Performance Assessment Rubrics for the Addiction Counseling Competencies

January 2001
Performance Assessment Rubrics for the Addiction Counseling Competencies

Second Edition

Prepared for:
Northwest Frontier Addiction Technology Transfer Center
Oregon Office of Alcohol and Drug Abuse Programs

By:
Dean Arrasmith, Ed.D.
Northwest Regional Educational Laboratory
101 S.W. Main Street, Suite 500
Portland, Oregon 97204

Steven L. Gallon, Ph.D.
Northwest Frontier Addiction Technology Transfer Center
3414 Cherry Avenue, N.E., Suite 100
Salem, Oregon 97303

Grant No. 5UD1 T11649-03

Produced under a grant funded by the
Center for Substance Abuse Treatment,
Substance Abuse & Mental Health Services Administration,
U.S. Department of Health & Human Services
Center for Substance Abuse Treatment,
5600 Fishers Lane Rockwall II, Suite 621, Rockville, Maryland 20857,
301.443.5052. Its contents are solely the responsibility of the authors and
do not necessarily represent the official views of the agency.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Transdisciplinary Foundation Rubrics</td>
<td></td>
</tr>
<tr>
<td>A. Understanding Addiction</td>
<td>6</td>
</tr>
<tr>
<td>B. Treatment Knowledge</td>
<td>8</td>
</tr>
<tr>
<td>C. Application to Practice</td>
<td>10</td>
</tr>
<tr>
<td>D. Professional Readiness</td>
<td>12</td>
</tr>
<tr>
<td>Professional Practice Dimension Rubrics</td>
<td></td>
</tr>
<tr>
<td>A. Clinical Evaluation</td>
<td>14</td>
</tr>
<tr>
<td>1. Screening</td>
<td>14</td>
</tr>
<tr>
<td>2. Assessment</td>
<td>16</td>
</tr>
<tr>
<td>B. Treatment Planning</td>
<td>18</td>
</tr>
<tr>
<td>1. Referral</td>
<td>20</td>
</tr>
<tr>
<td>D. Service Coordination</td>
<td>22</td>
</tr>
<tr>
<td>1. Implementing the Treatment Plan</td>
<td>22</td>
</tr>
<tr>
<td>2. Consulting</td>
<td>24</td>
</tr>
<tr>
<td>3. Continuing Assessment and Treatment Planning</td>
<td>26</td>
</tr>
<tr>
<td>E. Counseling</td>
<td>28</td>
</tr>
<tr>
<td>1. Individual Counseling</td>
<td>28</td>
</tr>
<tr>
<td>2. Group Counseling</td>
<td>30</td>
</tr>
<tr>
<td>3. Counseling for Families, Couples, and Significant Others</td>
<td>32</td>
</tr>
<tr>
<td>F. Client, Family, and Community Education</td>
<td>34</td>
</tr>
<tr>
<td>G. Documentation</td>
<td>36</td>
</tr>
<tr>
<td>H. Professional and Ethical Responsibilities</td>
<td>38</td>
</tr>
<tr>
<td>Performance Rating Summary Sheet</td>
<td>40</td>
</tr>
</tbody>
</table>
INTRODUCTION

Addiction Counseling Competencies

In 1998, the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment (CSAT) published Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice as Technical Assistance Publication No. 21. Developed by the National Curriculum Committee of the CSAT Addiction Technology Transfer Centers, the document identifies 123 competencies essential to the effective practice of counseling for psychoactive substance use disorders, and presents the knowledge, skills and attitudes needed to become fully proficient in each competency.

Referred to here as The Competencies, the publication has been widely distributed by the National Clearinghouse for Alcohol and Drug Information and the thirteen Addiction Technology Transfer Centers located throughout the United States. In addition, it has been translated into several western and eastern European languages.

This document is a companion product to The Competencies. It describes addiction counselor behavior at three different stages on a continuum of proficiency. More will be said about the continuum later in this section. First, a brief history of The Competencies is in order.

During the National Curriculum Committee’s work on The Competencies, input was solicited from prominent professional organizations and a group of selected individual experts from a number of disciplines involved in studying and treating substance use disorders. CSAT convened a panel representing key educator, credentialing, and professional associations to review a preliminary draft of The Competencies and create a document all could endorse as a standard for the field. That group, known as the National Steering Committee on Addiction Counseling Standards, was comprised of representatives from:

- International Certification and Reciprocity Consortium, (IC&RC),
- National Association of Alcohol and Drug Abuse Counselors (NAADAC),
- International Coalition for Addiction Studies Education (INCASE),
- American Academy of Health Care Providers in the Addictive Disorders, and the
- CSAT Addiction Technology Transfer Centers (ATTCs).

The entire committee endorsed The Competencies as a vehicle for counselor development and curriculum planning in both pre-service and continuing education settings. At the time of publication, The Competencies was not seen as a completed document. Instead, it was described as “a dynamic document that will continue to evolve as addiction science and technology progress” (CSAT, 1998).

The competencies are divided into two broad categories, four Transdisciplinary Foundations and eight Practice Dimensions. The Foundations include twenty-three competencies which comprise the core knowledge and attitudes thought to be prerequisite to the development of specific treatment skills, regardless of a provider’s clinical discipline.
The Transdisciplinary Foundations include:
Understanding Addiction: basic knowledge about substance use disorders,
Treatment Knowledge: treatment and recovery models,
Application to Practice: how to apply treatment knowledge to practice, and
Professional readiness: issues related to self awareness, appreciation of diversity, ethics, and continuing education.

The eight Practice Dimensions include 100 discrete competencies believed essential to the provision of effective treatment services for individuals, families, and significant others. For each competency a list of the knowledge, skills and attitudes that characterize proficiency in the competency is included in The Competencies document.

The Practice Dimensions include:
Clinical Evaluation,
Treatment Planning,
Referral,
Service Coordination,
Counseling,
Client, Family, and Community Education
Documentation, and
Professional and Ethical Responsibilities

The Transdisciplinary Foundations and Practice Dimensions constitute an ideal standard which counselors and other clinicians strive to master during their career. They describe in general terms what accomplished counselors can do. They do not, however, speak to how a clinician might progress toward mastery of the competencies over time. To assess such progress, counselors, supervisors and counselor educators need a series of benchmarks or descriptions of counselor behavior that identify progress toward mastery of the competencies. To that end a number of performance assessment rubrics have been developed to compliment the Addiction Counseling Competencies. Those rubrics comprise the bulk of this document.

Performance Assessment Rubrics

A rubric is a heading or classification within a larger system. In this document, rubrics are descriptions of expected behaviors at three distinct stages in a counselor’s development. A set of rubrics has been identified for developing, proficient and exemplary addiction counselors. The rubrics serve as descriptive benchmarks on a counselor development continuum. At one end of the continuum is the developing counselor, in the center is the proficient counselor, and at the other end is the exemplary counselor.

A definition for each of these benchmark descriptors follows:
Developing counselors have limited understanding of the tools, systems, and models of addiction treatment and may be inconsistent in their
application to counseling interactions. They are not sufficiently proficient at addiction treatment to practice independently and require regular professional supervision. They are counselor trainees or entry-level counselors who are not yet eligible for full credentials.

Proficient counselors demonstrate and apply counseling knowledge, skills and attitudes with consistency and effectiveness in a variety of counseling interactions. They have achieved an acceptable skill level across the range of addiction counseling competencies. These counselors are eligible for, or have achieved, the necessary credentials and/or qualifications for professional practice.

Exemplary counselors strategically apply and integrate the counseling competencies with consistency and effectiveness. They can conceptualize treatment and incorporate services across a broad range of disciplines. These counselors are eligible for, or have achieved, the highest levels of professional credentials and/or qualifications. They provide leadership and serve as role models and consultants to other clinical staff.

Practicing counselors typically have an array of skills that range from developing to exemplary. A variety of skills and knowledge are needed for most jobs in addiction treatment. Exemplary performance, however, is not required in all competencies for all addiction treatment positions. Each job has specific skills and knowledge that are essential to satisfactory performance of the required duties. The array of skills and knowledge possessed by an addiction counselor or trainee represents both the person’s strengths and professional development needs.

**Performance Assessment Measures**

For every Transdisciplinary Foundation and Practice Dimension a number of potential measures for gathering performance data are suggested within the rubrics. The measures identified suggest that multiple sources of information are required to fully assess the performance of counselors. Many of the competencies require specific knowledge than can be assessed with paper and pencil tests. Proficiency, however, is best assessed by observing a counselor engaged in tasks that involve clients or situations that simulate counseling experiences. Assessment of a counselor’s performance relies on the judgement and perceptions of the clinical supervisor, treatment team members, clients and other people concerned with the client’s treatment. The rubrics provide guidance for the construction of measures and observational strategies for obtaining quality assessments of counselor performance.

In the most basic performance assessment, a supervisor can use the rubrics to rate the quality of treatment services provided by a counselor. The descriptions of an exemplary, proficient, and developing counselor anchor a scale of performance. It is suggested that the three descriptions be included on at least a five-point scale, with the descriptions of exemplary and developing counselors defining the end points of the scale and descriptions of proficient counselors occupying the middle of the scale. In this way, additional scale points can be defined, differentiating between proficient and exemplary, and between proficient and developing. Ratings between the end point and the middle of the continuum represent counselors whose performance is either better than proficient (the mid-point) but not quite exemplary (on one end), or performance that is not consistently proficient (the mid-point) but beyond developing (on the other end).

It should be noted that these rubrics are operational descriptions of the competencies included within a particular Transdisciplinary Foundation or
Practice Dimension. In using the rubrics there will often be a need for more specific information about the knowledge, skills, and attitudes that contribute to one’s ability to demonstrate competence. The Competencies document includes that specificity. The Performance Assessment Rubrics and The Competencies are intended to be used together as companion documents. The rubrics provide a means of gauging proficiency in the Practice Dimensions, while The Competencies provides specific detailed information on what needs to be learned in order to enhance proficiency or competence in a given dimension.

A sample Performance Rating System is included in this document. Using the recommended scale and the rubrics, the supervisor and others observing the counselor are able to assess the quality of a counselor’s performance across the foundations and practice dimensions. From this assessment, a profile of performance can be developed that can help guide further professional development. A ratings summary profile is included at the end of the document.

**Format**

The rubrics for each Transdisciplinary Foundation and Practice Dimension are presented in a consistent format within this document. The foundation or practice dimension is defined at the top of each set of rubrics. Then, following the statement “The counselor is able to:” the individual competencies are listed for the foundation or practice dimension. Following the list of competencies a number of potential measures are suggested for gathering counselor performance data. These suggested measures are not inclusive and do not refer to specific instruments. The supervisor is encouraged to develop a set of measures most appropriate to the practice setting in which the counselor works.

The rubrics appear next, labeled The Developing Counselor, The Proficient Counselor, and The Exemplary Counselor. One limitation of both The Competencies and the Performance Assessment Rubrics is that neither document identifies specific research supported models, strategies or tools useful in applying a given competency. Such a specific resource is currently under development by the ATTC Curriculum Committee and will be available in the near future.

Following the rubrics you will find a performance rating scale. Rating a counselor’s proficiency is a subjective enterprise. It requires the rater to gather sufficient data to determine which statement within the developing, proficient and exemplary rubrics best fits the counselor’s performance. The process you use to rate a counselor’s proficiency within a given Foundation or Practice Dimension could include the following four steps.

**Step 1:** Within each rubric description you will note a check box next to each descriptive statement. You could use those boxes to indicate which statements best fit your observations of the counselors knowledge and abilities. The ratings may be spread across one, two or all three rubrics.

**Step 2:** When the appropriate boxes within the rubrics have been checked, the rating scale immediately under the rubrics can be completed. The scale asks the rater to select one of five points on a continuum of counselor development. This rating provides an overall statement of the counselor’s proficiency for a single Foundation or Practice Dimension.
Step 3: Next, the rater provides comments that further explain the rating and/or recommendations for how the counselor might build on existing knowledge and skills in the dimension being rated.

Step 4: The rating can be entered on the Rating Summary Sheet found at the end of the document. When completed, the rating sheet shows, on a single page, the counselor’s ratings for each foundation, practice dimension, or specific domain within the three sub-divided dimensions. The ratings constitute a profile of counselor abilities that indicates strengths and practice dimensions in which further development may be desirable. The ratings can form the basis of an individualized personal development plan or can document a counselor’s achievement for credentialing or academic purposes.

These forms constitute one way of documenting a counselor’s progress in becoming proficient in the Addiction Counseling Competencies. They are not the only method. Certainly, adaptations will need to be made to accommodate unique student or counselor situations.

Reference
Transdisciplinary Foundations

The knowledge and attitudes that are prerequisite to the competent professional treatment of chemical dependency and other substance-related disorders.

A. Understanding Addiction

The Competencies

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

Assessing Proficiency

Potential measures and methods:
- Knowledge assessment of models and theories of addiction and other substance-related problems and relationship to treatment planning.
- Supervisor monitoring of treatment planning, documentation, and client interactions.
- Knowledge assessment of the effects of psychoactive drug use on behavior, psychological and physical health, and social relationships.
- Demonstration or discussions of behaviors, psychological and physical health, and social effects of drug use with supervisor or other members of the clinical staff.
- Demonstrated sensitivity to individual client context in planning and delivering treatment.
## Understanding Addiction

### The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Clinician:</th>
<th>The Proficient Clinician:</th>
<th>The Exemplary Clinician:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies a variety of models and theories of addiction and other substance-related problems, but does not demonstrate understanding of their specific relationship to client treatment.</td>
<td>Understands a variety of models and theories of addiction and other substance-related problems in order to contribute to the review and planning of intervention strategies with the supervisor or treatment team.</td>
<td>Uses knowledge of a variety of models and theories of addiction and other substance-related problems to understand and plan intervention strategies for a variety of clients.</td>
</tr>
<tr>
<td>Is aware of the substance use context for individual clients but does not integrate treatment strategies, and interactions with the client, with understanding of the context.</td>
<td>Demonstrates sensitivity to the context within which individual clients live.</td>
<td>Takes individual client’s context into consideration in planning and delivering addiction services.</td>
</tr>
<tr>
<td>Identifies the behavioral, psychological and physical health, and social effects of various psychoactive drugs, but does not readily recognize how their effects are demonstrated by clients.</td>
<td>Identifies behaviors, psychological and physical health needs, and social effects of psychoactive drug use on clients and family members.</td>
<td>Identifies behavioral, psychological, physical health, and social effects of substance use on clients and family members, and uses the information to plan comprehensive treatment with the individual and significant others.</td>
</tr>
<tr>
<td>Treats medical and psychological disorders in clients separately from treatment for addiction and substance abuse.</td>
<td>Identifies and relates medical and psychological disorders to co-existing substance use disorders.</td>
<td>Incorporates appropriate referral and/or treatment of medical and psychological disorders, which co-exist with substance use disorders.</td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the clinician’s overall level of development related to Understanding Addiction.

- 1. Developing
- 2
- 3. Proficient
- 4
- 5. Exemplary

Rater comments: __________________________________________________________
________________________________________________________________________
________________________________________________________________________

---

Transdisciplinary Foundations
B. Treatment Knowledge

The Competencies

The competent professional is able to:
1. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
2. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
3. Understand the importance of research and outcome data and their application in clinical practice.

Assessing Proficiency

Potential measures and methods:
- Knowledge assessments of philosophies, practices, policies, and outcomes of most generally accepted models of treatment, recovery, relapse prevention, and continuing care.
- Supervisors monitoring of treatment planning and client interactions in implementing treatment.
- Knowledge assessments of emerging new treatment strategies and methods and the scientific evidence and outcome data supporting the new methods.
- Knowledge assessment of key interdisciplinary team members and the linkages to successful addiction treatment.
- Supervisors monitoring of involvement in interdisciplinary team planning and treatment delivery.
### Treatment Knowledge

#### The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Clinician:</th>
<th>The Proficient Clinician:</th>
<th>The Exemplary Clinician:</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Is aware of a variety of philosophies, practices, policies, and outcomes, but does not readily connect treatment models to client needs.</td>
<td>❑ Understands a variety of philosophies, practices, policies, and outcomes, and applies them to treatment planning and delivery.</td>
<td>❑ Develops addiction service plans that link client needs with appropriate treatment philosophies, practices, and policies, that lead to relevant client outcomes</td>
</tr>
<tr>
<td>❑ Addresses the needs of the client directly with the client, is disinclined to include family members, individuals in the social networks, and community systems.</td>
<td>❑ Identifies family members, social networks, and community systems that need to be included in service plans for clients.</td>
<td>❑ Utilizes science based treatment, recovery, relapse prevention and continuing care methods whenever possible.</td>
</tr>
<tr>
<td>❑ Implement treatment strategies and methods, but is largely unaware of the scientific research and outcome data supporting those practices.</td>
<td>❑ Is aware of scientifically supported treatment strategies and methods, and applies them to case planning decisions.</td>
<td>❑ Incorporates family, social networks and community systems in individual service plans.</td>
</tr>
<tr>
<td>❑ Approaches planning and delivery of treatment with little consideration of collaborating with other disciplines. Tends to work in isolation.</td>
<td>❑ Participates in interdisciplinary team planning and delivery of treatment services to clients.</td>
<td>❑ Critically reviews treatment strategies and methods for supporting research and outcome data, prior to implementing new practices.</td>
</tr>
<tr>
<td></td>
<td>❑</td>
<td>❑ Contributes equally with interdisciplinary team members in planning and delivering treatment services.</td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the clinician’s overall level of development related to Treatment Knowledge.

| ❑ 1. Developing | ❑ 2 | ❑ 3. Proficient | ❑ 4 | ❑ 5. Exemplary |

Rater comments: ______________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
C. Application to Practice

The Competencies

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

Assessing Proficiency

Potential measures and methods:
• Knowledge assessments of diagnostic criteria for substance use disorders, medical and pharmaceutical resources, treatment modalities, and methods for measuring treatment outcomes.
• Supervisor’s monitoring of treatment planning and implementation, including using diagnostic criteria; identifying appropriate treatment modalities and placement within the continuum of care; adapting treatment services to client’s cultural and language literacy, acculturation and assimilation; and monitoring treatment outcomes to guide further treatment options.
• Documentation of interactions with client.
• Demonstration of ability to plan and implement treatment within existing insurance and health maintenance options.
## Application to Practice

### The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Clinician:</th>
<th>The Proficient Clinician:</th>
<th>The Exemplary Clinician:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Knows diagnostic criteria for determining client substance use disorders but has trouble applying the criteria with clients.</td>
<td>☐ Understands diagnostic and patient placement criteria for determining presence of substance use disorder, and identifying an appropriate treatment setting.</td>
<td>☐ Uses diagnostic and patient placement criteria to identify substance use disorders and appropriate treatment settings.</td>
</tr>
<tr>
<td>☐ Has only limited knowledge of helping strategies and how they support addiction treatment.</td>
<td>☐ Has a working knowledge of effective treatment strategies.</td>
<td>☐ Tailors helping strategies into individualized treatment plans that reduce the negative effects of substance abuse and dependency.</td>
</tr>
<tr>
<td>☐ Is generally aware of client’s level of cultural and language literacy, acculturation, or assimilation, but does not effectively adapt treatment modalities for client.</td>
<td>☐ Is sensitive to client’s level of cultural and language literacy, acculturation, or assimilation in providing services.</td>
<td>☐ Utilizes treatment strategies and modalities appropriate for client’s level of cultural and language literacy, acculturation, or assimilation.</td>
</tr>
<tr>
<td>☐ Has limited knowledge of medical and pharmaceutical resources, and has difficulty recognizing appropriate applications in addiction treatment.</td>
<td>☐ Understands the medical and pharmaceutical resources available for treatment of addiction.</td>
<td>☐ Uses knowledge of medical and pharmaceutical resources appropriately in planning and implementing treatment of substance use disorders.</td>
</tr>
<tr>
<td>☐ Has limited knowledge of client insurance and health maintenance options.</td>
<td>☐ Is aware of insurance and health maintenance options for treating substance use disorders.</td>
<td>☐ Develops treatment plans that are sensitive to the insurance and health maintenance options available to clients.</td>
</tr>
<tr>
<td>☐ Understands client crisis only as a manifestation of addiction and substance abuse.</td>
<td>☐ Deals with client crisis within planned treatment strategy and agency policy /procedure.</td>
<td>☐ Identifies crisis as a potential indicator of underlying substance abuse problems and treatment opportunities.</td>
</tr>
<tr>
<td>☐ Has awareness of outcome measures, but is not skillful in using outcome measures to adjust treatment plan.</td>
<td>☐ Collects outcome measures as directed and uses the measures in monitoring treatment progress.</td>
<td>☐ Routinely includes measures of outcomes in treatment plans and delivery.</td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the clinician’s overall level of development related to Application to Practice.

- [ ] 1. Developing
- [ ] 2
- [ ] 3. Proficient
- [ ] 4
- [ ] 5. Exemplary

Rater comments:__________________________________________________________________________________________________________________________________________________________________________________________
## D. Professional Readiness

### The Competencies

The competent professional is able to:

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

### Assessing Proficiency

Potential measures and methods:
- Supervisor’s monitoring of interactions with clients.
- Identification of counselors efforts to utilize prevention concepts and practices in the context of treatment.
- Documentation of continuing education experience and interest.
- Counselor demonstration or discussion of how to incorporate cultural identity issues into client treatment plans.
- Counselor knowledge of general accepted ethical and behavioral standards of conduct.
## Professional Readiness

### The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Clinician:</th>
<th>The Proficient Clinician:</th>
<th>The Exemplary Clinician:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treats all clients in similar ways to “get the job done.”</td>
<td>Treats clients in ways that are respectful of cultural and social diversity.</td>
<td>Incorporates client’s cultural beliefs and values in planning and delivering treatment services.</td>
</tr>
<tr>
<td>Has a general understanding of agency policies, procedures, and practices; relies on supervisor for specific direction in the delivery of treatment.</td>
<td>Is aware and adheres to agency policies, procedures, and practices</td>
<td>Works within agency policies, procedures, and practices to enhance the treatment of clients in a safe and secure environment.</td>
</tr>
<tr>
<td>Is generally unaware of how client reacts to counselor’s personal presence.</td>
<td>Has accurate self-awareness and maintains professional presence in client interactions.</td>
<td>Maintains a professional and supportive presence with clients that facilitate treatment effects.</td>
</tr>
<tr>
<td>Is aware of ethical and behavioral standards of conduct in interactions with colleagues and clients.</td>
<td>Provides services that are within generally accepted ethical and behavioral standards of conduct.</td>
<td>Consistently works within the highest ethical and behavioral standards of conduct.</td>
</tr>
<tr>
<td>Seeks supervisor’s review and guidance, and participates in learning opportunities.</td>
<td>Accepts supervisor’s review and guidance, and participates in continued learning opportunities.</td>
<td>Seeks supervisor’s review and guidance as necessary, and seeks continuous development of professional knowledge skills, and attitudes.</td>
</tr>
<tr>
<td>Views prevention as separate from treatment.</td>
<td>Understands the relationship between treatment and prevention.</td>
<td>Incorporates prevention concepts and practices whenever possible in the counselor’s overall practice.</td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the clinician’s overall level of development related to Professional Readiness.

- [ ] 1. Developing
- [ ] 2
- [ ] 3. Proficient
- [ ] 4
- [ ] 5. Exemplary

**Rater comments:**
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Professional Practice Dimensions

A. Clinical Evaluation - The systematic approach to screening and assessment

Screening - The process through which the counselor, client, and available significant others determine the most appropriate initial course of action, given the client’s needs, characteristics, and available resources within the community.

The Competencies

The competent counselor is able to:

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

Assessing Proficiency

Potential measures and methods:

- Supervisor observation of interactions with clients.
- Assess counselor understanding of diagnostic procedures, how to assess motivation, and how to use patient placement criteria.
- Review documentation of action plans and implementation of treatment strategies.
- Client feedback on the comfort, level of interaction, and quality of planning evidenced by the counselor.
- Test knowledge of diagnostic criteria, stages of change, patient placement criteria, and symptoms of psychoactive substance toxicity and mental impairment.
Clinical Evaluation - Screening

The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addresses all clients in a respectful manner.</td>
<td>Establishes rapport with the client in a way that facilitates cooperation and engagement in treatment.</td>
<td>Establishes a working partnership with the client to address treatment needs and make action plans for enrollment in treatment.</td>
</tr>
<tr>
<td>Gathers data from the client in a routine, structured interview, including current and historical substance use, physical and mental health, and substance-related treatment history.</td>
<td>Systematically gathers data about current and historical substance use, physical and mental health and substance-related treatment history. Utilizes instruments sensitive to the client’s context.</td>
<td>Elicits cooperation of the client and significant others in systematically gathering data about current and historic substance use, physical and mental health and substance-related treatment history.</td>
</tr>
<tr>
<td>Assists in managing client crisis situations.</td>
<td>Manages crisis situations including self-inflicted harm or attempted suicide, to assure safety of client and significant others.</td>
<td>Initiates use of instruments and interview methods appropriate to clients age, developmental level, culture and gender.</td>
</tr>
<tr>
<td>Restricts screening to routine protocols and the use of standard clinical instruments.</td>
<td>Reviews substance use with client and helps client establish targets for improvement.</td>
<td>Anticipates the potential for self-destructiveness and assesses suicide ideation. Manages crisis situations skillfully, including necessary follow-up and referral.</td>
</tr>
<tr>
<td>Relies on a standard action plan to address the client’s current needs. Addresses client placement within the continuum of care using a standard action plan.</td>
<td>Facilitates establishment of an appropriate treatment strategy, which uses modalities on the continuum of care appropriately.</td>
<td>Works with the client to identify and review substance use in his/her current life problems, and enhance motivation for treatment.</td>
</tr>
<tr>
<td>Reviews the action plan with the client and initiates treatment.</td>
<td>Presents a specific action plan for addressing client needs to the client and appropriate significant others.</td>
<td>Establishes with the client and significant others a treatment plan that includes appropriate modalities on the continuum of care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Works with the client and appropriate significant others to construct and initiate an action plan for addressing the needs of the client and his/her support system.</td>
</tr>
</tbody>
</table>

Rating Scale: Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Screening.

- 1. Developing
- 2
- 3. Proficient
- 4
- 5. Exemplary

Rater comments: __________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
Clinical Evaluation

Assessment – An ongoing process through which the counselor collaborates with the client, and others, to gather and interpret information necessary for planning treatment and evaluating client progress.

The Competencies

The competent counselor is able to:
1. Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic cultural issues, and disabilities that includes, but is not limited to:
   - history of alcohol and other drug use;
   - current status of physical health, mental health, and substance use;
   - physical health, mental health, and addiction treatment history
   - socio-economic characteristics, lifestyle, and current legal status;
   - family issues;
   - spirituality;
   - education and basic life skills;
   - history of criminality;
   - use of community resources.
2. psychological, emotional, and world-view concerns;
3. Analyze and interpret the data to determine treatment recommendations.
4. Seek appropriate supervision and consultation.
5. Document assessment findings and treatment recommendations.

Assessing Proficiency

Potential measures and methods:
- Knowledge test of assessment instruments and procedures.
- Review documentation of assessment findings and treatment recommendations.
- Supervisor observation of assessment interviews.
Assessment

The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Applies a routine assessment procedure for all clients.</td>
<td>☐ Appropriately uses comprehensive assessment instruments and interview strategies that are sensitive to age, gender, and culture of client.</td>
<td>☐ Selectively uses assessment instruments and interview strategies that identify client needs and address age, gender, and cultural issues.</td>
</tr>
<tr>
<td>☐ Performs a limited analysis of assessment data and makes general treatment recommendations.</td>
<td>☐ Uses data from a comprehensive assessment to form appropriate treatment recommendations.</td>
<td>☐ Analyzes and interprets data to identify a breadth of treatment needs. Makes recommendations to the client in manner sensitive to clients personal characteristics.</td>
</tr>
<tr>
<td>☐ Relies on supervision and consultation to accomplish comprehensive assessment of clients.</td>
<td>☐ Seeks supervision and consultation, as necessary.</td>
<td>☐ Collaborates with supervisor, consultants, and the treatment team, as necessary.</td>
</tr>
<tr>
<td>☐ Provides general summaries of assessment findings and treatment recommendations.</td>
<td>☐ Records assessment findings and treatment recommendations in the clinical record.</td>
<td>☐ Document assessment findings and treatment recommendations, in the clinical record and in the form of assessment reports for referring agencies.</td>
</tr>
</tbody>
</table>

Rating Scale: Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Assessment.

☐ Developing ☐ 2 ☐ 3. Proficient ☐ 4 ☐ 5. Exemplary

Rater comments: ____________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
B. **Treatment Planning** - A collaborative process through which the counselor and client develop desired treatment outcomes and identifies strategies to achieve them. At a minimum, the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.

**The Competencies**

The competent counselor is able to:
1. Obtain and interpret all relevant assessment information.
2. Explain assessment findings to the client and significant others involved in potential treatment.
3. Provide the client and significant others with clarification and further information as needed.
4. Examine treatment implications in collaboration with the client and significant others.
5. Confirm the readiness of the client and significant others to participate in treatment.
6. Prioritize client needs in the order they will be addressed.
7. Formulate mutually agreed upon and measurable treatment outcome statements for each need.
8. Identify appropriate strategies for each outcome.
9. Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.
10. Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.
11. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
12. Reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.

**Assessing Proficiency**

Potential measures and methods:
- Supervisor observation of interactions with clients.
- Test knowledge of diagnostic criteria, procedures, assessment measures and placement criteria.
- Review documentation of assessment and treatment implementation plan.
- Client feedback regarding the comfort, quality of interaction and appropriateness of planning facilitated by the counselor.
# Treatment Planning

## The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviews general assessment findings with the client and recommends a treatment plan to address substance use disorder.</td>
<td>Reviews assessment findings and interprets the results to the client and significant others.</td>
<td>Establishes a rapport with the client and appropriate significant others that facilitates a collaborative review of assessment information and treatment options.</td>
</tr>
<tr>
<td>Asks if the client is willing to follow the plan.</td>
<td>Confirms client readiness for treatment</td>
<td>Confirms client readiness for treatment and establishes a strategy for developing a comprehensive treatment plan.</td>
</tr>
<tr>
<td>Identifies others who the client can involve in the treatment process.</td>
<td>Reviews a comprehensive treatment plan with the client and significant others, including implications of full compliance on the client’s daily life.</td>
<td>Works collaboratively with the client and appropriate others to develop a comprehensive treatment plan that addresses priority needs of the client, desired treatment outcomes, an agreed upon plan of action, and reassessment plan.</td>
</tr>
<tr>
<td>Incorporates community resources as appropriate to the treatment plan.</td>
<td>Coordinates treatment activities with community resources to address prioritized client’s needs.</td>
<td>Works with the client to align treatment activities with community resources that strategically address client’s needs.</td>
</tr>
<tr>
<td>Informs the client of his/her confidentiality rights and exceptions imposed by statute.</td>
<td>Informs the client of his/her confidentiality rights, safeguards to protect confidentiality, and exceptions imposed by statute.</td>
<td>Keeps the client involved in review of progress while respecting and communicating the rights to confidentiality and safeguards to the client, and clearly communicates exceptions imposed by the state.</td>
</tr>
<tr>
<td>Assesses client progress in achieving the goals identified in the treatment plan.</td>
<td>Reassesses the treatment plan at regular intervals or when indicated to adjust the plan.</td>
<td>Keeps the client involved in review of progress while respecting and communicating the rights to confidentiality and safeguards to the client, and clearly communicates exceptions imposed by the state.</td>
</tr>
</tbody>
</table>

### Rating Scale: Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Treatment Planning.

- [ ] 1. Developing
- [ ] 2
- [ ] 3. Proficient
- [ ] 4
- [ ] 5. Exemplary

**Rater comments:**

____________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
C. **Referral** — The process of facilitating the client’s utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

### The Competencies

The competent counselor is able to:

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

### Assessing Proficiency

Potential measures and methods:

- Supervisor’s review of the counselor’s participation in professional activities.
- Knowledge test of referral methods and available community resources.
- Supervisor’s review of documentation of counselor’s referrals of clients to other agencies and community services, including recommendations for self-referral and direct counselor referrals.
- Client’s feedback on the clarity and ease with which appropriate referral services were recommended and facilitated by the counselor.
# Referral

## The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is aware of civic groups, agencies, other professionals, and governmental entities that provide referral services.</td>
<td>Establishes and maintains relationship with selected agencies and other professionals, by learning about their services and making client referrals.</td>
<td>Consistently is involved in professional activities with other civic groups, agencies, and community professionals, to increase the breadth and availability of community services to clients having substance use disorders.</td>
</tr>
<tr>
<td>Refers clients for services that are not offered by his/her agency.</td>
<td>Considers community referral services in planning comprehensive treatment with client.</td>
<td>Utilizes referral resources to address key issues and maximize likelihood of achieving treatment goals.</td>
</tr>
<tr>
<td>Identifies for the client how to obtain the referral services.</td>
<td>Makes referrals to community services that supplement agency treatment options.</td>
<td>Prepares client when self-referral is appropriate and facilitates referral when necessary to assure effective treatment.</td>
</tr>
<tr>
<td>Sends client information to receiving agencies, when requested.</td>
<td>Recommends self-referral services to the client and facilitates counselor referrals as necessary.</td>
<td>Involves referral resources as part of the treatment team to meet the needs of the client, sharing appropriate information and treatment objectives within the limits of confidentiality and professional practice.</td>
</tr>
<tr>
<td>Includes receiving agency reports in client’s record.</td>
<td>Clearly discusses the intended outcomes expected from referral services with the client.</td>
<td>Involves the client in planning for referral services as part of the overall treatment plan to maximize benefits for the client.</td>
</tr>
<tr>
<td></td>
<td>Works with the receiving agency to exchange relevant and appropriate information, consistent with the client’s rights to confidentiality and best professional practice.</td>
<td>Consistently evaluates the outcomes from referrals within the overall objective of the client’s treatment plan.</td>
</tr>
<tr>
<td></td>
<td>Requests and reviews receiving agency reports on treatment progress and incorporates information in monitoring client’s progress.</td>
<td></td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Referral.

- 1. Developing
- 2
- 3. Proficient
- 4
- 5. Exemplary

**Rater comments:**
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
D. **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. Service coordination, which includes case management and client advocacy, establishes a framework of action for the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.

**Implementing the Treatment Plan**

**The Competencies**

The competent counselor is able to:

1. Initiate collaboration with referral source.
2. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.
3. Confirm the client’s eligibility for admission and continued readiness for treatment and change.
5. Establish accurate treatment and recovery expectations with the client and involved significant others including, but not limited to:
   - nature of services,
   - program goals,
   - program procedures,
   - rules regarding client conduct,
   - schedule of treatment activities,
   - costs of treatment,
   - factors affecting duration of care,
   - client’s rights and responsibilities.
6. Coordinate all treatment activities with services provided to the client by other resources.

**Assessing Proficiency**

Potential measures and methods:

- Supervisor’s review of the counselor’s participation in planning, implementation and monitoring client’s treatment.
- Knowledge test of referral methods, admissions procedures, community resources and managed care services.
- Supervisor’s review of documentation of counselor’s referrals of clients to other agencies and community services, including recommendations for self-referral and direct counselor referrals.
- Client’s feedback on the clarity and ease with which appropriate referral services were recommended and facilitated by the counselor.
# Implementing the Treatment Plan

## The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitates client entry to treatment services.</td>
<td>Establishes accurate client expectation regarding the treatment process.</td>
<td>Provides leadership in planning, implementing and monitoring client treatment.</td>
</tr>
<tr>
<td>Provide information to referral sources when requested.</td>
<td>Initiates collaboration with individual referral sources.</td>
<td>Maintains communication between the client, significant others, referral service providers, and managed care systems regarding treatment goals or expectations.</td>
</tr>
<tr>
<td>Reviews eligibility criteria for admissions and continued readiness for treatment with client.</td>
<td>Reviews and provides relevant client information to referral sources, including desired treatment outcomes.</td>
<td>Works with the treatment team, the client and third party payors to determine eligibility for admission and assess continued readiness for treatment.</td>
</tr>
<tr>
<td>Directs client to treatment admissions for completion of administrative enrollment procedures.</td>
<td>Works with client to determine eligibility for admission and continued readiness for treatment.</td>
<td>Reviews and coordinates necessary administrative procedures for admission to treatment.</td>
</tr>
<tr>
<td>Relies on other treatment staff to coordinate community resources and collaborate with managed care services.</td>
<td>Facilitates completion of administrative procedures for admission to treatment.</td>
<td>Regularly assesses readiness for change and the need to adjust treatment plans to achieve maximum benefit.</td>
</tr>
<tr>
<td>Adds treatment reports to client’s records.</td>
<td>Coordinates client involvement with community resources and collaborates with managed care services.</td>
<td>Coordinates all treatment activities with clients, service providers, community resources and managed care systems.</td>
</tr>
<tr>
<td>Reviews treatment activities and monitors client progress in reaching treatment objectives.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Implementing the Treatment Plan.

- 1. Developing
- 2
- 3. Proficient
- 4
- 5. Exemplary

**Rater comments:** ______________________________________________________
_____________________________________________________________________
_____________________________________________________________________

---

23
### D. Service Coordination

**Consulting**

**The Competencies**

<table>
<thead>
<tr>
<th>The competent counselor is able to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Summarize client’s personal and cultural background, treatment plan,</td>
</tr>
<tr>
<td>recovery progress, and problems inhibiting progress for purpose of</td>
</tr>
<tr>
<td>assuring quality of care, gaining feedback, and planning changes in</td>
</tr>
<tr>
<td>the course of treatment.</td>
</tr>
<tr>
<td>2. Understand terminology, procedures, and roles of other disciplines</td>
</tr>
<tr>
<td>related to the treatment of substance use disorders.</td>
</tr>
<tr>
<td>3. Contribute as part of a multidisciplinary treatment team.</td>
</tr>
<tr>
<td>4. Apply confidentiality regulations appropriately.</td>
</tr>
<tr>
<td>5. Demonstrate respect and non-judgmental attitudes toward clients in</td>
</tr>
<tr>
<td>all contacts with community professionals and agencies.</td>
</tr>
</tbody>
</table>

**Assessing Proficiency**

Potential measures and methods:

- Knowledge test of the role of other disciplines in the treatment of addiction.
- Supervisor’s review of the counselor’s participation in multi-disciplinary treatment teams deliberations.
- Multi-disciplinary treatment team members feedback on the contributions made by the treatment counselor.
### Service Coordination - Consulting

#### The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides basic summary, that lacks specific details, of the client’s background, treatment plan, recovery progress, and problems inhibiting progress to supervisor, when summary is requested.</td>
<td>Summarizes critical client history, treatment plan, recovery progress, and problems inhibiting progress.</td>
<td>Provides leadership to the treatment team in summarizing critical client background information, treatment plan, recovery progress, and problems inhibiting progress.</td>
</tr>
<tr>
<td>Has limited understanding of terminology, procedures, and the roles of other disciplines related to the treatment of addiction that interferes with collaborative treatment planning.</td>
<td>Understands terminology, procedures, and the roles of other disciplines related to the treatment of addiction sufficiently to follow discussion of treatment options.</td>
<td>Facilitates collaborative understanding and effective planning by the treatment team.</td>
</tr>
<tr>
<td>Seeks supervision to assure compliance with confidentiality regulations.</td>
<td>Effectively participates as a member of a multi-disciplinary treatment team.</td>
<td>Uses understanding of terminology, procedures, and the roles of other disciplines to facilitate collaborative treatment planning with other professionals, and community agencies.</td>
</tr>
<tr>
<td>Complies with all treatment team decisions regarding client care.</td>
<td>Applies correctly confidentiality-related legal restrictions on the sharing of client information.</td>
<td>Provides leadership to a multi-disciplinary treatment team.</td>
</tr>
<tr>
<td>Provides basic client information to the multi-disciplinary treatment team.</td>
<td>Demonstrates respect and nonjudgmental attitudes toward the client in all contacts with other professionals or agencies.</td>
<td>Correctly interprets confidentiality-related legal restrictions or the sharing of client information and applies them in complex multi-disciplinary collaboration.</td>
</tr>
<tr>
<td>Is developing nonjudgmental means of communicating with other professionals or agencies.</td>
<td></td>
<td>Establishes and reinforces a tone of respect and nonjudgmental attitudes toward the client in all contacts with other professionals or agencies.</td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Consulting.

- [ ] 1. Developing
- [ ] 2
- [ ] 3. Proficient
- [ ] 4
- [ ] 5. Exemplary

**Rater comments:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
D. Service Coordination

Continuing Assessment and Treatment Planning

The Competencies

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

Assessing Proficiency

Potential measures and methods:
• Supervisor and treatment team member’s review of the counselor’s assessment and treatment planning skills and job performance.
• Knowledge test of assessment, treatment planning, and referral methods, including stages of change and criteria for assessing placement, continued stay, and discharge for each modality on the continuum of care.
• Supervisor review of documentation of counselor’s case management, assessments, clinical notes regarding and treatment process, progress, and outcomes.
### Professional Practice Dimensions

#### Continuing Assessment and Treatment Planning

**The Performance Assessment Rubrics**

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="checkmarks" alt="Checkboxes for the Developing Counselor's performance." /></td>
<td><img src="checkmarks" alt="Checkboxes for the Proficient Counselor's performance." /></td>
<td><img src="checkmarks" alt="Checkboxes for the Exemplary Counselor's performance." /></td>
</tr>
<tr>
<td>q Upon request, reviews treatment progress with the client or other treatment providers.</td>
<td>q Keeps client involved significant others and other treatment providers informed of treatment progress.</td>
<td>q Implements and monitors client treatment plan, effectively working with the client and other treatment providers to assure adherence to the plan and progress toward treatment goals.</td>
</tr>
<tr>
<td>q Considers stages of change and observations of client behaviors to document treatment progress and outcome.</td>
<td>q Recognizes and reports culturally appropriate indicators of change and other signs of treatment progress.</td>
<td>q Uses knowledge of client’s culture and signs of treatment progress to make necessary modifications to the treatment plan.</td>
</tr>
<tr>
<td>q Implements treatment plan only after adequate discussion with other treatment team members.</td>
<td>q Identifies needs for altering client’s treatment plan and discusses treatment options with other treatment team members, the client and involved significant others.</td>
<td>q Maintains the involvement of the client and other treatment team members in the ongoing development of the treatment plan by sharing summaries and documentation of treatment processes, progress and outcomes.</td>
</tr>
<tr>
<td>q Documents treatment process, progress, and outcomes in routine fashion. Uses a limited number of measures to document treatment outcome.</td>
<td>q Summarizes and documents treatment process, progress, and results in accordance with administrative policy and procedure. Uses accepted measures of treatment outcome.</td>
<td>q Works with the client and treatment team members to identify referral opportunities to other community and professional services.</td>
</tr>
<tr>
<td>q Displays caution or uncertainty in making referrals to other community services.</td>
<td>q Recommends referral needed community or professional resources.</td>
<td>q Works with client and other treatment team members to effectively plan and implement continuing care, relapse prevention, and discharge planning.</td>
</tr>
<tr>
<td>q Has limited ability to provide continuing care, relapse prevention, or discharge planning independently.</td>
<td>q Provides effective continuing care, relapse prevention, and discharge planning.</td>
<td>q Provides accurate documentation of case management activities throughout the course of treatment to treatment team members, client, and involved significant others, as appropriate.</td>
</tr>
<tr>
<td>q Maintains general documentation of case management activities throughout the course of treatment.</td>
<td>q Maintains accurate documentation of case management activities throughout the course of treatment.</td>
<td>q Effectively applies placement, continued stay, and discharge criteria for each modality on the continuum of care.</td>
</tr>
<tr>
<td>q Plans placement, continued stay, and discharge in close collaboration with supervisor or other members of the treatment team.</td>
<td>q Appropriately uses placement, continued stay, and discharge criteria for each modality on the continuum of care to assure progress toward treatment goals.</td>
<td></td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor's level of development related to Continuing Assessment and Treatment Planning.

- 1. Developing
- 2
- 3. Proficient
- 4
- 5. Exemplary

Rater comments: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
E. Counseling - A collaborative process that facilitates the client's progress toward meeting treatment goals and objectives. Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client’s cultural and social context. Competence in counseling is built upon an understanding of, appreciation of, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.

**Individual Counseling**

**The Competencies**

The competent counselor is able to:

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

**Assessing Proficiency**

Potential measures and methods:

- Knowledge assessments of treatment outcomes monitoring, treatment strategies, crisis management skills, and relapse prevention.
- Supervisors monitoring of client relationships.
- Self-evaluation, including confidence in developing individual treatment goals and strategies, use of treatment monitoring information in reviewing, modifying and refining treatment, and comfort in communicating treatment outcomes and progress to clients, treatment team and others with a need to know.
- Client feedback, including perceptions of relationship with counselor, effectiveness of treatment planning, monitoring, and follow-up by counselor.
### Individual Counseling

#### The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addresses all clients in a caring and respectful manner that encourages clients to engage in the treatment process.</td>
<td>Establishes an effective working relationship with the client, which facilitates client cooperation in the treatment process.</td>
<td>Establishes a therapeutic partnership with the client, characterized by warmth, respect, genuineness, concreteness and empathy.</td>
</tr>
<tr>
<td>Treats all clients similarly, generally disregarding individualized counseling strategies that are sensitive to the unique characteristics of the client.</td>
<td>Recommends to the client and treatment team counseling strategies that are sensitive to the individual characteristics of the client, including disability, gender, sexual orientation, developmental level, acculturation, ethnicity, age, and health status.</td>
<td>Works mutually with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.</td>
</tr>
<tr>
<td>Reviews beneficial and detrimental behaviors with client that generally impact progress toward treatment goals.</td>
<td>Encourages and reinforces clients behaviors consistent with treatment goals.</td>
<td>Establishes with the client and treatment team, behavior change strategies that are sensitive to the individual characteristics of the client, including disability, gender, sexual orientation, developmental level, acculturation, ethnicity, age, and health status.</td>
</tr>
<tr>
<td>Typically does not immediately recognize need for therapeutic change strategies when appropriate.</td>
<td>Intervenes when client behavior impedes treatment progress.</td>
<td>Routinely reviews treatment progress with client to reinforce beneficial client actions and discourage detrimental behaviors.</td>
</tr>
<tr>
<td>Makes general recommendations regarding the involvement of significant others to enhance or support the treatment plan.</td>
<td>Generally involves client’s significant others to enhance or support the treatment strategy when appropriate.</td>
<td>Makes changes to therapeutic approach and treatment plan when necessary.</td>
</tr>
<tr>
<td>Reviews information with client about health maintenance, including the prevention of infectious diseases, and basic and life skills associated with recovery.</td>
<td>Facilitates client knowledge, skills, and attitudes consistent with the maintenance of good health, including the prevention of infectious diseases and the development of basic and life skills associated with recovery.</td>
<td>Strategically involves client’s significant others to enhance or support the treatment plan.</td>
</tr>
<tr>
<td>Limited ability to anticipate crisis events. Relies on supervisor or other team members to provide therapeutic response to treatment events.</td>
<td>Intervenes effectively in crisis situations, providing appropriate responses and working with other professionals and community agencies.</td>
<td>Assures client acquisition of knowledge, skills, and attitudes consistent with the maintenance of good health, including the prevention of infectious diseases and the development of basic and life skills associated with recovery.</td>
</tr>
<tr>
<td>Addresses follow-up and maintenance of treatment gains in standard fashion. Is not yet proficient in developing individualized continuing care or relapse prevention plans.</td>
<td></td>
<td>Works with clients to anticipate, avoid and manage crisis situations during the course of treatment.</td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Individual Counseling.

- [ ] 1. Developing
- [ ] 2
- [ ] 3. Proficient
- [ ] 4
- [ ] 5. Exemplary

**Rater comments:**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

---

29
E. Counseling

Group Counseling

The Competencies

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

Assessing Proficiency

Potential measures and methods:
- Knowledge assessments of group counseling models, treatment outcome measurement, intervention strategies, crisis management skills, and treatment monitoring.
- Supervisors monitoring of effective group processes that facilitate treatment progress and success.
- Self-evaluation, including confidence in developing individual treatment outcomes and strategies, use of treatment monitoring information in reviewing, modifying and refining treatment, and comfort in communicating treatment outcomes and progress to clients.
- Client feedback, including perceptions of relationship with the treatment counselor, effectiveness of treatment planning, monitoring, and follow-up by the counselor.
Group Counseling

The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assists in creating counseling groups using generally accepted models, skills and strategies.</td>
<td>Forms counseling groups using generally acceptable and culturally appropriate models.</td>
<td>Establishes counseling groups to strategically address client needs using acceptable and culturally appropriate models.</td>
</tr>
<tr>
<td>Relies on existing counseling group models to help structure new groups.</td>
<td>Facilitates and manages counseling groups by following agency guidelines for 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.</td>
<td>Carefully plans the creation, facilitation and management of a counseling group to optimize the benefit for clients by determining group type, purpose, size, and leadership; recruiting and selecting members; establishing and monitoring group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.</td>
</tr>
<tr>
<td>Works as a co-facilitator of counseling groups, developing skills in promoting group growth and facilitating the realization of group goals.</td>
<td>Follows agency policies for adding and transitioning exiting members from counseling group. Introduces new group members to established ground rules and maintains a focus on accomplishing group and individual goals within the group.</td>
<td>Strategically considers additions and transition of exiting members from the group to serve the needs of the individuals and the group as a whole. Provides effective introductions and management of group change that successfully sustains the progress of the group.</td>
</tr>
<tr>
<td>Orient new members and transitions exiting members from group.</td>
<td>Documents client behavior within the group and reviews observations with treatment team or supervisor to facilitate continued client progress.</td>
<td>Maintains documentation and shares summary of client behavior within the group with the treatment team. Carefully reviews observations with team to facilitate continued client progress.</td>
</tr>
<tr>
<td>Collaborates with treatment team members regarding client completion of group.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains documentation of group interactions with few references to individual clients.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Rating Scale: Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Group Counseling.

- 1. Developing
- 2
- 3. Proficient
- 4
- 5. Exemplary

Rater comments: __________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
E. Counseling

Counseling for Families, Couples, and Significant Others

The Competencies

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

Assessing Proficiency

Potential measures and methods:

• Knowledge assessments of the interactions between home and family structures and addiction; effective models of diagnosis and intervention involving client’s family and/or significant others; effective family strategies for sustaining recovery, building and maintaining healthy relationships.
• Supervisors monitoring of relationships between counselor and client’s family and/or significant others.
• Self-evaluation, including confidence in establishing effective working relationships with client’s family and/or significant others; to develop understanding, strategies, and methods for sustaining client’s recovery and building healthy relationships.
• Client, family, and/or significant others feedback, including perceptions of relationship with the treatment counselor, effectiveness of treatment planning, monitoring, and follow-up by the counselor.
## Counseling for Families, Couples, and Significant others

### The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows the general characteristics and dynamics of families, and significant others, and appreciates the value of involving others in the treatment and recovery process.</td>
<td>Understands the characteristics and dynamics of the client’s family, and/or significant others, and uses that understanding to plan appropriate treatment for client.</td>
<td>Uses knowledge of the characteristics and dynamics of the client’s family and/or significant others to establish a strong network of support for the client’s treatment and recovery.</td>
</tr>
<tr>
<td>Recommends treatment participation by selected significant others, including members in extended, kinship, or tribal family structures.</td>
<td>Encourages selected members of the client’s family and/or significant others, including members in extended, kinship, or tribal family structures, to engage in the treatment and recovery process.</td>
<td>Engages selected members of the client’s family and/or significant others, including members in extended, kinship, or tribal family structures, in the treatment and recovery process.</td>
</tr>
<tr>
<td>Reviews with client’s family and/or significant others the general interaction between home and family systems and addiction, and recommends strategies and behaviors that generally support recovery and build healthy relationships.</td>
<td>Uses culturally appropriate models for diagnosis and intervention.</td>
<td>Designs culturally appropriate methods for diagnosis and intervention.</td>
</tr>
<tr>
<td></td>
<td>Facilitates client’s family, and/or significant others to understand the interaction between home and family systems and addiction, and works with significant others to identify strategies and behaviors that sustain recovery and build healthy relationships.</td>
<td>Actively works with client’s family, and/or significant others to develop a shared understanding of the interaction between home and family systems and addiction.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitates strategies that sustain recovery, build and maintain healthy relationships.</td>
</tr>
</tbody>
</table>

Rating Scale: Check those boxes that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Counseling for Families, Couples and Significant Others.

1. Developing  
2  
3. Proficient  
4  
5. Exemplary  

Rater comments:  
_________________________________________  
_________________________________________  
_________________________________________
F. Client, Family, and Community Education - The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources.

The Competencies

The competent counselor is able to:

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

Assessing Proficiency

Potential measures and methods:

- Knowledge assessments of the substance abuse risk factors; cultural/ethnic and personal characteristics in prevention, treatment, and recovery; warning signs, symptoms, and the course of chemical dependency; effects of chemical dependency on families and significant/concerned others; continuum of care resources; principals and philosophies of prevention, treatment, and recovery; related health and behavioral life skills.
- Supervisors monitor counselor participation in community education activities, appropriate use of training and information within addiction treatment and with family and significant/concerned others.
- Self-evaluation including the level and balance of participation in prevention, treatment, and recovery knowledge; and training activities with clients, families, significant/concerned others, and the community.
- Client, family and significant/concerned others feedback about the amount and quality of knowledge and information provided by the counselor.
## Client, Family, and Community Education

### The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Is generally aware of community substance abuse prevention organizations and activities.</td>
<td>☐ In the context of the treatment setting, participates in substance abuse prevention and awareness activities, including structured education programs and informal sharing of prevention, substance abuse and recovery information.</td>
<td>☐ Assists in the delivery of community substance abuse prevention and awareness activities, including structured education programs and prevention oriented activities.</td>
</tr>
<tr>
<td>☐ Shares with clients limited information about (a) risk factors for addiction; (b) cultural, ethnic, age and gender factors in prevention, treatment, and recovery; (c) effects of chemical dependency on families and significant/concerned others and (d) health and life skills.</td>
<td>☐ Teaches clients in addiction treatment information and skills related to (a) risk factors for addiction; (b) cultural, ethnic, age and gender factors in prevention, treatment, and recovery; (c) impact of chemical dependency on families and significant/concerned others and (d) health and life skills.</td>
<td>☐ Incorporates into addiction treatment and recovery services information and training about (a) risk factors for addiction; (b) cultural, ethnic, age, and gender factors in prevention, treatment, and recovery; (c) impact of chemical dependency on families and significant/concerned others; and (d) health and life skills.</td>
</tr>
<tr>
<td>☐ Is generally aware of the warning signs, symptoms, and the course of chemical dependency; the continuum of care; and the principles and philosophies of prevention, treatment, and recovery.</td>
<td>☐ Relays to clients, families and others knowledge about the warning signs, symptoms, and the course of chemical dependency; the continuum of care; and the principles and philosophies of prevention, treatment, and recovery.</td>
<td>☐ Uses and shares knowledge with clients, families and others about the warning signs, symptoms, and the course of chemical dependency; the continuum of care; and the principles and philosophies of prevention, treatment, and recovery.</td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Client, Family, and Community Education.

- ☐ 1. Developing
- ☐ 2
- ☐ 3. Proficient
- ☐ 4
- ☐ 5. Exemplary

**Rater comments:**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________


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

The Competencies

The competent counselor is able to:
1. Demonstrate knowledge of accepted principles of client record management.
2. Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.
3. Prepare accurate and concise screening, intake, and assessment reports.
4. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.
5. Record progress of client in relation to treatment goals and objectives.
6. Prepare accurate and concise discharge summaries.
7. Document treatment outcome, using accepted methods and instruments.

Assessing Proficiency

Potential measures and methods:
• Knowledge assessments of generally acceptable and specific agency documentation requirements, and protection of client rights to privacy and confidentiality.
• Supervisors monitor counselor accuracy, quality, timeliness, and completeness of client documentation.
• Self-evaluation of effective habits for documenting client treatment, including timeliness, accuracy, and confidentiality in preparing documentation.
• Treatment team feedback on the utility of documentation and adherence to issues of confidentiality in sharing information for planning and monitoring progress.
# Documentation

## The Performance Assessment Rubrics

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Produces basic client records related to screening, intake, treatment, continuing care,</td>
<td>□ Maintains client records related to screening, intake, treatment, continuing care,</td>
<td>□ Maintains client records related to screening, intake, treatment, continuing care,</td>
</tr>
<tr>
<td>progress toward goals and objectives, discharge summary, and treatment outcomes in</td>
<td>progress toward goals and objectives, discharge summary, and treatment outcomes that</td>
<td>progress toward goals and objectives, discharge summary, and treatment outcomes that are</td>
</tr>
<tr>
<td>consultation with other team members or the supervisor.</td>
<td>are accurate, concise, and useful for documenting agency involvement with a client.</td>
<td>are accurate, concise, and useful for coordinating treatment team planning, monitoring,</td>
</tr>
<tr>
<td>□ Is aware of and generally follows federal and state laws and agency guidelines regarding</td>
<td>□ Carefully follows federal and state laws and agency guidelines to maintain the</td>
<td>and review.</td>
</tr>
<tr>
<td>the confidentiality of client records.</td>
<td>confidentiality of client records.</td>
<td>□ Protects the confidentiality of client records by working with treatment team members</td>
</tr>
<tr>
<td>□ Documents treatment outcome in accord with agency policy and procedures.</td>
<td>□ Prepares accurate, timely, and concise client records consistent with applicable</td>
<td>to establish appropriate record handling procedures consistent with federal and state</td>
</tr>
<tr>
<td></td>
<td>regulations or standards.</td>
<td>laws and agency guidelines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Utilizes accurate, timely, and concise client record keeping to facilitate effective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>planning and monitoring of treatment and to appropriately discharge clients.</td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Documentation.

- □ 1. Developing
- □ 2
- □ 3. Proficient
- □ 4
- □ 5. Exemplary

**Rater comments:**

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

The Competencies

The competent counselor is able to:
1. Adhere to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.
2. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.
3. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
4. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice.
5. Utilize a range of supervisory options to process personal feelings and concerns about clients.
7. Obtain appropriate continuing professional education.
8. Participate in ongoing supervision and consultation.
9. Develop and utilize strategies to maintain one’s own physical and mental health.

Assessing Proficiency

Potential measures and methods:
- Knowledge assessments of professional code of ethics and standards, federal and state laws, agency regulations, and availability of current research and professional education.
- Supervisors monitor counselor’s professional performance and development.
- Self-evaluation of professional performance related to ethical, legal, and professional standards
- Feedback from treatment team members about the leadership/participation role of the counselor.
### Professional and Ethical Responsibilities

**The Performance Assessment Rubrics**

<table>
<thead>
<tr>
<th>The Developing Counselor:</th>
<th>The Proficient Counselor:</th>
<th>The Exemplary Counselor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Is aware of federal and state laws, agency regulations, and professional standards of ethical conduct.</td>
<td>☐ Adheres to federal and state laws, agency regulations, and professional standards of ethical conduct.</td>
<td>☐ Provides leadership to treatment teams in adhering to federal and state laws, agency regulations, and professional standards of ethical conduct.</td>
</tr>
<tr>
<td>☐ Is aware of basic professional research literature.</td>
<td>☐ Interprets and applies information from current professional research literature to assure delivery of relevant and effective services.</td>
<td>☐ Seeks, interprets and applies information from current professional research literature to enhance delivery of relevant and effective services.</td>
</tr>
<tr>
<td>☐ Seeks continuing education opportunities consistent with personal development needs.</td>
<td>☐ Works with clients to adapt treatment to their individual characteristics and needs.</td>
<td>☐ Considers individual client characteristics and needs and integrates that understanding in the counselor’s clinical practice to maximize treatment effectiveness.</td>
</tr>
<tr>
<td>☐ Engages in professional development through education and participation in regular supervision and consultation sessions as directed or required.</td>
<td>☐ Participates in continuing education events regularly.</td>
<td>☐ Seeks professional development opportunities consistent with needs and interests.</td>
</tr>
<tr>
<td>☐ Builds an appreciation for recreation and maintenance of personal physical and mental health.</td>
<td>☐ Uses professional development through education and participation in regular supervision and consultation sessions to enhance specific skill and knowledge needs.</td>
<td>☐ Continually engages in professional development through education and participation in regular supervision and consultation sessions.</td>
</tr>
<tr>
<td>☐ Attends to own physical and mental health needs.</td>
<td>☐</td>
<td>☐ Develops habits for maintaining physical and mental health that serve as a model for other members of the treatment team.</td>
</tr>
</tbody>
</table>

**Rating Scale:** Check those boxes above that best describe the clinician’s proficiency. Next, check one of the boxes below to indicate the counselor’s overall level of development related to Professional and Ethical Responsibilities.

☐ 1. Developing ☐ 2 ☐ 3. Proficient ☐ 4 ☐ 5. Exemplary

**Rater comments:**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

39
<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Date of Review</th>
<th>Overall Rating (Circle the appropriate Rating.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Developing</td>
</tr>
<tr>
<td>Transdisciplinary Foundation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Understanding Addiction</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>B. Treatment Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Application to Practice</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>D. Professional Readiness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Practice Dimension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Clinical Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Treatment Planning</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>C. Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Service Coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Counseling</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Group Counseling</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Counseling for Families, Couples, and Significant Others</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>F. Client, Family, and Community Education</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>G. Documentation</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>H. Professional and Ethical Responsibilities</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>