people should behave and the principles that should govern behavior.

Withdrawal Syndrome: The group of reactions or behavior that follows abrupt cessation of the use of a drug upon which the body has become dependent. May include anxiety,

insomnia, Delirium Tremens (D.T.'s), perspiration, hot flashes, nausea, dehydration, tremor, weakness, dizziness, convulsions, and psychotic behavior. If untreated in some individuals can be cause of death.

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APPENDIX D

ACCREDITED COLLEGES ALCOHOL AND DRUG STUDIES PROGRAMS

College and University accredited Addiction Studies programs consist of a minimum of 36 semester credit units (or approximately 600 clock hours). All of the programs are fully accredited and transferable to colleges, universities and graduate programs nationwide.

Students may attend any of the named colleges full or part-time, depending on their individual needs and time constraints. College programs provide the opportunity to develop the necessary knowledge, skills and attitudes required to be effective in the treatment of alcohol and other drug dependency and abuse. These programs are designed to provide students who have no prior experience in the field of Alcohol and Drug Counseling with a competency based educational program that meets certification standards in California in the most efficient, effective and inexpensive manner available today. Because all of these programs are fully accredited, financial aid is available for students who qualify.

<u>Allan Hancock College (Santa Maria)</u>	<u>John Lovern</u> 805-922-6966 X 3429
<u>Butte College (Oroville)</u>	<u>Dennis Hyde</u> 530-895-2265
<u>City College of San Francisco</u>	<u>Tandy Iles</u> 415-452-5160
<u>College of San Mateo</u>	<u>Angela Stocker</u> 650-574-6465
<u>College of the Desert (Palm Springs)</u>	<u>Ann Saddington</u> 760-773-2587
<u>College of the Redwoods (Eureka)</u>	<u>Michael Goldsby</u> 707-476-4100
<u>Cypress College (Cypress)</u>	<u>Lucinda Alibrandi</u> 714-484-7187
<u>Diablo Valley College (Pleasant Hill)</u>	<u>Barbara Hewitt</u> 925-685-2467
<u>East Los Angeles College</u>	<u>Karen Taback</u> 323-265-8946
<u>Fresno City College</u>	<u>Cliff Garoupa</u> 559-442-8347
<u>Glendale College</u>	<u>Benjamin Salazar</u> 818-240-1000 X 5513
<u>Imperial Valley College</u>	<u>Robin Staton</u> 760-355-6149
<u>Lake Tahoe Community College</u>	<u>Virginia Boyer</u>
<u>Long Beach City College</u>	<u>Don Wasson</u> 562-493-4887
<u>Los Angeles City College</u>	<u>Rochelle Schooler</u> 323-953-4000 X 2930
<u>Los Angeles Southwest College</u>	<u>Leonard Apenahier</u> 323-241-5224
<u>Mendocino Community College (Ukiah)</u>	<u>Dan Jenkins</u> 707-468-3020
<u>Merced College</u>	<u>Jill Mayer</u> 209-384-6121
<u>Merritt College (Oakland)</u>	<u>William Love</u> 510-465-8992
<u>Mt. San Antonio College (Walnut)</u>	<u>Paul Sharpe</u> 909-594-5611 x 4654
<u>Mt. San Jacinto College</u>	<u>Joe Aragon</u> 951-310-3561
<u>Oxnard College</u>	<u>Bill Shilley</u> 805-586-5800
<u>Palomar College (San Marcos)</u>	<u>_____</u> 760-744-1150
<u>Palo Verde College (Blythe)</u>	<u>Chris Jones</u>
<u>Pierce College (Woodland Hills)</u>	<u>James Crossen</u> 818-994-6858
<u>Porterville College (Porterville)</u>	<u>Bob Johnson</u> 559-791-2267
<u>Rio Hondo College (Whittier)</u>	<u>Melissa Juarez</u> 562-692-0921 x3234
<u>Saddleback College (Mission Viejo)</u>	<u>Rich Goodman</u> 949-582-4731
<u>San Bernardino Valley College</u>	<u>Joan Harter</u> 909-384-8672

San Diego City College	Jimmy Evans	619-388-3257
San Jose City College	Mary Cook	408-448-0333
Santa Barbara City College	Gordon Coburn	805-455-6846
Santa Rosa Jr. College	Greg Granderson	707-522-2776
West LA College (Culver City)	Carrie Canales	310-398-6046

Graduate/Upper Division and Special Programs

Bethany University (Scotts Valley)	Steven Stiles	408-438-3800
California State University Fullerton	Lori Phelps	714-278-7792
Navy Drug and Alcohol Counselor School (San Diego)	Jerry Synold	619-553-8308
Alliant University (San Diego, LA, Orange County)	Gary Lawson	619-693-4749

Community Colleges with Partial Programs

(Each college listed below currently offers a partial program and is moving toward accreditation, but does NOT, at this time, meet the requirement for full accreditation.)

American River College	Debbie Senna	(916) 484-8119
Barstow College	Debbie Faulkenberry	760-835-6044
Contra Costa College (San Pablo)	Armenta Nickels	510-235-7800 ex. 4395 cell 530-848-3982
Cuesta College (San Luis Obispo)	Jan Gillete	805-748-8155
Folsom College (Placerville)	Sarah Pender	530-642-5630
John F. Kennedy University (Pleasant Hill, CA)	Dr. Gail Kinsley-Dame	925-969-3322
Los Positas College (Livermore)	John Ruis	
Monterey Peninsula College	Mary Nelson	831-646-4134
Napa Valley College	Dave Abramson	707-953-6318
Victor Valley College (Victorville)	Mark Clair	619-245-4270
Yuba College	Ed Davis, Associate Dean	

FOR THE MOST CURRENT INFORMATION ON

ACCREDITED PROGRAMS

PLEASE VISIT THE CAADE WEBSITE

AT

www.caade.org

APPENDIX E

CAADE POLICY FOR EVALUATING OUT OF STATE AND OTHER EDUCATIONAL EQUIVALENCIES

PROPOSED CAADE PROCESS FOR EVALUATING OUT OF STATE ALCOHOL AND DRUG STUDIES CERTIFICATE OF DEGREE PROGRAMS

All persons who inquire for CATC certification with out of state AOD certification and/or Degree Programs shall make their request known by submitting documentation to the Equivalency Chair as follows:

1. Official college or university transcripts from regionally accredited institutions of higher education
2. A catalogue description of each course to be considered.
3. Statement designation whether these are semester or quarter units.
 - Students who apply will be required to pay a sum of \$125.00 to accompany the application. One hundred dollars of this amount shall be paid to the reviewer and twenty-five dollars shall be used by CAADE for administrative costs
 - The student will be provided a copy of the evaluation by the reviewer reflecting any coursework still needed to meet the CAADE/CATC minimum requirements. When the student has completed any deficient coursework he/she will send transcripts reflecting the completed work (minimum of a "C" grade required), with the evaluation of the reviewer, to the CATC office for final evaluation.
 - If it is in the judgment of the Certification Chair that applicant has met the academic requirement for CAADE/CATC Certification, the student will be given permission to take the written examination and move to complete the other Certification requirements.

**CAADE/CATC ARTICULATION AND TRANSFER AGREEMENT WITH
CALIFORNIA ASSOCIATION OF ADDICTION RECOVERY RESOURCES
(CAARR)**

Whereas, a typical 3 semester accredited college course requires from 45 to 55 contact hours; and whereas, CAADE approved AOD or Addiction Studies Programs are approved by Regional Accreditation Associations (not the same as California State approval), and whereas, these Regional Accreditation Associations spell out clearly the standards that must be met by member colleges and universities:

CAADE is advocating the following articulation/transfer and waiver recommendations to its member colleges and universities:

That CAARR be given credit or a waiver for six units of work (six semester hours) in the following courses identified in the CAADE Guidelines Manual:

- | | |
|--|---------|
| 1. Introduction to Alcohol/Drug Studies: Overview | 3 units |
| 2. A. Alcoholism, Intervention, Treatment and Recovery
(Treatment Modalities) | 3 units |

Total 6 units

As the CAADE Policy Committee has made this a recommended policy for other accredited AOD college and university programs throughout the state, we are aware that each individual college or university is subject to its own local substitution and waiver policy.

PROPOSED CAADE POLICY FOR MEASURING AND ACCEPTING EDUCATIONAL EQUIVALENCIES FOR THE CATC CREDENTIAL

Conditions under which CAADE would consider recognizing University Extension programs (or other non-accredited courses) as being equal to (i.e. meeting minimum educational requirements) a CAADE Certificate Course, which would allow a person to apply and be tested for a C.A.T.C. credential, are as follows:

(The following documents, to be provided by the applicant, would be required)

1. Name of school, institute or training course;
2. Catalogue description of each course;
3. Number of credits for each course;
4. Actual number of class hours for each course;
5. How grade was determined: comprehensive tests, required book readings; reports, research papers on assigned topics?
6. What kinds of practicum did you perform for your experiential/internship courses through the university or institute? How many hours were required? How many were clinical?
7. Transcript of grades (minimum of "C" grade or better);
8. Instructors' names and qualifications for each course.
 - A. To initiate this process, the applicant would request an application from the credential coordinator.
 - B. The applicant would be directed to a CAADE Area Vice President;
 - C. The applicant would provide all of the above listed documents to the Vice President;
 - D. The applicant would send a certified bank check or money order for \$300.00 to the Treasurer of CAADE. This non-refundable fee covers the cost of the course investigation only, whether it is approved or disapproved;
 - E. If the Area VP approves the application, all documentation will be sent to the Equivalency Chair for final approval;
 - F. If final approval is given, the Equivalency Chair will grant an Equivalency Certificate and the applicant will then be able to apply for the C.A.T.C. credential in the usual way;
 - G. The investigating VP will then invoice the CAADE Treasurer, who will remit a consulting fee of \$250.00 for services rendered on behalf of the particular applicant;
 - H. Depending on the complexity of the investigation, it may take as long as three months before a decision can be rendered.

APPENDIX F

Sample Academic Honesty Policy (Adapted from Fullerton College and California State University, Fullerton)

Students are expected to abide by ethical standards in preparing and presenting material that demonstrates their level of knowledge and which is used to determine grades. Such standards are founded on basic concepts of integrity and honesty. These include, but are not limited to the following areas:

1. Students shall not plagiarize, which is defined as stealing or passing off as one's own ideas or words of another and using a creative production without crediting the source. The following cases constitute plagiarism:
 - paraphrasing published material without acknowledging the source.
 - making significant use of an idea or a particular arrangement of ideas, (e.g. outlines), without giving proper credit.
 - writing a paper after consulting persons who provide suitable ideas and incorporating these ideas into the paper without acknowledging the debt.
 - submitting under one's own name term papers or other reports that have been prepared by others.
2. Students shall not cheat, which is defined as using notes, or the help of other students on tests or exams in ways other than those expressly permitted by the teacher; and as misreporting or altering data in laboratory or research projects involving the collection of data.
3. Students shall not submit an original paper or project to more than one class without approval from the second instructor. Instructors who do not accept previously submitted papers should so inform the students in the course syllabus.
4. Students shall not furnish materials or information in order to enable another student to plagiarize or cheat.

An Instructor who has evidence that an act of academic dishonesty has occurred, after speaking with the student is obligated to take the following steps:

1. Assign an appropriate academic penalty such as an oral reprimand (as in cases where there is reasonable doubt that the student knew that the action violated the standards of honesty); or assign an 'F' on all or part of a particular paper, project, or exam (for example, where there was proof that it was a one-time occurrence). In cases where and 'F' was assigned, report the incident to all appropriate personnel. (See step #3).

2. In cases where the dishonesty was serious, premeditated, or part of an ongoing scheme, request an ad hoc review board made up of at least three faculty from the department or division of the instructor involved. This review board is to be appointed by the Academic Senate president or his or her delegate in consultation with the department coordinator or if none is in place with the members of the department. Supply to the review board the documents that are suspect and any other documents completed by the student that might help to determine if academic dishonesty occurred. It would then be the responsibility of the review board to determine academic penalties as appropriate.
3. Report to the student involved, to the department coordinator to the division dean, and to the vice president for student services, the alleged incident of academic dishonesty, including relevant documentation, and recommendations for action that he or she deems appropriate.
4. The vice president for student services shall maintain an academic dishonesty file of all cases of academic dishonesty with the appropriate documentation.
5. Students shall be informed when their names are inserted into the file and provided with copies of any appeals or disciplinary procedures in which they may become involved. The vice president for student services or his or her designees may initiate disciplinary proceeding under Education Code, Article 3 Section 76030-76037; when two or more incidents involving the same student occur, he or she shall do so.
6. Students charged with violations resulting disciplinary action have the right to appeal the findings to the Petitions Committee under the Rules and Procedures of Due Process.

** Adapted from the academic honesty policies of Fullerton College and California State University Fullerton as published in their catalog.

APPENDIX G

The following, borrowed from the International Coalition of Addiction Studies Education (www.incase.org), is a set of curriculum guidelines addressing four levels of academic training for addiction studies: Associates, Bachelors, Masters and Doctoral.

**INTERNATIONAL COALITION OF ADDICTION
STUDIES EDUCATORS****CURRICULUM GUIDELINES FOR ACADEMIC
EDUCATION****2007 EDITION*****DEFINING THE FUTURE OF ADDICTION STUDIES***

The members of INCASE propose the following curriculum guidelines as the current "state of the art" in academic addiction studies. We urge all addiction educators to join with us as an organization of addiction educators to both learn and share the best practices in teaching the addictions. We hope these guidelines will assist you in your teaching. We also suggest that colleges and universities who have developed, or wish to develop, programs of addiction studies, utilize these guidelines in your institutional development. We hope that this publication will help you to train the future practitioners who will treat and prevent problems related to substance abuse and addictions.

**INCASE CURRICULUM GUIDELINES
FOR ADDICTION STUDIES PROGRAMS
FALL 2007 EDITION**

GENERAL CHARACTERISTICS

Curricula for Chemical Dependency and Addiction Studies will vary from institution to institution, but will have common characteristics.

Some of the variables will be based on the following:

1. The degree level.
2. The philosophy of the discipline in which the course is taught,
 - or if the courses are shared by two or more disciplines, by providing a "minor."
 - or if the body of knowledge is enough to have an independent "major."
 - or if the coursework is recognized as a free-standing discipline with its own degree title.
3. The coursework is philosophically part of a traditional multi-disciplinary Program. (e.g. Human/Social Services, Psychology, Counseling, Social Work, Pastoral Counseling, Nursing, Education, etc.)
4. The courses are geared to areas of Chemical Dependency Specialization and workforce development issues that prepare students for credentials and employment in areas such as:
 - Treatment as Certified or Clinical Counselors
 - Education/Schools
 - Prevention Specialist
 - MICA/Co-occurring Disorders
 - Management/Clinical Supervision
 - Nursing/Medical Treatment
 - Research
5. If philosophical base is limited to substance use disorders, or inclusive of behavioral/process addictions.

The Common Characteristics however need to reflect and include the following:

1. The current science and research related to Chemical Dependency and Addictions,
2. Evidence Based Prevention and/or Treatment techniques,
3. Quality Clinical Supervision,
4. Education and sensitivity to Cultural and diverse populations,
5. Need to prepare students for the workplace by providing the academic preparations for credentials needed for employment.
6. Integration of 12-step and other self-help groups in the recovery process.
7. Substance Use Disorders, as well as Co-occurring Disorders and Non-chemical/ Behavioral/Process Addictions should be included.

THE CURRICULUM GUIDELINES

The specifications following each standard in this section define four levels of academic training: Associates, Bachelors, Masters and Doctoral. It should be noted that in some states/provinces Internship/Training positions may be at a pre-degree level.

Some academic training is in fact "Pre-Service" (entry level), while others may be more "In-Service" (working in the field towards credentialing) and others as graduate/postgraduate training (those with credentials seeking advanced degrees or credentials) and Continuing Education (for those with clinical credentials needing to keep up with the "state of the art" of Addiction Studies).

The curriculum standards are divided into two parts:

- (A) Knowledge, Theory, Skills and Values and
- (B) Field Practice, and Supervised Training

A. KNOWLEDGE, THEORY, AND SKILL DEVELOPMENT

Standard 1

HISTORY

The curriculum shall include the historical development of the overall field of chemical dependency prevention and treatment.

The history of substance use and abuse, along with the contexts in which prevention and treatment evolved, provide a foundation for understanding the present conditions in the field, and a framework for understanding future evolution of the field. This will include the knowledge of how the field developed from various non-professional experiences, how other disciplines succeeded or failed in dealing with substance abuse problems, as well as the social and political forces that impacted upon service delivery.

Minimum Associate Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Historical and cross-cultural survey of Substance use and abuse.
- b. Historical roots of the prevention and treatment field
- c. The evolution of the "Profession" from the "para-professional" workers
- d. Historical and current legislation impacting upon the delivery of Chemical Dependency and Addiction services both nationally and at the state level.
- e. How public and personal attitudes influence personal behavior, Public Policy and legislation related to Chemical Dependency and Addiction Services.

Minimum Bachelors Specifications for Standard 1

Demonstrates how the Knowledge and Theory related to the historical development of the field is included and analyzed within the curriculum.

- f. Differences between the systems of government, economics and consumerism.
- g. Exposure to various political and economic motivators in society that impact on prevention and treatment services.

Minimum Masters Specifications for Standard 1

Demonstrate how the Knowledge and Theory related to the historical development of the field is included and analyzed within the curriculum

- h. Analyze and develop an understanding for the elements needed to improve the service delivery to clients/patients.
- i. Analyze and develop an understanding of the theories and elements necessary for current social change around issues of prevention and treatment.
- j. Analyze and develop an understanding of various multicultural and international approaches to the prevention and treatment of substance abuse.

Minimum Doctoral Specifications for Standard 1

Demonstrate how the Knowledge and Theory related to the historical development of the field is analyzed and integrated into new and creative insights, skills or models of change.

Standard 2

HUMAN DEVELOPMENT

The curriculum shall provide knowledge, theory and skills related to human development as it relates to substance use disorders within the individual, family and society.

Chemical Dependency Professionals need to understand the dynamics of human growth and development as it relates to individuals and families as it relates to the impact of substance abuse and addictions. This standard relates to both the development of, and the recovery from, substance use disorders.

Minimum Associates Specifications for Standard 2

Demonstrate the knowledge, theory and skills related to human development as it relates to the development of, and the recovery from, substance use disorders.

- a. Introduction to human development theory
- b. Introduction to family systems theory
- c. Understanding of the recovery process of substance use disorders
- d. Understanding of the family recovery process
- e. Introduction to interpersonal counseling skills
- f. Introduction to group counseling skills
- g. Understanding of self-help groups in the recovery process
- h. Client and family education about treatment and recovery
- i. Introduction to multicultural counseling theory and practice

Minimum Bachelors Specifications for Standard 2

Demonstrate how the knowledge, theory and skills related to human development as it relates to the development of, and recovery from, substance use disorders.

- j. Theories of Addiction
- k. Theories of human development
- l. Individual counseling techniques.
- m. Group counseling techniques

- n. Family systems theory and counseling techniques.
- o. Introduction to prevention and techniques

Minimum Masters Specifications for Standard 2

Demonstrate how the Knowledge, Theory and Skill development related to the understanding of human development as it relates to the development of, and recovery from, substance use disorders.

- n. Develop advanced understanding and skills related to individual, group and family counseling techniques.
- o. Develop advanced understanding and skills related to prevention activities
- p. Understanding of the changing roles in family systems and the impact upon prevention and treatment activities.

Minimum Doctoral Specifications for Standard 2

Demonstrate how the Knowledge, Theory and Skills related to human development are developed and integrated with other research to identify new and innovative prevention and treatment techniques.

Standard 3

HEALTH AND SOCIAL SERVICE SYSTEMS

The curriculum shall provide for knowledge and skills related to the availability and utilization of health and other social services.

Students specializing in the fields of chemical dependency prevention and treatment need to develop the knowledge of the local health and social service delivery systems (especially the substance abuse treatment systems), educational systems, criminal justice systems, and related professionals, in order to better provide comprehensive services to clients/patients. Legal requirements and professional attitudes about these systems and the skills to accept, and make, appropriate referrals are essential for providing quality prevention and treatment services.

Minimum Associate Specifications for Standard 3

Demonstrate how the Knowledge, Theory and Skills related to understanding and utilizing comprehensive services to clients.

- a. Be knowledgeable of existing health, social, educational, criminal justice systems in the community.
- b. Be familiar with the spectrum of substance abuse treatment services within the community, including multicultural services.
- c. Be aware of various professionals, their scope of practice, and respect for their professional training and scope of practice.
- d. Be aware of federal and state laws and regulations related to making referrals to other substance abuse and addiction services, as well as other community services
- e. Be knowledgeable of 42 CFR Part 2 and other regulations regarding confidentiality and the referral process.

Minimum Bachelors Specifications for Standard 3

Demonstrate how the Knowledge, Theory and Skills related to understanding and utilizing comprehensive services to clients are in the curriculum.

- f. Be knowledgeable of the differential treatment philosophies of treatment facilities
- g. Be aware of the differences between self-help and professional groups and services.
- h. Be knowledgeable of, and able to use, at least three tools to assess substance abuse dependency, be familiar with and how to utilize the ASAM Patient Placement Criteria.

Minimal Masters Specifications for Standard 3

Demonstrate how the Knowledge, Theory and Skills related to understanding and utilizing comprehensive services to clients are in the curriculum.

- i. Be knowledgeable of and understand how to use the current DSM chapter on diagnostic criteria for Substance Use Disorders and the correlation with the ASAM-PPC, so as to make appropriate referrals when necessary.
- j. Be knowledgeable of other DSM diagnostic criteria that frequently co-occur with Substance Abuse Diagnoses

Minimal Doctoral Specifications for Standard 3

Demonstrate how the Knowledge, Theory and Skills related to Health and Social Services, in the Substance Abuse field, are developed and integrated with other research to identify new and innovative prevention and treatment techniques.

Standard 4

SUBSTANCE ABUSE COUNSELING SKILLS

The curriculum will train students to have the knowledge and skills to provide the core functions of substance abuse counseling.

For students being prepared to become substance abuse counselors, the curriculum should include, at all levels, the core functions of alcohol and drug abuse counselors as required by the state in which the college/institution is located. Curricula not intended to prepare counselors may utilize only the relevant functions. Most states utilize ICRC and/or TAP 21 core functions/*practice dimensions*. The core functions include (but may be modified/adapted based upon individual state requirements):

Screening

Orientation to services Assessment (and/or diagnosis) Treatment Planning

Individual Counseling

Group Counseling

Family Counseling

Client Education

Reports and Record Keeping Consultation

Supervision

Referral

Minimum Associate Specifications for Standard 4

Demonstrate how the Knowledge and Skills to understand and utilize the core functions of substance abuse counseling are integrated into the curriculum.

- a. as listed above (or similar listing of core functions)

Minimum Bachelors Specifications for Standard 4

Demonstrate how the Knowledge and Skills to understand and show proficiency in how to utilize the core functions of substance abuse counseling.

b. as listed above (or similar listing of core functions)

Minimum Masters Specifications for Standard 4

Demonstrate how the knowledge and skills related to the utilization of the core functions of substance abuse counseling are integrated into the curriculum at a Masters level.

c. as listed above

d. diagnosis of substance use disorders (in addition to assessment)

e. have a basic understanding of clinical supervision skills and techniques to assist in the training of students, interns, and other counselors.

f. provide training in these core functions to entry level counselors

Doctoral Specifications for Standard 4

Demonstrate how the knowledge and skills related to the utilization of the core functions of substance abuse counseling are integrated into the curriculum at a doctoral level.

g. develop proficiency in providing clinical supervision

h. provide training and clinical supervision to students, interns, undergraduate, and masters level counselors

i. provide academic education to undergraduate and graduate students and counselors.

Standard 5**PHARMACOLOGY and PHYSIOLOGY**

The curriculum shall provide knowledge, theory and skills concerning pharmacology and physiology.

Students in the field of chemical dependency studies need to have an appropriate level of understanding of pharmacology as it relates to the physical, emotional, social and intellectual dynamics of the whole person.

Minimum Associate Specifications for Standard 5

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum.

a. Basic understanding of how drugs effect and affect the physical, emotional and social aspects of the person.

b. Basic knowledge of symptoms of intoxication and withdrawal

c. Basic knowledge of the physical effects of drugs on the human physiology

d. Difference between licit and illicit drug use

Minimum Bachelors Specifications for Standard 5

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum.

e. Basic understanding of current neurobiology of addiction f. Addiction as a Brain Disease

f. Provide client education about the physiology and pharmacology of abuse, addiction and recovery to individuals, groups and family members.

g. Working understanding of pharmacological modalities of substance use disorders.

Minimum Masters Specifications for Standard 5

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum.

- h. Advanced understanding of pharmacology and neurobiology of addiction
- i. Understanding of psychiatric medications used in the treatment of coexisting disorders, and the implications for treatment.
- j. Advanced understanding of pharmacological modalities of Substance use disorders.
- k. Develop Knowledge and Skills related to diet/nutrition and exercise as it relates to prevention, treatment and recovery.
- l. Basic understanding of current complementary medicine approaches to treating substance use disorders, including, but not limited to herbal medicines, acupuncture, meditation, etc.

Minimum Doctoral Specifications for Standard 5

Same as Masters Specifications for Standard 5

Standard 6**ASSESSMENT**

The curriculum shall include specific knowledge and skills necessary to provide an assessment for substance use disorders.

Minimum Associate Specifications for Standard 6 and**Minimum Bachelors Specifications for Standard 6**

Demonstrate how knowledge and skill development about standardized tools used to assess substance abuse, dependency and addictions are included in the curriculum. These tools should include, but not be limited to:

- CAGE
- MAST
- ASI
- SASSI

Minimum Masters Specifications for Standard 6**And****Minimum Doctoral Specifications for Standard 6**

Demonstrate how knowledge and skill development about standardized tools used to assess substance abuse and related problems are included in the curriculum. These tools should include, but not be limited to:

- Beck Depression Inventory
- South Oaks Compulsive Gambling Questionnaire
- Current DSM for diagnostic criteria for Substance Use Disorders, related problems and Co-occurring Disorders.

Standard 7

TREATMENT MODALITIES

The curriculum shall provide knowledge, theory and skills related to various substance abuse treatment modalities.

Document that knowledge of the treatment modalities accepted as the current levels of care are identified, described in philosophy and theory, so that appropriate treatment planning and referral can take place.

Minimum Associates Specifications for Standard 7 and

Minimum Bachelors Specifications for Standard 7

Students at this level will

- a. Be familiar with the levels of care defined by the ASAM-PPC,
- b. Be aware of referral protocols between the various service providers in the local/county/state region.
- c. Be familiar with fees, payment scales, other third party payees for various treatment providers.

Minimum Masters Specifications for Standard 7

- d. be aware of program evaluations, accreditations, etc. to assist in providing the best quality treatment for clients/patients, in cooperation with other members of the treatment team.

Minimum Doctoral Specifications for Standard 7

- e. supervise and conduct program evaluations, accreditations, etc. to assist in providing the best quality treatment for clients/patients in cooperation with other members of the treatment team.

Standard 8

INFORMATION MANAGEMENT AND RECORDKEEPING

The curriculum shall provide for knowledge and skills in information management.

Minimum Associates Specifications for Standard 8

Demonstrate how the following are included in the curriculum:

- a. Knowledge and Skills to develop information to complete a bio-psychsocial(-spiritual) assessment for the purpose of development of a treatment plan.
- b. Knowledge and Skills to gather information through client observation, interviewing, active listening, consultation with others, internet access, library/resource enters, etc.
- c. Knowledge and skills to record and organize professionally relevant information.
- d. Issues related to federal and state confidentiality rules.
- e. Appropriate levels of literacy and writing skills necessary for professional communication.
- f. Use of technology for word processing, sending e-mail, and locating and evaluating information.

Minimum Bachelors Specifications for Standard 8

Demonstrate how the following are included in the curriculum:

- g. Knowledge and skills to obtain information through the observation of how the individual functions in relationship to various systems.
- h. Knowledge and skills to assess the adequacy, accuracy and validity of information provided by others.
- i. Knowledge and skills to develop a treatment plan, document progress in achieving the goals and objectives, write relevant letters, reports advocacy position statements, and develop a discharge summary.
- j. Produce a written case presentation.
- k. Produce a limited number of reports/term papers.

Minimum Masters Specifications for Standard 8 Document how the following are included in the curriculum

- l. Knowledge and skills associated with management and clinical supervision of client records and information management.
- m. Knowledge and skills to develop basic programmatic needs assessment, program coordination and evaluation.
- n. Skills to interpret and present research findings in written or verbal form to clients, colleagues, or other professionals; and to use this information for community education and public relations.
- o. Produce a relevant masters thesis or project.

Minimum Doctoral Specifications for Standard 8

Document how the following are included in the curriculum:

- p. Knowledge and skills to gather relevant research information.
- q. Knowledge and skills to analyze relevant research information.
- r. Produce a doctoral thesis or project.
- s. Knowledge and skills to organize and publish new and relevant information.

Standard 9

INTERPERSONAL COMMUNICATIONS

Learning experiences shall be provided for the student to develop his or her interpersonal skills.

The ability to create genuine and empathetic relationships with others is central to the substance abuse professional. These skills are applicable to all levels of education, and a greater proficiency is expected at each progressively higher level.

Associates, Bachelors, Masters and Doctoral levels

Demonstrate how the following are included in the curriculum.

- a. Clarifying expectations for self and others, as well as programs and systems.
- b. Dealing effectively with conflict and confrontation
- c. Establishing rapport with clients
- d. Maintaining behavior that is congruent with expressed values
- e. Critical thinking for analysis, problem solving, synthesis, decision making, and

predicting outcomes.

- f. Becoming familiar with sub-population issues, including, but not limited to cultural/racial/ethnic, age, gender, sexual orientation, religious traditions and belief systems.

Standard 10

ADMINISTRATIVE AND SUPERVISORY

Graduate and Post-graduate training shall include Knowledge, Theory and Skills to provide administrative and supervisory competency.

At the Masters and Doctoral levels, graduates are expected to have supervisory and administrative skills, while Associates and Bachelor level workers need to know how to work under supervision.

Minimum Associates and Bachelors Specification for Standard 10

- a. Knowledge of rules and regulations regarding clinical supervision.
- b. Knowledge of what qualities to seek out in a clinical supervisor
- c. How to work under supervision in an administrative structure
- d. Know the limitations of scope of practice and function
- e. Know when to seek out additional supervision and/or consultation.

Minimum Masters and Doctoral Specifications for Standard 10

Demonstrate how the Knowledge, Theory, and Skills for the following areas are included in the curriculum:

- f. Program planning, coordination, and evaluation.
- g. Providing supervision, administrative and clinical.
- h. Grant and contract management
- i. Develop professional needs assessment and development plans
- j. Understand the legal and regulatory aspects of service delivery
- k. Understand the approaches to public policy development, the legislative and statutory process, regulation development and enforcement, etc.
- l. Constituency building, advocacy techniques such as lobbying, grass roots movements, community development, and community organizing.
- m. Train and supervise students, interns, and certified counselors.
- n. Evaluate students, interns, counselors and other staff.

Standard 11

PERSONAL GROWTH

All levels of education and training shall include knowledge, theory and skills necessary to develop, and implement, a personal growth plan for themselves that transcends their professional life.

The curriculum shall provide experiences and support to enable students to develop awareness of their own values, personalities, reaction patterns, life styles, personal/professional balance, interpersonal styles and limitations.

Associates, Bachelors, Masters, and Doctoral Specifications for Standard 11

Demonstrate how the following are included in the curriculum.

- a. Conscious use of self
- b. Reflection on professional self (e.g. journaling, development of a portfolio or project demonstrating competency)
- c. Clarification of Values
- d. Awareness of diversity
- e. Strategies for self-care

Standard 12

HEALTHY DRUG USE

All students will understand the differences between:

- healthy and unhealthy drug use
- drug use, abuse, misuse, and dependency
- Prescribed Medications and self-medication activities

as well as:

- proper use of legitimately prescribed medications for specific diagnoses, including both physical and mental health problems
- "Official 12-Step" policy on the use of legitimately prescribed medications
- healthy decision-making about OTC medications, herbal remedies, and folk remedies

Minimum Associates and Bachelors Specifications for Standard 12

Demonstrate the basic knowledge and skills to:

- a. identify the above listed concepts and distinctions.
- b. Be able to utilize the above concepts in providing client education

Minimum Masters and Doctoral Specifications for Standard 12

Demonstrate the knowledge and skills to:

- c. provide client education about proper drug use, and dangers of self medicating practices.
- d. provide client education about healthy alternatives to high risk drug use that may lead to relapse, including, but not limited to, preparation for surgical procedures and post surgical pain management.
- e. be able to provide information to medical professionals about high risk/relapse potential medications, safer alternatives, and how to monitor "risky medications", while respecting the treating medical professional's scope of practice ..

Standard 13 CRITICAL THINKING

All students shall be exposed to the value of critical thinking as a learned skill . . .

Examples shall include how to use critical thinking in the development of prevention programs, treatment and recovery plans, evaluation of individuals, families and programs.

Minimum Associates and Bachelor Specifications for Standard 13

- a. Students will be exposed to principles associated with critical thinking.
- b. Students will be able to identify shortcomings in "standardized" (one size fits all) approaches to prevention and treatment.

Minimum Masters and Doctoral Specifications for Standard 13

- c. Students will be able to express alternative approaches to problem solving, treatment planning, research, evaluation procedures, utilization of research, and prevention programming.
- d. Students will learn to critically interpret commercial advertising, peer pressure techniques, and public policy issues (or lack thereof) related to substance use, abuse or dependency.
- e. Students will learn principles of research and approaches and techniques used in interpretation.

B. FIELD EXPERIENCES AND SUPERVISED TRAINING**Minimum Requirements**

While there is agreement that field experiences or supervised training is a critical component overall training in the field of chemical dependency and addiction services, there are variations in format, duration and placements.

Supervised experience and training is a process of professional development that integrates academic knowledge, theory and skill development, with professional behaviors that are being taught concurrently in the classroom. It should be an integral part of the total educational process. The content of the supervised experiences shall be with each academic level.

Where appropriate, the supervised training should qualify as hours that qualify for certification or licensure in a certified or licensed discipline within state requirements. These standards will not dictate the number of hours but the program must document that how the hours fulfill state mandated certification or licensure requirements in whole or in part.

Field Standard 1**INTEGRATED WITH THE CURRICULUM**

The program shall provide field experience/supervised training that is integrated with the curriculum.

Specifications for all levels of Field Standard 1

- a. Demonstrate how students are exposed to substance abuse agencies, clients, self-help groups within the program.
- b. Provide a copy of the text and/or manual and guidelines given to the students advising

- them of field experience placement requirements.
- c. Provide documentation of written agreements with field agencies and/or clinical supervisors that specify the student's role, activities, supervision, field instruction, and evaluations.
 - d. Each placement shall have both a field supervisor and academic faculty supervisor.

Additional Specification for Field Standard 1 Bachelors, Masters and Doctoral levels

The program shall demonstrate how:

- a. The student is assigned and supervised with an independent case load or the assignment of administrative function within the agency.
- b. The supervised training site is either a licensed facility that treats substance abuse or addictions, community based agency, or a practice with an appropriately licensed and trained supervisor.
- c. Masters and Doctoral levels should include training sites that provide services to those with co-occurring disorders. Bachelors level students may also be exposed to this population.

Field Standard 2

ACADEMIC CREDIT

The program shall provide academic credit for field experiences and other supervised training.

The granting of academic credit for field experiences and other supervised training is widely accepted. It validates the experience as a genuine part of the curriculum and tends to assure quality instruction.

Specifications for all levels for Field Standard 2

- a. provide that academic credit is given for all or some of the hours required by the state certifying or licensing bodies.
- b. students are advised of the total number of hours required by state certifying or licensing bodies, and how many of these hours will be satisfied by the field placement/supervised training experience.
- c. demonstrate how the training experience is structured with clear learning experiences and methods of evaluation.

Field Standard 3

SUPERVISION

Field supervisors shall be licensed (or certified, depending on state requirements) clinical supervisors, with training in providing clinical supervision (in accordance with state regulations), to insure that field supervisors provide quality learning experiences.

Maximum learning will occur only when both the field placement and the college/university provides quality supervision to the students.

Specifications for all levels of Field Standard 3

- a. Supervisors shall have no less than the same credential or degree than the program awards. It is strongly recommended that the supervisors have no less than one degree level above the level of degree that the students are seeking. A minimum masters degree is recommended. State regulatory credentials should be minimal requirements.
- b. Supervisors should have training in how to provide clinical supervision. If the supervisor does not have a supervision credential, the school shall help provide minimum Continuing Education to the field supervisor.
- c. Demonstrate that the Faculty Course Supervisor has at least one site visit each semester (or quarter) to help monitor the progress of the experience or meet with all clinical supervisors at least once per semester.
- d. Demonstrate that there is a written plan of learning objectives, activities, And outcomes for each student that was agreed to by the faculty supervisor, the student, and the field supervisor.
- e. Document a final summary evaluation for each student and how the evaluation is used to assist in personal/professional growth. Included, should be a format for suggesting that the student has/has not the potential to become a substance abuse/addiction professional.

Appendix H

COMPLETE BIBLIOGRAPHY FROM TAP 21 (2006)

Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice

The following references are from the TAP 21 (2006), DHHS publication (SMA) 06-4171. As noted in the TAP 21 introduction, “All materials appearing in this volume except those taken directly from copyrighted sources are in the public domain and may be reproduced or copied without permission from SAMHSA/CSAT or the authors.”

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