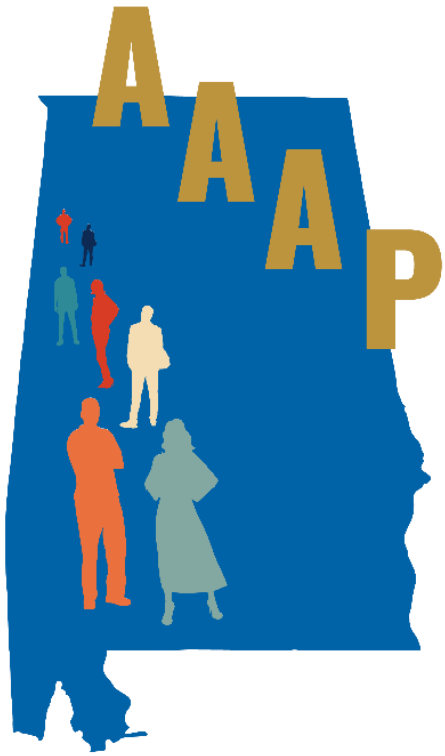

ALABAMA ASSOCIATION OF ADDICTION PROFESSIONALS

Application Booklet and Instructions for Certified Addiction Counselor (CAC)

Alabama Association of Addiction Counselors Certification Commission
www.alabamaaddictioncounselor.com

Alabama Association of Addiction Counselor Certification Commission

Criteria for Certification

Certification is a competency-based process. The primary requirement for certification is eligible and appropriate work (practical) experience in the field of Substance Use Disorder treatment. You should review the certification guidelines carefully to ensure your eligibility for certification.

Work experience in combination with appropriate documentation of training/contact hours/CEUs is used in determining your eligibility for certification.

APPLICATION PROCESS

The application process for addiction counselor certification involves three steps:

Step I: Documentation of qualifying work experience and required training.

Step II: Application Packet (cost $150.00 payable to AAAC)

Step III: Written Exam (cost $160.00)

Certification Fees

The application fee for Certified Addiction Counselor is $150.00.00 paid to the AAAC with your completed application.

After your application for certification has been received and approved, you will be eligible to take the NCACI written exam. Instructions concerning taking the written exam will be emailed to you once your application has been approved. The current fee for the written test is $160.00.

Since the Alabama Association of Addiction Counselors (AAAC) is the Alabama Affiliate of NAADAC, The Association for Addiction Professionals, membership with NAADAC is encouraged.

The cost for certification renewal is $125.00. This is for a two-year period.

APPLICATION INSTRUCTIONS

Please read these instructions thoroughly before filling out the application.

SECTION A: PERSONAL DATA

Item 1. Print your name as you would like it to appear on your certificate.

Item 2. Enter your work address and phone number.

Item 3. Enter your home address, home phone number and cell phone number. Designate the address you would like correspondence sent (home or work).

Item 4. Enter your current email address

Item 5. Enter your date of birth.

SECTION B. QUALIFYING WORK EXPERIENCE AND TRAINING

Item 6. a) Candidate must submit evidence of a GED, High School or higher diploma.

b) You must have a minimum of two years of full-time working experience in the Substance Use Disorder field.

c) You must have a total of 270 hours of training/contact hours/CEUs obtained within the last five years.

d) One year of full-time supervised experience (2,000 hours) in the Substance Use Disorder field can be substituted for 100 hours of training/contact hours/CEUs with a maximum of two years or 200 hours.

e) Full-time is interpreted to mean no less than 32-40 hours per week of work in the area of SUD treatment.
Part-time is interpreted to mean no less than 20 hours per week of work in area SUD treatment.
Note: Part-time work is also eligible, but you must earn double the number of years of work experience. For example, four years of part-time work would equal two years of work experience. Work experience should be earned within certain time frames. It should be earned within double the number of years required. For example, two years of experience should be earned within the past four years. All work experience should be earned within the past five years for CAC.

f) A Bachelor's degree in human service, behavior science, healthcare area. (i.e. SUD counseling, social work, psychology, sociology, rehabilitation, counseling, medicine) can be substituted for 100 hours of training/contact hours/CEUs.

g) A Master's degree in human service, behavior science, healthcare area. (i.e. SUD counseling, social work, psychology, sociology, rehabilitation, counseling, medicine) can be substituted for 200 hours of training/contact hours/CEUs.

h) Documentation of 70 hours of training specifically in the Substance Use Disorder field to include six hours of Ethics education/training and six hours of HIV/other pathogens education/training. Note: Ethics and HIV/other pathogens education/training must have occurred within the last three years.

i) No more than 75% of training can be online; at least 25% must be in person or live webinars.

Training Hours Summary: Candidate must submit copies of training events (college degree/transcripts, conference/seminar attendance certificates and any other continuing education credits). All CE certificates must show the title of the training, name of the presenter/education provider (complete with their signature), number of CEs earned and date that the training occurred. You may not apply the same title training more than once every two years. We ask that you do not submit duplicate CE certificates.

j) Supervisor(s) or other health care professionals who have personally observed the candidate's Substance Use Disorders/Addiction work must complete pages 17-19 verifying the candidate's work experience based on the Twelve Core Functions of an Addiction Counselor over the last three years.

Item 7. Please submit electronic payment to AAAC for $150.00. This fee is non- refundable.

Item 8. Sign the application form. This signature will certify that the information you have provided is correct, to the best of your knowledge.

Item 9. Date your application.

Item 10. Read and sign the enclosed Release Statement

Item 11. List current and former job employment.

Item 12. Document the initial 70 clock hours of SUD related training.

Item 13. Document all related education experience.

Item 14. Enter all applicable areas in the skill review section.

Item 15. List the individuals who will be sending in the Counselor Evaluation Forms.

Item 16. Personal History

Item 17. Candidate must submit a signed statement that they have read and adhere to the NAADAC/NCC AP Code of Ethics.

Upload and submit your completed application and all supporting documentation with your non-refundable application fee of $150.00.

Along with the application packet are enclosed Competency Evaluation Forms. You need to make 3 copies of these 4 page forms. One form is to be given to your supervisor and the remaining two forms to working colleagues following the recommendations. These forms are confidential. The results of these evaluations will not be shared with the applicant. Please read the guidelines and recommendations thoroughly before distributing these Competency Evaluation Forms. Competency Evaluation forms are to be emailed to certification@alabamaaddictioncounselor.com

PLEASE NOTE THAT THESE EVALUATION FORMS ARE TO BE SENT DIRECTLY VIA EMAIL TO AAACCC BY THE EVALUATOR. DO NOT SEND THESE EVALUATION FORMS WITH YOUR APPLICATION.

Supervisory Evaluation Form

AAACCC requires that one Competency Evaluation Form be completed by a person who has supervised you. For the purpose of certification, the following guidelines should be followed as you select the person to complete your supervisory evaluation.

1. You must have been supervised by this person for at least 6 months, preferably a year.

2. An immediate past supervisor may be used, although it is preferred the applicant has worked with this person within the past two years.

3. The supervisor must be knowledgeable of the treatment and rehabilitation methods and procedures utilized by the agency/program. The supervisor must have the ability to judge the capacity and competency of a Certified Addiction Counselor as defined by the AAACCB.

4. It is preferred that this person have direct responsibility for monitoring and evaluating the performance of the addiction counselor. It is preferred that this person be professionally engaged in addiction treatment/rehabilitation and be a Certified Addiction Counselor.

AAACCC is aware that not all persons who apply for certification will have supervisors who are actively and directly engaged in the addiction treatment field and who can meet these specific standards. For example, private practitioners may not have a supervisor, per se or addiction counselors working in some treatment settings may be supervised by someone in mental health who is less familiar with addiction treatment. Some counselors may be supervised by Board members of agencies who are not familiar with addiction treatment. Some employee assistance/occupational programs counselors may be supervised by persons trained in business or personnel management. In instances such as these the applicant may feel that it is inappropriate for their direct supervisor to evaluate their competency as an addiction counselor. Applicants, in such situations, may select another person to complete the Competency Evaluation Form. The applicant should enclose an explanation of why they are not using their direct supervisor.

This alternate person chosen should meet three standards:

1. They must have known and/or worked with the applicant for at least 6 months, preferably 1 year.
2. It is preferred that they be a Certified Addiction Counselor.
3. It is preferred that they be professionally engaged in direct addiction treatment.

NOTE: Please contact AAACCC if there are further questions regarding choosing the appropriate person to complete your supervisory Competency Evaluation Form.

Colleague Evaluation Form

Evaluation forms are to be given to two working colleagues. To help you in making your decision of who can best evaluate your competencies, AAACCC recommends that you follow the guidelines listed below:

1. It is preferred that you select someone you have worked with at least 6 months.

2. You cannot choose someone that does work under your direct supervision.

3. It is preferred that you select someone with whom you have worked within the past 2 years.

4. It is required that you select one evaluator who is a Licensed Professional Counselor or Certified Addiction Counselor.

5. Colleague Evaluation Forms should be emailed from the evaluator to certification@alabamaaddictioncounselor.com

IMPORTANT INFORMATION ABOUT CERTIFICATION

1. Addiction Counselor Certification will be awarded on the basis of assessment and evaluation of the following:
   a) Experience
   b) Competency
   c) Examination
   All three factors will be taken into consideration when the AAACCC makes their decisions regarding your application.

2. As you complete and satisfy the application process you will receive information by email about taking your written examination.

3. After successfully passing your written examination, you will be awarded certification at the state level. This certification is valid for 2 years.

4. In order to maintain your certification you are required to complete 40 hours of Continuing Education (no more than than 75% online) and pay a $125.00 recertification fee every 2 years.

5. YOU ARE RESPONSIBLE TO ADVISE AAACCC OF ANY CHANGES IN CONTACT INFORMATION.

Application for Addiction Counselor

Before completing this application, please read the Step One application booklet thoroughly. Follow the step by step instructions given in the instruction booklet. Please print clearly and legibly using black ink.

Section A. Personal Data

1. First Name_____ Middle_____ Last_____

2. Agency where employed _____

Address_____

Work Number_____

3. Home address _____

Home Number _____

Which address is to be used for AAACCB mailing?
Home _____ Work_____

4. Enter your current email address _____

5. Birthdate_____

Section B. Qualifying Work Experience and Training

In order to be eligible for certification you must have no less than 2 years of work experience in the field of SUD treatment or the equivalent.

6a. Years of Work Experience (Years/Months) _____

6b. Do you have 70 clock hours (CEU'S) of SUD training? _____

6c. Are you a member of NAADAC? _____

7. Signature _____Date _____

8. Please sign the attached release statement.

Alabama Association of Addiction Counselor Certification Commission

Release Statement

In making this application, I give my permission for AAACCC and its representatives to investigate my qualifications. I understand that intentionally false and misleading statements will result in being denied certification and upon discovery subject to revocation.

I do hereby consent to the release of information contained in my file related to my application to application for addiction counselor certification and any other information submitted to or collected by AAACCC to officers, directors, members and staff of the AAACCC.

I consent to authorize the AAACCC to gather and collect information from third parties in connection with my qualifications as an addiction counselor and acknowledge that such communications shall be treated as confidential between the AAACCC and such third parties. I consent that the evaluations to be completed and submitted with my application shall be treated as confidential and I understand that their content will be withheld from me.

I hereby certify that I have read the entire application and that all the information contained herein is true and complete. I understand that the required fee is nonrefundable.

I further agree to hold AAACCC, their Board members, their officers, committee members, AAAC general members, employees, evaluators and examiners free from any civil liability for any damages or complaints by reason of any action that is within the scope and arising out of the performance of their duties which they may take in connection with the application, evaluation, examination, or the grades with respect to any assessment or examination, and/or the failure of the AAACCC to issue certification.

Signature _____ Date _____

Please return Step 1 Application, Step 2 Application, Ethics Disclaimer, Signed Code of Ethics, Release Statement, $150.00, and all other supporting documentation to the Certification Commission through the website: www.alabamaaddictioncounselor.com

If you elect to mail in a payment, please mail to the following address:

Alabama Association of Addiction Counselor Certification Commission
C/O GFG Counseling and Consulting Services
640 S. McDonough St., Ste. 6
Montgomery, AL 36104

Please note that mailing in payments can delay the processing of the application. Application will not be processed until fees paid and verified.

Related Experience – Work Experience in the Substance Use Disorder Field

LIST CURRENT EMPLOYMENT FIRST

Name of Current Employer _____

Agency Address _____

Your Title _____

Date of Employment From _____ To _____

Number of Hours worked per Week _____

Supervisors Name _____

Supervisor's Address _____

_____

Name of Previous Employer _____

Agency Address _____

Your Title _____

Date of Employment From _____ To _____

Number of Hours per Week _____

Supervisor's Name _____

Supervisor's Address _____

Brief Description of Responsibilities _____

_____

_____

_____

_____

_____

_____

_____

_____

Documentation of 70 Clock Hours (CEUs) SUD related Training

Please list trainings and include copies of certificates. You must include 6 hours of Ethics and HIV/AIDS Training within the past 5 years.

Related Experience – College Education

If you are using your education as training/contact hours/CEUs, please complete the following:

Name of Institution _____

Highest Degree conferred and date _____

Major area of study _____

PLEASE FORWARD OR ATTACH A TRANSCRIPT. TRANSCRIPT MUST BEAR SEAL OF THE INSTITUTION.

Related Experience – SUD Counselor Training

_____SUD Training hours (documented by CE certificates).

_____Ethics training that occurred within the last six years (documented by CE certificates).

_____HIV/other pathogens training that occurred within the last six years. (documented by CE certificates)

_____**Total hours (270 CEs required)**

SKILL AREA AND REVIEW

Addiction counselor certification is a competency and experience based system. Hence, AAACCC would like a review of the nature of your activities and involvement in SUD treatment.
Therefore, AAACCC is interested in reviewing and assessing the amount of time you spend (approximately) in a variety of SUD related treatment activities.

Section I. EXPERIENCE AREA

1. Estimate the percentage of time you spend in direct treatment service activities versus other activities.
   Percentage of time in direct treatment activities _____
   Percentage of time in other activities + _____
   = 100%

2. Estimate the percentage of time you spend in SUD specific treatment activities versus mental health service.
   Percentage of time in SUD specific treatment activities _____
   Percentage of time in Mental Health specific activities + _____
   = 100%

Section II. COMPETENCY REVIEW

Please respond to the following items.

1. Estimate the average number of hours you spend each week in formal individual, group and family SUD counseling each week?

   Individual_____ Group _____ Family _____

2. Have you been involved in leadership of group counseling sessions related to SUD treatment? Y / N

If yes, describe _____

_____

3. Do you carry a SUD client caseload? Y / N

4. Are you involved in SUD client assessment /evaluation? Y / N

If yes, describe_____

_____

5. Do you have Detox responsibilities? Y / N

If yes, describe _____

_____

6. Are you responsible for development of SUD treatment plans? Y / N

7. Have you been involved in 1000 hours of one on one, group, or family counseling activity within the past year related to SUD treatment? Y / N

8. Which area of SUD treatment best describes the focus of your job? Check only one.

Support Services _____ Counseling _____ Supervision _____

Detox _____ Nursing _____ Administration _____ Prevention _____

DUI _____ Employee Assistance Program _____

9. Are you responsible for the clinical supervision of other employees? Y / N

If yes, describe _____

_____

10. Are you responsible for activities related to the administration of the agency or program? Y / N

If yes, describe _____

_____

PROFESSIONAL REFERENCES

Please list three persons, including your supervisor, who you have selected to evaluate your competencies. Give a copy of the 4 page Counselor Competency Evaluation Form (Pages 20-24) to each of these individuals.

1. Name of Supervisor _____

Email and phone of Supervisor _____

How long have you worked with this person? Years/Months _____

Is your supervisor primarily involved in the SUD field? Y /N

If no, describe the supervisor's position _____

_____

What are your supervisor's certifications and credentials? _____

Estimate the number of hours of supervision you receive from this individual each month? _____

2. Colleague's name, address and phone_____

_____

What are your colleague's certifications and credentials? _____

3. Colleague's name, address and phone_____

_____

What are your colleague's certifications and credentials? _____

PERSONAL HISTORY

1. Have you ever been terminated or asked to leave a position in the SUD Field? ☐ Y ☐ N

If yes, explain and give the date and circumstances. _____

_____

2. Have you ever been convicted of a felony? ☐ Y ☐ N If yes, explain and give the dates and circumstances on an attached additional page.

_____

CODE OF ETHICS

All those holding AAACCC credentials are required to adhere to the NAADAC/NCC AP Code of Ethics. Ethics code violations may result in disciplinary actions, including loss of your credential. The full NAADAC/NCC AP Code of Ethics is located in full at http://www.naadac.org/code-of- ethics.

I hereby certify that I have read the Code of Ethics. I certify that I understand the Code of Ethics, agree to comply by the Code, and accept AAACCC's jurisdiction to administer its standards.

Signature _____ Date _____

In making application, I give my permission for AAACCC and its representatives to investigate my qualifications. I understand that intentionally false and misleading statements will result in my being denied certification, or upon discovery, subject to revocation.

Signature _____ Date _____

Please have your supervisor complete the following **Verification of Candidate's Work Experience** (Pages 17-19) and sign.

Make three copies of the **Counselor Competency Evaluation Form** (Pages 20-24). Have your supervisor and two colleagues complete the evaluations and email to the Certification Commission Chairperson at certification@alabamaadictioncounselor.com

Supervisor's Verification of Candidate's Work Experience

Supervisor, please initial each of the counselor skills that applies to this candidate and indicate the number of years/months/hours supervision was provided.

THE TWELVE CORE FUNCTIONS AND SKILLS OF AN ADDICTION COUNSELOR IN THE ALABAMA ASSOCIATION OF ADDICTION COUNSELORS CERTIFICATION BOARD FOR CERTIFIED ADDICTION COUNSELOR PROCESS

_____I/II. INTAKE AND SCREENING

Client intake is a process of collecting client demographic and biopsychosocial/spiritual and other pertinent formation. It is tied to the screening process in that both processes involve the preliminary gathering and sorting of information. Screening tools are used to determine if an individual has a substance abuse problem. If yes, then it is appropriate to perform a full clinical assessment/ evaluation. Screening may include identification of co-occurring disorders and appropriateness for identified treatment program. The intake, screening and assessment session can take two to three hours and is conducted in a secure and confidential area. The intake itself is more of an administrative process including completing required paperwork and is used to facilitate a client's entrance into a program or referral to a more appropriate program.

_____III. ORIENTATION

During this process, you help your patient understand the program itself. Each program is unique and what you discuss during this part of the process will include everything from rules of client conduct to treatment costs to your client's rights and more. For an inpatient facility, you might discuss rules, quiet hours, daily schedules, etc. With an outpatient program, you will provide information about daily services and hours of operation and so forth.

_____IV. CLINICAL ASSESSMENT

The primary purpose of a clinical assessment is to develop a full picture of the client's substance abuse patterns and determine general treatment needs. The second function is to initiate the treatment process if doing so is in the client's best interests. It is critical for the client to be engaged in the intake and screening process. Together, client and counselor choose what behavioral changes the client is ready and willing to make after reviewing the assessment outcomes and counselor recommendations for treatment options.

_____V. TREATMENT PLANNING

The treatment plan is an outline for treatment and services based on the client's specific needs developed from the intake, screening and assessment process. It is a blueprint, a design and a projected strategy individualized to each client. Each client must have an individualized treatment plan based on an inventory of his or her strengths and limitations/disabilities.

____VI. COUNSELING THERAPIES AND TECHNIQUES

The interactive process of providing therapies and techniques to treat a client to live their life healthy and self-determined. The counselor implements the most appropriate types of therapies and techniques using a strong theoretical base as a means of assisting each client in gaining intrinsic motivation in order to effectively follow a path toward successful recovery. Counseling services include: individual, group, family, and crisis intervention counseling.

_____VII. CASE MANAGEMENT

Case management is a coordinated approach to the delivery of health, substance use disorders, mental health disorders and social services. Case management helps link clients with appropriate services to help them achieve their treatment plan goals. It is a mechanism for helping clients navigate the fragmented social services system. As a client's treatment moves from one level of care to another, the case management process ensures needed resources. Consultation and case review by a clinical supervisor is a vital component of case management.

_____VIII. CRISIS INTERVENTION

A crisis can occur at any point during rehab or recovery, and steps will need to be taken as quickly as possible to mitigate the crisis. This could be an emotional crisis during rehab or perhaps an issue during recovery but having a crisis plan can help your patient work through the crisis and get back to a healthier state of mind and body.

_____IX. PATIENT EDUCATION

Many patients don't understand their addictions or other problems they might be facing. They also often aren't aware of the many resources out there that are available to them. Part of the job of an addiction counselor is helping to educate your patient about support services as well as about addiction in general. Both formal and informal processes are used to keep patients educated and up-to-date about treatments, discoveries, progress, and other relevant factors.

_____X. REFERRAL

In some ways, this is part of case management. The important aspect of this core function is identifying areas where you cannot meet your client's needs and finding appropriate services to help them. For instance, perhaps they need help with bipolar disorder or perhaps they have been diagnosed with an eating disorder or diabetes and need nutritional support and advice. Finding professionals that can help meet all of the needs of your client is one of the best ways to ensure that recovery is successful.

_____XI. REPORTING AND RECORD KEEPING

Documentation and record-keeping begin with the first point of contact with the client, electronic or face-to-face. Documentation continues throughout the course of intake, assessment, evaluation, treatment planning, treatment services, referral, case management and finally discharge and continuing care planning. Paperwork is a huge component of addiction counseling, and you will be maintaining a variety of records that include assessments, treatment plans, discharge summaries and a variety of reports. Not only does all the paperwork need to be carefully organized, but patient confidentiality is also crucial.

_____XII. CONSULTATION WITH OTHER PROFESSIONALS

This includes working with other professionals at your facility as well as contacting and collaborating with outside professionals. While you will gain many important skills during your education and training, there will be times when issues are present that are beyond your own skills or knowledge. In these cases, consultation with others is a crucial step in the process of addiction counseling.

"I verify that this candidate has been under my supervision for **_____year(s)/hours and has competently performed the required Eight Counseling Functions.

To the best of my knowledge, the time of my supervision of this candidate as indicated above is accurate and that this candidate engages in ethical practice."

_____ _____

Supervisor's Signature Date

_____

Supervisor's Email Address

**** Supervisor must indicate the number of years/hours in the space provided above.**

Counselor Competency Evaluation Form
For
Certified Addiction Counselor

The person listed below is applying to the Alabama Association of Addiction Counselor Certification Commission for certification as an Addiction Counselor.

The information requested is an essential part of the Certification Commission's evaluation of competence of the applicant. This information must be on file before the application is processed.

YOUR EVALUATION OF THIS INDIVIDUAL WILL REMAIN CONFIDENTIAL.

AAACCC believes that through your observation, you will have developed a more complete and accurate impression of the applicant than is available from other sources. Your evaluation, plus the data received from the applicant, plus a written exam, oral review, case review, will be used in determining the applicant's eligibility for certification.

Please complete and email this evaluation form as soon as possible to: certification@alabamaaddictioncounselor.com

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of person being evaluated: _____

Your name: _____

Your title: _____

Place of employment: _____

_____

Phone number & email: _____

Do you currently work with this person? Yes ☐ No ☐

If no, when did you last work with this person? _____

How long have you worked with this person? _____
(Years/months)

Are you certified by AAACCC? Yes ☐ No ☐

If yes, at what level are you certified? _____

How long have you worked in the addictions field? _____
(Years/months)

_____

Signature *Date*

COMPETENCY EVALUATION

On the basis of your knowledge of the counselor, rate his/her skill in each area listed below:

Rating of 1 is equivalent to Excellent
Rating of 2 is equivalent to Good
Rating of 3 is equivalent to Acceptable
Rating of 4 is equivalent to Fair
Rating of 5 is equivalent to Poor
N/A Not Applicable

Please place the number in the space provided.

Education and Outreach

Skill in making appropriate presentations of community groups on alcohol/addictions-related topics. _____

Skill is eliciting feedback to presentations to determine if outcomes were achieved. _____

Assists in establishing and maintaining linkages/relationships with community groups. _____

Assessment

Demonstrates ability to determine the stage of progression of alcoholism. _____

Demonstrates ability to determine the stage of progression of dual addiction. _____

Demonstrates knowledge of the effect of poly drugs on the body and on behavior. _____

Distinguishes and identifies primary addiction. _____

Educates the client about drug use and its consequences. _____

Demonstrates knowledge of drugs used in the treatment of mental illness. _____

Demonstrates knowledge of drugs being used by the clients, their effects, symptomology, etc. _____

Demonstrates familiarity with the disease concept; can explain and support concept. _____

Recognizes nutritional consequences of prolonged alcohol/drug use. _____

Determines degree of impact of alcoholism/addictions on family members/significant others. _____

Skill in psycho-social/alcoholism/addictions assessment. _____

Skill in recognizing client's degree of insight into alcoholism/addictions problems. _____

Ability to interpret data collected from intake in context of alcoholism/addictions. _____

Skill in recognizing other physical/emotional/psychiatric problems that require referrals on additional intervention. _____

Skill in formulating with client acceptable referral strategy. _____

Determines degree of family insight into alcoholism/addictions related problems. _____

Skill in formulating with family members acceptable referral strategy. _____

Detox

Demonstrates understanding of stages of withdrawal from alcoholism. _____

Demonstrates familiarity with complications that can occur in poly drug withdrawal situation. _____

Recognizes potential withdrawal crisis that requires medical or psychiatric intervention. _____

Develops appropriate detox treatment plan. _____

Assesses client needs beyond detox, makes appropriate referral. _____

Treatment

Skill in patient/client education. _____

Provides patient/client with information about nutrition. _____

Incorporates nutrition into the treatment plan. _____

Exhibits skill in eliciting and giving feedback to client. _____

Exhibits respect for patient/client. _____

Exhibits genuineness. _____

Is nonjudgmental. _____

Exhibits empathy and warmth. _____

Recognizes own limitations as counselor. _____

Demonstrates sensitivity to special needs of specials population groups. _____

Recognizes own biases and attitudes which influences therapeutic effectiveness with special population groups. _____

Educates the client about alcoholism/addictions and cultural variables. _____

Demonstrates familiarity with concepts of normal adolescence. _____

Demonstrates diagnostic skill in adolescent alcoholism. _____

Demonstrates familiarity with resources available to meet the treatment needs of the adolescent alcoholic. _____

Skill in identifying defense mechanisms operating in the patient/client's illness. _____

Skill in redirecting those defense mechanisms toward positive change. _____

Skill in identifying alcoholism/addictions related problems and clarifying consequences to patient/client. _____

Skill in developing treatment plan. _____

Skill in involving client in treatment planning. _____

Skill in defining measurable short and long-term treatment goals. _____

Skill in reassessing the treatment plan. _____

Skill in problem-solving and goal setting with patient/client. _____

Skill in termination of counseling. _____

Skill in group counseling and in working with clients on group basis. _____

Skill in maintaining accurate up-to-date case records, including history, intervention intake, progress notes, referral and termination. _____

Skill in treating files in accordance with State, Federal and agency regulations. _____

Skill in aftercare including planning and follow-up. _____

Skill in involving family members in treatment. _____

Demonstrates knowledge of family systems and family roles and how they are affected by alcoholism. _____

Is familiar with concepts of co-dependency. _____

Demonstrates ability to overcome family resistance to treatment and change. _____

Involves family, whenever possible, in self-help groups. _____

Skill in ongoing patient/client evaluation. _____

Skill in identifying additional resources best suited to meet patient/client needs. _____

Skill in verbal and written communication with co-workers and other professionals. _____

Compliance with federal confidentiality rules and regulations. _____

Skill in identifying and assessing individual training needs. _____

Skill in working with other professionals and in facilitating team approach to treatment. _____

Observes the Addictions Counselor Code of Ethics. _____

Selectively utilizes group techniques in helping group members define and reach goals. _____

Facilitates groups in coping with and understanding crises. _____

Demonstrates skills in termination groups. _____

Demonstrates familiarity with community resources to meet the ongoing needs of patient/clients and family members. _____

Recovery

Utilizes relapse prevention techniques in counseling. _____

Utilizes stress management techniques in treatment. _____

Educates patient/client and family members as to spiritual aspects of recovery. _____

Demonstrates familiarity with progression of recovery. _____

Demonstrates familiarity with issues encountered in long-term recovery, e.g., control, anger, grief. _____

Demonstrates familiarity with the programs of A.A./N.A. and AL-Anon/Nar-Anon. _____

Employee Assistance

Assists in establishing and maintaining relationships with employers. _____

Involves the employer in treatment whenever possible. _____

Includes vocational issues in treatment plan. _____

Interfaces with employer throughout continuum to facilitate support in recovery. _____

Legal Intervention

Demonstrates familiarity with court intervention programs. _____

Demonstrates familiarity with principles of criminal justice (supervision, probation, felony, etc.) _____

DUI

Demonstrates familiarity with court processes and procedures related to DUI. _____

Demonstrates familiarity with driver's license ramifications of DUI arrest. _____

Effectiveness in DUI client evaluation. _____

Involves family/significant others in DUI assessment process. _____

Draws objective assessment conclusions and lakes appropriate referral recommendations. _____

Develops comprehensive and appropriate intervention plan. _____

Selects appropriate content and resources for DUI classes/presentations. _____

Elicits feedback to determine if presentation outcomes were achieved. _____

Demonstrates familiarity with strengths and weaknesses of DUI objective tests. _____

Other competency area upon which you wish to comment? _____

_____

To the best of our knowledge, does the counselor practice in an ethical, professional manner? _____

_____

Please identify this counselor's greatest assets in his/her work in addiction and recovery. _____

_____

Please identify any areas of training, which you feel would benefit this Individual._____

_____

To the best of your knowledge, does this person subscribe to the disease concept of alcoholism and other addictions? Yes No

Comments:_____

_____

Do you have any concerns about this counselor's ability to perform as an Addiction Counselor? Yes No

If yes, please explain your concern. _____

_____

_____

Would you recommend this person for certification as a Certified Addiction Counselor? Yes No