# Table of Contents

- **Introduction**, 5
- **Accreditation Committee**, 6
- **Role and Value of CAADE Accreditation**, 7
- **Non-Disclosure/Confidentiality**, 8

- **Overview of Courses for the Addiction Studies Curriculum**, 9
  - Standard A - Behavioral Courses
  - Standard B - Foundational Core Courses
  - Standard C - Skill Building Courses
  - Standard D - Field Study Courses

- **Part I – Standards for Admission and Evaluation of Students**, 10
  - Admission of Students to the Program
  - Admission of Students to the Core Courses
  - Admission of Students to the Skills Courses

- **Part II – Course Competencies for the Core, Skills, and Field Work Curriculum**, 12
  - Competencies for Behavioral Courses, 12
  - Competencies for Foundational Core Courses, 12
    - Introduction to Addiction Studies, 12
    - Prevention, Intervention, Treatment & Recovery, 13
    - Pharmacology of Psychoactive Drugs of Abuse, 14
    - Co-Occurring Disorders, 14
    - Diverse Populations, 15
  - Competencies for Skill Building Courses, 16
    - Individual Counseling Skills, 16
    - Group Process, 17
    - Family Dynamics of Addiction, 18
    - Case Management & Documentation, 19
    - Law & Ethics, 20
  - Competencies for Field Study Courses, 21

- **Part III – Student Learning Outcomes**, 23

- **Qualifications for Instructors**, 26

- **Appendix A – Comparison of 12 Core Functions with 8 Practice Dimensions**, 28
- **Appendix B – Accredited Colleges**, 29
- **Appendix C – Career Track**, 30
- **Appendix D – Glossary of Terms**, 31
Introduction

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

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

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

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

The Accreditation Committee recognizes the dynamic nature of the Addiction Studies field, and that there may be some lag time between new material in course syllabi, and material being institutionalized into the official course outline. Additionally, we understand the time involved in getting courses approved and updated through the curriculum committee, thus reflected in the course catalog. A letter from your Dean confirming with the Accreditation Committee that this updating of curriculum is taking place will suffice.
Accreditation Committee

The CAADE Accreditation Committee consists of University and College Program Professors, Educators, Treatment Providers, Program Directors and Volunteers. It is responsible for the oversight of the Accreditation and Re-Accreditation process. The committee evaluates Community College and University programs using the Higher Education Guidelines Manual and makes recommendations to the CAADE Board of Directors and the California State Department of Health Care Services.

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

- California Association for Alcohol/Drug Educators (CAADE)
- California Association of Alcoholism & Drug Abuse Counselors (CAADAC)
- California Association of Addiction Recovery Resources (CAARR)
- California Association of Drinking Driver Treatment Programs (CADTP)
- Forensic Addictions Corrections Treatment (FACT)
- Indian Alcoholism Commission of California, Inc.
- American Academy of Health Care Providers (AAHCP)

If you need further information regarding the Accreditation Checklist, or Re-Accreditation Application, please contact the Education or Accreditation Committees of CAADE at office@caade.org. The CAADE office can be reached at:

5230 Clark Avenue, Suite 3
Lakewood, CA 90712
(707) 7-Caade-1 (707-722-2331)
Role and Value of CAADE Accreditation

The California Statewide Community College Academic Senate endorsed CAADE’s accreditation activities and its Addiction Studies curriculum in 2010. The Chancellor-approved 39-unit Addiction Studies certificate programs are currently offered in some 35+ California Community Colleges.

Benefits of CAADE accreditation:

✓ Easy-to access avenue for entry-level peer counselors to begin study and for advanced counselors and/or licensed clinicians to receive specialized education in the addiction counselor competencies
✓ Curriculum can be applied toward the Associate’s degree in many colleges
✓ Transferable to many regionally accredited institutions of higher education by virtue of articulation transfer agreements
✓ Requires evidence-based education and training based on the TAP 21 addiction counseling competencies as outlined in California Code of Regulations (CCR), Title 9, Division 4, Chapter 8, Section 13040(a)(1)

Program Development

In collaboration with the California Department of Alcohol and Drug Programs and the Community College Chancellor’s office, the Accreditation Committee has been developing and implementing a standardized college curriculum for addiction studies programs in higher education for more than 30 years.

CAADE, through its board of directors, subcommittees, and the California Statewide Academic Senate, keeps current on federal, state, and local developments in the field. CAADE’s program curriculum periodically undergoes revisions to reflect the latest developments in the industry. As such, CAADE continues to play a crucial role in establishing and assuring quality substance abuse counselor education and training programs in community colleges, state universities and private accredited colleges and universities within California.
Non-Disclosure/Confidentiality

The following Non-Disclosure Agreement (NDA) applies to Evaluation Team Members and Staff of the Accreditation Committee of the California Association for Alcohol and Drug Educators, hereafter defined as the CAADE Accreditation Committee.

Evaluation Team Members and Staff of the CAADE Accreditation Committee shall maintain confidentiality in all matters pertaining to accreditation, including correspondence, discussions, assessments, and other materials relating to the process. Neither oral nor written communications shall be disclosed or disseminated, publicly or privately, without prior written consent of the Accreditation Committee.

The Accreditation Manual and Accreditation Applications are considered intellectual property and shall not be copied and disseminated by the applicant institution and/or faculty without the expressed written consent of the Accreditation Committee.

The CAADE Accreditation Committee Members and Staff shall not engage in review or discussion of an institution if their objectivity is compromised. If a prior relationship exists, they shall disclose prior to the discussion and shall not be involved with the Accreditation Committee or engage in any accrediting activities. Possible dual relationships may include but are not limited to: prior business or personal relationships with the accreditation applicant (personal or institutional); being philosophically opposed to the applicant’s philosophy, educational modality or theoretical orientation; or any other possible conflicts.
## Overview of Courses for the Addiction Studies Curriculum

A total of 39 units in the core, skills, behavioral and fieldwork areas are required. The following courses are suggested:

### Behavioral Courses (only one required)
- Introduction to Human Services
- Introduction to Psychology
- Introduction to Sociology
- Other Appropriate College Electives

3 semester units or equivalent

### Foundational Core Courses
- Introduction to Addiction Studies
- Pharmacology of Psychoactive Drugs of Abuse
- Prevention, Intervention, Treatment & Recovery
- Co-Occurring Disorders
- Diverse Populations

15 semester units or equivalent

### Skill Building Courses
- Individual Counseling (required)
- Group Process (required)
- Family Dynamics of Addiction
- Case Management & Documentation
- Law & Ethics

15 semester units or equivalent

### Field Study Courses
- Field Studies & Seminar I
- Field Studies & Seminar II

6 semester units or equivalent

Total: 39 semester units
PART I

Standards for Admission & Evaluation of Students in Professional Training Programs for the Addiction Studies Field

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

Admission

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

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

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

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

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

**STAGE ONE: ADMISSION TO THE CORE COMPONENT**

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

**STAGE TWO: ADMISSION TO THE SKILLS COURSES**

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

Course Competencies for the Core, Skills & Fieldwork Curriculum

A. Behavioral Courses (3 Units)

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

Introduction to Human Services 3 semester units
Introduction to Psychology 3 semester units
Introduction to Sociology 3 semester units
Other Appropriate College Electives 3 semester units

Total 3 semester units

B. Foundational Core Courses (15 Units)

Introduction to Addiction Studies 3 semester units
Pharmacology of Psychoactive Drugs of Abuse 3 semester units
Prevention, Intervention, Treatment and Recovery 3 semester units
Co-Occurring Disorders 3 semester units
Diverse Populations 3 semester units

Total: 15 semester units

Competencies to be covered in a course such as Introduction to Addiction Studies

This course will introduce historical and sociological perspectives on the use, abuse and social control of psychoactive drugs. Students will receive overviews of the bio-psycho-social nature of addiction; the impact of addiction on children, families and society; contemporary treatment and prevention approaches; and the addiction counseling profession.

1. Recognize the social, political, economic, and cultural context within which substance use, abuse, and, addiction exist.*
2. Provide examples of past and present social policy conflicts regarding psychoactive drug use such as the prohibition of alcohol and medical marijuana.
3. Understand a variety of models and theories of addiction and other problems related to abuse.*
4. Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.*

5. Recognize the importance of family, social networks, and community systems in as both a causative and preventive force in addiction.*

6. Understand the importance of research and outcome data and their application to clinical practice.*

7. Assess substance use disorders based on the Diagnostic and Statistical Manual of Mental Disorders 5 criteria

8. Explain the human body’s physiological and chemical reactions to various drugs.

9. Describe various levels of tolerance and dependence.

10. Discuss the risk and protective factors associated with substance use disorder.

11. Evaluate the impact of administration methods on current drugs of abuse.

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

Competencies to be covered in a course such as Prevention, Intervention, Treatment and Recovery (Aka Assessment and Service Coordination in Addiction Treatment)

This course describes the philosophies, practices, policies and outcomes of the most generally accepted and scientifically supported models of prevention, intervention, treatment, recovery, and continuing care for addiction and other substance-related problems. Professional and ethical codes of conduct and behavior are also reviewed and emphasized.

1. Use multidimensional assessment instruments such as the Addiction Severity Index, (ASI), and Stages of Change assessment or the American Society of Addiction Medicine, (ASAM), criteria which cover historic and current substance use; physical health; mental health; family status; treatment history; and current social, economic, legal, educational, or environmental constraints.

2. Conduct continuing care, relapse prevention and discharge planning with the client and involved significant others.

3. Make constructive therapeutic responses when the client’s behavior is inconsistent with stated recovery goals.

4. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.

5. Establish and maintain relationships 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 address unmet needs.

Competencies to be covered in a course such as *Pharmacology of Psychoactive Drugs of Abuse*

This course presents an overview of the physiological processes and impacts of psychoactive drugs on the person including risk factors related to addiction, acute and chronic health problems, communicable diseases, and fetal impacts. Issues related to synergistic risk factors, detoxification, and withdrawal are also reviewed.

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

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

This course reviews the major concepts, definitions, and features of co-occurring mental health disorders associated with addiction (either as cause or consequence). Skills in recognizing co-occurring disorders, referral and case management of clients, and appropriate scope of practice are emphasized. Common types of mental health issues associated with addiction, including mood, anxiety, and adjustment disorders, post-traumatic stress disorder, and unresolved issues of childhood abuse, are covered as well as an overview of appropriate treatment and management approaches.

1. Recognize the potential for substance 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.*
2. Adapt practice to the range of treatment settings and common evidence-based modalities.
3. Tailor helping strategies and treatment modalities through various stage of dependence, change or recovery for clients with co-existing disorders.
4. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and the recovery process.
5. Provide treatment services appropriate to the personal and cultural identity and language of the client who has mental health and substance use disorders.
Competencies to be covered in a course such as *Diverse Populations (AKA Culture, Race and Gender Considerations)*

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

1. Sensitize others to issues of cultural identity, ethnic background, age and gender in prevention, treatment and recovery.
2. Statistical information regarding the incidence and prevalence of substance use disorders in the general population and major demographic groups.
3. Respect for the client’s racial, cultural, economic, and sociopolitical backgrounds.
4. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as individuals with disabilities, into clinical practice.
5. Understand the effects of chronic substance use on clients, significant others and communities within a social, political and economic context.
6. Adapt counseling strategies to the individual characteristics of the client including, but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age and health status.
7. 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.*
8. Provide treatment services appropriate to the personal and cultural identity and language of the client.*
9. Summarize the client’s personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.*
10. Understand the importance of self-awareness in one’s personal, professional, and cultural life.*
C. Skill Building Courses (15 Units)

It is suggested that a comprehensive program will contain such basic courses as Individual and Group Counseling Skills, Family Dynamics and Addiction, Case Management and Referral, and Law and Ethics.

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Counseling (required)</td>
<td>3</td>
</tr>
<tr>
<td>Group Process (required)</td>
<td>3</td>
</tr>
<tr>
<td>Family Dynamics of Addiction</td>
<td>3</td>
</tr>
<tr>
<td>Case Management and Documentation</td>
<td>3</td>
</tr>
<tr>
<td>Law and Ethics</td>
<td>3</td>
</tr>
</tbody>
</table>

Total: 15 semester units

Competencies to be covered in a course such as Individual Counseling Skills

Included in this course is a strong component in self-care and professional readiness as students are given tools and techniques to analyze appropriate content and applications. With an introduction to case management, treatment planning, goal-setting and progress charting, students learn theoretical models of counseling and concepts of treatment like skills deficits, social skills deficits and psychological deficits; current scientific and research addiction counseling strategies are presented for individual and group activities.

Students develop understanding through reading, demonstrations, modeling and practice while demonstrating competencies through role-playing and other measurable indicators.

1. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.*
2. Provide treatment services appropriate to the personal and cultural identity and language of the client.*
3. Understand the importance of self-awareness in one’s personal, professional, and cultural life.*
4. Understand the addiction professional’s obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.*
5. Understand and correctly apply the scope of practice for Certified Addictions Treatment Counselors.
6. Understand the importance of ongoing supervision and continuing education in the delivery of appropriate and professional client services.*
7. Be able to establish a helping relationship characterized by warmth, respect, genuineness, concern, and empathy.*
8. Work with the client to establish realistic goals and provide psycho-educational resources which contribute to a positive change in substance use behaviors.*
9. Utilize the five basic principles and practices of motivational counseling to engage clients and support their progress through recovery’s stages of change. (meets objective #3)
11. Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.*
12. Demonstrate appropriate use of active and reflective listening; concreteness, specificity, probing; confrontation; and self-disclosure when working with the client.*
14. Utilize a range of ongoing supervisory options to process personal feelings and concerns about clients, while maintaining one’s own physical and mental health.*

**Competencies to be covered in a course such as Group Process**

This course introduces the major goals, stages, and processes of group counseling in addiction treatment programs. The role, responsibilities, and ethics of the group leader are emphasized along with strategies and techniques for facilitating group processes as a means of changing behavior. The factors involved in problems of communication, effective emotional responses, and personal growth will be highlighted. Students practice and demonstrate competencies through group leadership practice and participation as well as other measurable indicators.

1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.*
2. Understand the principles of proper group formation including but not limited to: determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.*
3. Utilize appropriate strategies for the entry of new group members and the transition of exiting members.*
4. Understand and be able to recognize the stages of group development and utilize counseling strategies appropriate to each stage.*
5. Ability to intervene and address inappropriate behaviors in a manner which protects group members while empowering the group process.*
6. Understand the concepts of process and content, and be able to shift the focus of the group as appropriate to support group problem solving, decision-making, or conflict resolution.*
7. Ability to describe and summarize client behavior in the group for the purpose of documenting client progress.*
8. Understand and apply the code of ethics for certified Addictions Treatment Specialists.
9. Utilize a range of ongoing supervisory options to process personal feelings and concerns about clients, while maintaining one’s own physical and mental health.*
Competencies to be covered in a course such as *Family Dynamics of Addiction* (Replaces *Counseling the Family of Addicted Persons*)

This course is designed to explore methods of assisting significant others (family, employer, etc.) to understand and to cope in dealing with the alcohol and drug abuse of individuals with substance use disorders. It explores the multigenerational nature of substance use disorders in family systems with an emphasis on the risk factors for addictive behaviors; the dynamics of dysfunctional families; and the impacts of child abuse and neglect for adult children. Typical values, norms, roles, and beliefs of the family system are covered as well as the common patterns of adaptation are further explored. The dynamics of these relationships will be examined as students develop treatment strategies to assist families and significant others throughout various stages of active addiction, treatment, long-term recovery and relapse prevention. Family-involved approaches will include adolescent drug use issues, codependency, enabling, and Adult Children of Alcoholics (ACA) with an interdisciplinary perspective.

The approach will be experiential in format and students will participate in exercises that lead to the development of these skills:

1. Understand the nature, characteristics, and dynamics of families, couples, and significant others affected by substance abuse.
2. Assist clients in understanding the interaction between the family system and substance use behaviors.
3. Understand the basic concepts of family systems theory and chemically dependent family systems theory.
4. Understand the intergenerational nature of family dynamics (including child abuse/neglect) and the factors that increase risks for substance abuse.
5. Be able to provide clients with psycho-educational resources on dysfunctional family dynamics; dysfunctional family roles, values, and norms; the various forms and consequences of child abuse; patterns of codependency; the typical characteristics of adult children from dysfunctional families; and the family history risk factors for addictive behaviors.
6. Ability to support clients in developing cognitive/behavioral change plans which address family of origin issues.
7. Compare and contrast common family treatment therapies.
8. Demonstrate ability to incorporate relevant needs of culturally diverse groups when developing treatment plans.
Competencies to be covered in a course such as *Case Management & Documentation*

This course develops basic competencies in case management strategies for situations common in the addiction treatment setting, with attention to appropriate strategies of intervention, the admission process and documentation of information as it pertains to clients with substance use disorders. Students are trained to screen, assess, and refer if necessary, clients/patients to services which may apply the following: behavioral health counseling, criminal justice interventions; domestic violence; suicide; sexual abuse; Post Traumatic Stress Disorders (PTSD); distressed, agitated, or dangerous clients; and other relevant issues that can affect the outcome of successful treatment. The importance of appropriate case management and referral in crisis intervention is covered.

1. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.*
2. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.*
3. Establish rapport, including management of crisis situation and determination of need for additional professional assistance.*
4. Be able to assess a client and provide appropriate intervention for aggression or danger to others; potential for self-inflicted harm or suicide; domestic violence; childhood abuse; and coexisting mental health problems such as post-traumatic stress disorder, depression, or anxiety.*
5. Utilize a range of ongoing supervisory options to process personal feelings and concerns about clients, while maintaining one's own physical and mental health.*
7. Develop skills in record-keeping and documentation
8. Produce an appropriate treatment plan based on a client’s personal, social and family history
9. Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.*
10. 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.*
11. Prepare accurate and concise discharge summaries.*
12. Develop and record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.*
Competencies to be covered in a course such as *Law and Ethics*

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

1. Adhere to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.
2. Recognize and implement Federal, State, agency, and professional codes of ethics.
3. Define clients’ rights and responsibilities.
4. Explain the need for Professional standards and scope of practice.
5. Describe Boundary issues between client and counselor.
6. Explain the difference between the role of the professional counselor and that of a peer counselor or sponsor.
7. List and describe consequences of violating codes of ethics.
8. Describe means for addressing alleged ethical violations.
10. Explain mandatory reporting requirements.
11. Adhere to federal and state laws and agency regulations regarding the treatment of substance use disorders.
12. Interpret and apply information from current counseling and psychoactive substance use.
13. Research literature to improve client care and enhance professional growth.
14. Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice.
15. Use a range of supervisory options to process personal feelings and concerns about clients.
17. Obtain appropriate continuing professional education.
18. Participate in ongoing supervision and consultation.
19. Develop and use strategies to maintain one’s physical and mental health.
D. Field Study Courses (6 Units)

In addition to the Behavioral Foundational, Core and Skills Area, it is suggested that two semesters of field work studies (Internship) and seminar courses be taken. The Field Work practicum experience will include a minimum of two internship courses (unless alternative expectations are approved by CAADE Board) that provide students with hands-on learning experiences in substance abuse treatment settings.

Field Studies & Seminar I 3 semester units
Field Studies & Seminar II 3 semester units

Total: 6 semester units

Competencies to be covered in Field Studies

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

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

1. The components of the licensed recovery setting in which the student participated.
2. The recovery process of at least one client who has been in contact with the student.
3. Record progress of client in relation to realistic treatment goals, objectives, and action steps. Student will recognize the role of significant others and family in the client’s treatment.
4. Recovery process models and the recovery process utilized by the agency in which the fieldwork is performed.
5. The ability to screen, assess, and document professional treatment and recovery plans, clinical reports, clinical progress notes, and other client related data.
6. The intake and referral methods used by the agency.
7. The ability to understand and recognize stages of change and other signs of treatment progress. This is to include motivational interviewing skills.
8. A working knowledge of how members of the agency team support each other in the client recovery process. This will be measured by student providing weekly logs to intern instructor. Weekly logs should include brief daily summaries of activities at the site.
9. Safeguard client confidentiality and the value of professional ethics with clients.
10. Based on an initial action plan, take specific steps to initiate an admission or referral, and to ensure follow through with client.
11. Conduct continuing care, case management, relapse prevention, and discharge planning with the client and involved significant others.
12. Demonstrate strategies and process of working with clients in a group setting.
13. Understand the variety of insurance and health maintenance options and the importance of assisting clients to access said benefits including drug medical.
14. Understand and follow professional appropriate ethics and behavior as embodied in the CATC Code of Ethics.
15. Educating clients and families about the various concepts of substance abuse, including but not limited to definitions, warning signs, symptoms of abuse, and the course of substance use disorders.
16. Adhere to all Federal and State Laws and Regulations regarding the confidentiality and treatment of clients with substance use/abuse disorders.

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

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

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

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

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

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

STUDENT LEARNING OUTCOMES - SKILL AREA COMPETENCIES

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

- Describe seven or more traits of an effective helping person including establishing a helping relationship with the client characterized by warmth, respect, genuineness, concreteness and empathy.
- Demonstrate basic observation and listening skills.
- Demonstrate knowledge of effective interviewing, assessment, treatment planning, referral and documentation processes in the continuum of care.
- In the interview (screening) process, illustrate the ability to establish rapport, assess if there is a need for crisis intervention, and determine if there is a need for additional professional assistance.
- Realize the importance of screening for psychoactive substance toxicity, intoxication, and withdrawal symptoms and for danger to self or others.
- Show ability to take a thorough history of the client (from client and any collateral resources available) that includes (but is not limited to) current and historic substance use; health, mental health, and substance related treatment history; mental status; current social, environmental, and/or economic restraints; work history and career issues; history of criminality; psychological, emotional and world-view concerns; spirituality; and education and basic life skills.
- Analyze and interpret the data to determine treatment recommendations.
- Upon construction of a treatment plan with the client and appropriate others, based on client’s needs, preferences and resources available, take specific steps to initiate an admission or referral and ensure follow-through.
- Assist the client in recognizing the impact of substance abuse in different areas of his/her life and possible consequences of continued use or abuse.
- Determine the client’s readiness for treatment.
- Prioritize client needs in the order in which they will be addressed, formulate measurable treatment outcome statements for each need, and identify appropriate strategies for each outcome.
- Adapt counseling strategies to the individual characteristics of the client, including but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
- Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress, and reassess the treatment plan at regular intervals and/or when indicated by changing circumstances.
- Describe and demonstrate appropriate problem-solving techniques for at least three case studies (case management).
- Describe the dynamics of crisis intervention.
• Describe, select and appropriately use strategies form accepted and culturally appropriate models for group counseling with clients with substance use disorders.
• Demonstrate and describe the models for, and the dynamics of group recovery assistance in a role-playing situation.
• Demonstrate three or more skills as a group member.
• Demonstrate three or more skills as a group leader.
• Understand the characteristics and dynamics of families, couples and significant others affected by substance use.
• Be familiar with and appropriately use models of diagnosis and intervention for families, couples and significant others, including extended, kinship or tribal family structures.
• Describe the role of family and friends in both frustrating and reinforcing problems associated with addiction.
• Demonstrate knowledge and skill in assisting families of loved ones with substance use disorders in their growth and development by initiating in writing, and demonstration of appropriate treatment or recovery strategies.
• Identify the major issues of rehabilitation, including the role of the home, school, and job, either in written assignments or oral reports.
• Demonstrate functional record keeping and documentation skills (charting).
• Describe the essential aspects of recovery programming in an oral interview before an evaluation committee composed of faculty, agency professionals, and program counselors.
• Demonstrate in written work and/or in oral class presentations, that the student possesses the communication skills that are necessary to work in alcohol and drug treatment and recovery settings.
• Demonstrate a working knowledge of confidentiality laws (both federal and state) and regulations, clients' rights and professional ethics.
• Identify the components of the Community/Social Model approaches to recovery.
• List the advantages of assisting individuals into recovery with the use of environmental, peer learning, and other related social model components.
• Demonstrate a working knowledge of the dynamics of relapse and relapse prevention.
• Describe principles and philosophy of prevention, treatment and recovery.
• Select and use comprehensive assessment instruments that are sensitive to age, gender, culture, and bio-psycho-social aspects.
• Initiate collaboration with referral sources, continuously assess referral sources to determine their appropriateness, and evaluate outcomes of referrals.
• Understand and recognize culturally appropriate stages of change and other signs of treatment progress.
• Describe and document treatment process, progress and outcome.
• Assure the accurate documentation of case management activities throughout the course of treatment.
• Understand the established diagnostic criteria for substance use disorders and describe treatment modalities and placement criteria within the continuum of care.
• Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
• Promote client knowledge, skills, and attitudes consistent with the maintenance of good health (as defined by both the client culture and the treatment culture) and the prevention of HIV/AIDS, TB, STDs, and other communicable diseases.

• Mentor the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress, relapse prevention, and continuing care.

• Design and provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.

• Perform the actions necessary to start a group, including: determine group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.

• Understand the concepts of process and content, and shift the focus of the group when such an intervention will help the group move toward its goals.

• Document individual client behavior within a group in order to assess treatment plan and make modifications if needed.

• Facilitate the entry of new group members and the transition of exiting members.

• Teach basic life skills such as stress management, relaxation, communication, assertiveness, and referral skills.

• Develop and utilize strategies to maintain physical and mental health.

• Understand the importance of (and make use of) ongoing supervision and continuing education in the delivery of client services.

• Tailor helping strategies and treatment modalities to the client’s stage of dependence, change or recovery.

• Understand the addiction professional’s obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.

• Prepare accurate and concise discharge summaries.

  * Screening and Assessment
  * Referral
  * Counseling
  * Documentation

  * Treatment Planning
  * Service Coordination
  * Client Education
  * Professional and Ethical Responsibilities
QUALIFICATIONS FOR INSTRUCTORS WITH A MASTER’S OR DOCTORATE DEGREE

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

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

(*COURSES OR EQUIVALENT REQUIRED OF ALL APPLICATIONS.)

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

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

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

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

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

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

COMPARING THE EIGHT PRACTICE DIMENSIONS WITH THE 12 CORE FUNCTIONS (KNOWLEDGE, SKILLS & ATTITUDE)

<table>
<thead>
<tr>
<th>8 Practice Dimensions</th>
<th>12 Core Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Evaluation</td>
<td>Screening</td>
</tr>
<tr>
<td>(Screening &amp; Assessment)</td>
<td>Intake</td>
</tr>
<tr>
<td>Treatment Planning</td>
<td>Orientation</td>
</tr>
<tr>
<td>Referral</td>
<td>Assessment</td>
</tr>
<tr>
<td>Service Coordination</td>
<td>Treatment Planning</td>
</tr>
<tr>
<td>Counseling</td>
<td>Counseling</td>
</tr>
<tr>
<td>Client, Family &amp; Community Education</td>
<td>Case Management</td>
</tr>
<tr>
<td>Documentation</td>
<td>Crisis Intervention</td>
</tr>
<tr>
<td>Professional &amp; Ethical Responsibilities</td>
<td>Client Education</td>
</tr>
<tr>
<td></td>
<td>Referral</td>
</tr>
<tr>
<td></td>
<td>Reports and Record Keeping</td>
</tr>
<tr>
<td></td>
<td>Consultation</td>
</tr>
</tbody>
</table>

**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.

**Case Management**

Activities intended to bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.
Appendix B

ACCREDITED COLLEGES
ADDITION STUDIES PROGRAMS

CAADE-accredited Addiction Studies programs consist of a minimum of 39 semester credit units (or approximately 650 clock hours). All programs are fully transferable to colleges, universities and graduate programs nationwide. Students may attend any of the named colleges full or part-time, depending on their individual needs and time constraints. College programs provide the opportunity to develop the necessary knowledge, skills and attitudes required to be effective in the treatment of alcohol and other drug dependency and abuse. These programs are designed to provide students who have no prior experience in the field of Alcohol and Drug Counseling with a competency based educational program that meets certification standards in California in the most efficient, effective and inexpensive manner available today. Because all of these programs are fully accredited, financial aid is available for students who qualify.

For the most current information on CAADE-accredited programs, please visit the website at http://caade.org under the “Accreditation of Colleges and Career Track Programs” tab.
Appendix C

CAREER TRACK

CAADE would consider recognizing University Extension programs (or other non-accredited courses) as meeting the minimum educational requirements for CAADE accreditation, provided that the Institutional Applicant furnish the following:

1. Name of school, institute or training course
2. Catalog description of each course
3. Number of credits for each course
4. Actual number of class hours for each course
5. How grades are determined (i.e., comprehensive tests, required book readings, reports, research papers on assigned topics, etc.)
6. Nature of practicums for the experiential/internship courses through the university or institute (i.e., required number of hours). Example: Are the hours clinical?
7. Transcript of grades (minimum of “C” grade or better)
8. Instructors’ names and qualifications for each course

Provision of the above-mentioned documentation would qualify program graduates to sit for the board exam. To initiate this process, the applicant would request an application from the credential coordinator. The applicant would then be directed to a CAADE Area Vice President to whom the Institutional Applicant would send the required documents.

The application fee is $300, made payable to CAADE in the form of a certified bank check or money order. This non-refundable fee covers the cost of the course investigation only, whether it is approved or disapproved.

If the Area VP approves the application, all documentation will be sent to the Equivalency Chair for final approval. If final approval is given, the Equivalency Chair will grant an Equivalency Certificate and graduates of the program will be able to apply for the CATC credential.

Depending on the complexity of the investigation, it may take as long as three months before a decision can be rendered.
APPENDIX D

GLOSSARY OF TERMS

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

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

CCACCO: California Coalition of Addiction Credentialing/Certifying Organizations (CCACCO) a voluntary quality assurance board for credentialing/certification standards in California. Currently CAADE, CCAPP and CADDTP represent the only three state certifying organizations and are members of CCACCO.

CCAPP: California Consortium of Addiction Programs and Professionals. This nonprofit association represents a group of drug and alcohol counselors and treatment programs in the field. They have developed their own standards and levels for certification, and are State recognized.

CADPAAC: County Alcohol & Drug Program Administrators Association of California

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

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

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


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

IACC: Indian Alcohol Commission of California. A non-profit Association in California represented by eighteen Commissioners. Present focus of this organization is on education and certification of counselors.
**INCASE:** International Coalition for Addiction Studies Education. An international association of substance abuse educators in higher education that provides leadership and exchange of information.

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

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

**NCADD:** National Council on Alcoholism and Drug Dependence.

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

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

**ELECTRONIC ACCESS AND COPIES OF PUBLICATION**
Copies may be obtained free of charge from SAMHSA’s National Clearinghouse for Alcohol and Drug Information (NCADI) by calling 800-729-6686, 301-468-2600, or TDD (for hearing impaired) 800-487-4889 or electronically through [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov).