

Addictive Disorder Regulatory Authority (ADRA)

COMPETENCIES VERIFICATION FORM

CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

Scope of Work Summary

- The CIT status is granted for 12 month period and shall be allowed to maintain the CIT status for no more 72 months (6 years)
- The CIT shall not practice independently before acquiring the 300 hours of Direct Clinical Supervision
- After the CIT has completed the 300 hours of “Direct Clinical Supervision” he/she may work independently in the following four (4) core functions only if a Credentialed addiction professional is in the building or available by phone for consultation and supervision
 - a. Screening
 - b. Intake
 - c. Orientation
 - d. Client Education
- After the CIT has completed the 300 hours of “Direct Clinical Supervision” he/she may continue to work in the remaining eight (8) core functions under the “Direct Supervision” of a qualified mental health professional as long as a CCS or Credentialed Addiction Professional is in the building or available by phone for consultation and supervision, and only after the current CCS on file with the ADRA has documented and verified with the ADRA that the CIT is capable of performing that core function AND has completed, with documentation and verification of, the TAP 21 competencies for that specific practice dimension. All the 123 competencies must be signed off on by the CCS on file with the ADRA prior to the CIT testing via a learning plan.
 - a. Assessment
 - b. Treatment Planning
 - c. Counseling
 - d. Referral
 - e. Crisis Intervention
 - f. Report and Record Keeping
 - g. Consultation
 - h. Case Management

Use of the Competencies Verification Form (CVF)

- The purpose of the CVF is to serve as a guide for the learning plan and document completion of training in the 12 core functions and 123 competencies.
- The CVF is to be completed throughout the CIT training and supervision to verify demonstration of the competencies and should be maintained in the CIT and CCS files
- Once training in the competencies is completed compare to the 12 Core Function signature page to verify completion of training for the corresponding core function, please note that some competencies overlap core functions
- Once all training in all competencies and all core functions is completed, the CCS shall attest to such by use of the notarized affidavit to be submitted as part of the complete CVF by the CIT along with his/her testing application

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The following is an abbreviated list of the competencies without the detailed knowledge, skills, and attitudes. (For details refer to TAP 21).

Please give a brief statement in the space provided as to how the competency was demonstrated.

***TRANSDISCIPLINARY FOUNDATION I:
UNDERSTANDING ADDICTION***

COMPETENCY 1: Understand a variety of models and theories of addiction and other problems related to substance use.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 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.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 3: Describe the behavioral, psychological, physical health, and social affects of psychoactive substances on the person using and significant others.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 4: Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

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***TRANSDISCIPLINARY FOUNDATION II:
TREATMENT KNOWLEDGE***

COMPETENCY 5: 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.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 6: Recognize the importance of family, social networks, and community systems in the treatment and recovery process.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 7: Understand the importance of research and outcome data and their application in clinical practice.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 8: Understand the value of an interdisciplinary approach to addiction treatment.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

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***TRANSDISCIPLINARY FOUNDATION III:
APPLICATION TO PRACTICE***

COMPETENCY 9: Understand the established diagnostic criteria for substance use disorders, and describe treatment modalities and placement criteria within the continuum of care.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 10: Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 11: Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 12: Provide treatment services appropriate to the personal and cultural identity and language of the client.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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COMPETENCY 13: Adapt practice to the range of treatment settings and modalities.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 14: Be familiar with medical and pharmacological resources in the treatment of substance use disorders.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 15: Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 16: Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 17: Understand the need for and use of methods for measuring treatment outcome.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

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***TRANSDISCIPLINARY FOUNDATION IV:
PROFESSIONAL READINESS***

COMPETENCY 18: Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 19: Understand the importance of self-awareness in one's personal, professional, and cultural life.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 20: Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 21: Understand the importance of ongoing supervision and continuing education in the delivery of client services.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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COMPETENCY 22: Understand the obligation of the addiction professional to participate in prevention and treatment activities.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 23: Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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***PRACTICE DIMENSION I:
CLINICAL EVALUATION***
Element: Screening

COMPETENCY 24: Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 25: Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 26: Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 27: Assist the client in identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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COMPETENCY 28: Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 29: Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 30: Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 31: Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 32: Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow through.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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***PRACTICE DIMENSION I:
CLINICAL EVALUATION***

Element: Assessment

COMPETENCY 33: Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic culture, and disabilities that include but are not limited to:

History of alcohol and drug use

Physical health, mental health, and addiction treatment histories

Family issues

Work history and career issues

History of criminality

Psychological, emotional, and worldview concerns

Current status of physical health, mental health, and substance use

Spiritual concerns of the client

Education and basic life skills

Socioeconomic characteristics, lifestyle, and current legal status

Use of community resources

Treatment readiness

Level of cognitive and behavioral functioning

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 34: Analyze and interpret the data to determine treatment recommendations.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 35: Seek appropriate supervision and consultation.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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COMPETENCY 36: Document assessment findings and treatment recommendations.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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***PRACTICE DIMENSION II:
TREATMENT PLANNING***

COMPETENCY 37: Use relevant assessment information to guide the treatment planning process.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 38: Explain assessment findings to the client and significant others.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 39: Provide the client and significant others with clarification and additional information as needed.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 40: Examine treatment options in collaboration with the client and significant others.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 41: Consider the readiness of the client and significant others to participate in treatment.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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COMPETENCY 42: Prioritize the client's needs in the order they will be addressed in treatment.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 43: Formulate mutually agreed-on and measurable treatment goals and objectives.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 44: Identify appropriate strategies for each treatment goal.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 45: Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 46: Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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COMPETENCY 47: Inform the client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 48: Reassess the treatment plan at regular intervals or when indicated by changing circumstances.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

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***PRACTICE DIMENSION III:
REFERRAL***

COMPETENCY 49: 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.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 50: Continuously assess and evaluate referral resources to determine their appropriateness.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 51: Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 52: Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

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COMPETENCY 53: Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 54: Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 55: Evaluate the outcome of the referral.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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***PRACTICE DIMENSION IV:
SERVICE COORDINATION***
Element: Implementing the Treatment Plan

COMPETENCY 56: Initiate collaboration with the referral source.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 57: Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 58: Confirm the client's eligibility for admission and continued readiness for treatment and change.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 59: Complete necessary administrative procedures for admission to treatment.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 60: Establish accurate treatment and recovery expectations with the client and involved significant others, including but not limited to:

- The nature of services
- Program goals
- Program procedures
- Rules regarding client conduct
- The schedule of treatment activities

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CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

Costs of treatment

Factors affecting duration of care

Clients' rights and responsibilities

The effect of treatment and recovery on significant others

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 61: Coordinate all treatment activities with services provided to the client by other resources.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 62: Summarize the client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 63: Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 64: Contribute as part of a multidisciplinary treatment team.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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COMPETENCY 65: Apply confidentiality rules and regulations appropriately.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CCS Name: _____ CCS#: _____

***PRACTICE DIMENSION IV:
SERVICE COORDINATION***

Element: Continuing Assessment and Treatment Planning

COMPETENCY 67: Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 68: Understand and recognize stages of change and other signs of treatment progress.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 69: Assess treatment and recovery progress, and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 70: Describe and document the treatment process, progress, and outcome.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 71: Use accepted treatment outcome measures.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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COMPETENCY 72: Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 73: Document service coordination activities throughout the continuum of care.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 74: Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CCS Name: _____ CCS#: _____

***PRACTICE DIMENSION V:
COUNSELING***

Element: Individual Counseling

COMPETENCY 75: Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 76: Facilitate the client's engagement in the treatment and recovery process.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 77: Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 78: Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 79: Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

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CCS Signature: _____

COMPETENCY 80: Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 81: Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 82: Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 83: Facilitate the development of basic and life skills associated with recovery.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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COMPETENCY 84: Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 85: Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 86: Apply crisis prevention and management skills.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 87: Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CCS Name: _____ CCS#: _____

***PRACTICE DIMENSION V:
COUNSELING***

Element: Group Counseling

COMPETENCY 88: Describe, select, and appropriately use strategies from accepted culturally appropriate models for group counseling with clients with substance use disorders.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 89: Carry out the actions necessary to form a group, including but not limited to determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 90: Facilitate the entry of new members and the transition of exiting members.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 91: Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CCS Name: _____ CCS#: _____

COMPETENCY 92: Understand the concepts of process and content, and shift the focus of the group when such a shift will help the group move toward its goals.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 93: Describe and summarize the client's behavior within the group to document the client's progress and identify needs and issues that may require a modification in the treatment plan.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CCS Name: _____ CCS#: _____

***PRACTICE DIMENSION V:
COUNSELING***

Element: Counseling Families, Couples, and Significant Others

COMPETENCY 94: Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 95: Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 96: Facilitate the engagement of selected members of the family or significant others in the treatment and recovery process.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 97: Assist families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CCS Name: _____ CCS#: _____

COMPETENCY 98: Assist families, couples, and significant others in adopting strategies and behaviors that sustain recovery and maintain healthy relationships.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

***PRACTICE DIMENSION VI:
CLIENT, FAMILY, AND COMMUNITY EDUCATION***

COMPETENCY 99: Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and the recovery process.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 100: Describe factors that increase the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 101: Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 102: Describe warning signs, symptoms, and the course of substance use disorders.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 103: Describe how substance use disorders affect families and concerned others.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CIT/Applicant Name: _____ CIT#: _____

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COMPETENCY 104: Describe the continuum of care and resources available to the family and concerned others.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 105: Describe principles and philosophy of prevention, treatment, and recovery.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 106: Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 107: Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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(ADRA)
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CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

***PRACTICE DIMENSION VII:
DOCUMENTATION***

COMPETENCY 108: Demonstrate knowledge of accepted principles of client record management.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 109: Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 110: Prepare accurate and concise screening, intake, and assessment reports.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 111: Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 112: Record progress of client in relation to treatment goals and objectives.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

COMPETENCY 113: Prepare accurate and concise discharge summaries.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 114: Document treatment outcome, using accepted methods and instruments.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

**Addictive Disorder Regulatory Authority
(ADRA)
COMPETENCIES VERIFICATION FORM**

CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

***PRACTICE DIMENSION VIII:
PROFESSIONAL AND ETHICAL RESPONSIBILITIES***

COMPETENCY 115: Adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 116: Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 117: Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 118: Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

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CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

COMPETENCY 119: Use a range of supervisory options to process personal feelings and concerns about clients.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 120: Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 121: Obtain appropriate continuing professional education.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 122: Participate in ongoing supervision and consultation.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

COMPETENCY 123: Develop and use strategies to maintain one's physical and mental health.

This competency was demonstrated in my presence on _____ by: _____
Month/Day/Year

CCS Signature: _____

Addictive Disorder Regulatory Authority (ADRA)

COMPETENCIES VERIFICATION FORM

CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

12 CORE FUNCTION SIGNATURE PAGE

Please note this signature page is designed to verify completion of training in a core function so that they CIT may perform in that core function. The following list contains the 12 Core Functions and the corresponding competencies. :

- 1. Screening:** This is the initial evaluation stage, during which a potential patient's physiological, psychological, and social symptoms of substance abuse are evaluated. The client's need and eligibility for treatment is assessed, and based these and other factors, a counselor will decide whether or not to admit the patient for treatment. 15, 18, 19, 25, 26, 27, 28, 29, 30, 33, 41, 42, 51, 52, 53, 54, 56, 57, 58, 63, 64, 65, 66, 67, 68, 69, 73, 74, 75, 78, 79, 80, 81, 85, 86, 87, 88, 94, 95, 96, 102, 103, 108, 109, 110, 111, 115, 116, and 118

CCS Signature: _____

- 2. Intake:** For all intents and purposes, this can be seen as an extension of the screening stage. During this process, the decision to admit the patient is documented extensively and made official. 25, 26, 27, 30, 33, 41, 50, 52, 58, 59, 60, 65, 66, 75, 108, 109, 115, and 116

CCS Signature: _____

- 3. Orientation:** These first three core functions of addiction counseling may not be exact in order; the orientation stage may take place before, during, or after the screening and intake stages. The main goal of orientation is to familiarize the client with the general rules and goals of the counseling program, and what the client can and should expect over the course of treatment. 33, 36, 42, 44, 45, 47, 51, 52, 53, 54, 56, 58, 59, 60, 65, 66, 75, 78, 79, 80, 81, 85, 86, 87, 88, 89, 90, 97, 98, 104, 105, 106, 107, 110, 111, 115, 116, and 118

CCS Signature: _____

- 4. Assessment:** Moving on to the next stage of the 12 core functions of a substance abuse counselor, this is when the counselor/patient relationship really begins. In this stage, the counselor works with the patient to gather his history, relating but not limited to any problems with substance abuse. This information-gathering can take the form of interviews, testing, and review of patient records. 3, 4, 6, 9, 14, 17, 18, 19, 24, 25, 26, 27, 28, 29, 30, 33, 38, 39, 40, 41, 42, 46, 50, 51, 55, 56, 57, 60, 62, 63, 64, 65, 66, 67, 68, 69, 72, 73, 74, 75, 76, 77, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 100, 101, 102, 103, 104, 105, 108, 109, 110, 111, 112, 113, 114, 115, and 118

CCS Signature: _____

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CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

- 5. Treatment Planning:** Now the counselor and patient really start to work together; during this process, the counselor and patient identify the problems that are in need of resolution, and discuss and agree upon an appropriate treatment process by establishing short- and long-term goals. 10, 11, 12, 13, 14, 19, 20, 27, 28, 29, 30, 31, 32, 33, 34, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 48, 50, 51, 52, 55, 56, 57, 58, 60, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 100, 101, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, and 118

CCS Signature: _____

- 6. Counseling:** The counselor assists his patient by examining the patient's actions and problems, and by helping the patient see the consequences of his substance abuse and destructive behaviors. The counselor also works with his client to come up with solutions that the patient can agree to and be held accountable for and, together, the two implement their treatment plan. 1, 2, 5, 14, 19, 20, 27, 28, 29, 30, 31, 34, 37, 38, 39, 40, 42, 44, 45, 46, 48, 50, 51, 52, 53, 54, 55, 57, 58, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 102, 103, 106, 107, 108, 109, 110, 111, 115, 116, and 118

CCS Signature: _____

- 7. Case Management:** This core function of counseling brings the various parties and resources together for the purpose of coordinating services for the client. After a treatment plan has been established, the gathered resources come together to help meet the patient's needs as mapped out in the treatment plan. 7, 8, 29, 30, 31, 37, 43, 47, 48, 49, 50, 52, 55, 56, 57, 60, 61, 63, 64, 65, 66, 67, 68, 69, 72, 73, 74, 75, 76, 77, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 94, 95, 96, 99, 100, 101, 102, 103, 108, 109, 110, 111, 112, 113, 114, 115, 116, and 118

CCS Signature: _____

- 8. Crisis Intervention:** Of the 12 core functions of a substance abuse counselor, this one may be the most intermittent. It involves taking immediate action in response to any serious or crucial crises that come up during the course of treatment. 16, 23, 24, 37, 47, 51, 55, 65, 66, 75, 76, 77, 79, 80, 81, 82, 85, 86, 87, 88, 94, 95, 96, 112, 115, and 118

CCS Signature: _____

Addictive Disorder Regulatory Authority (ADRA) COMPETENCIES VERIFICATION FORM

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CCS Name: _____ CCS#: _____

- 9. Client Education:** It's part of the counselor's responsibility to provide resources and information to other groups and individuals who may also have issues with substance abuse. These resources should be aimed at informing and educating the general public, and letting them know what resources and services are available. 29, 30, 32, 33, 38, 39, 40, 43, 45, 46, 47, 49, 52, 53, 54, 55, 57, 58, 60, 62, 63, 64, 65, 66, 67, 68, 72, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 109, 112, 115, and 118

CCS Signature: _____

- 10. Referral:** Over the course of the other core functions of addiction counseling, it's likely that a patient will express certain problems and needs that cannot be met by his counselor. When that happens, the counselor should assist the client in matching his needs to the appropriate resource, such as a different counselor or treatment program. 24, 29, 30, 32, 36, 38, 39, 40, 46, 49, 50, 52, 53, 54, 55, 56, 57, 63, 64, 65, 66, 72, 75, 81, 88, 94, 102, 103, 108, 109, 110, 111, 112, 113, 114, 115, 116, 118, and 119

CCS Signature: _____

- 11. Reports and Record Keeping:** As with most jobs, it's important to document the administration and results of assessments and treatment. Counselors are responsible for taking notes, writing reports, and keeping track of other data relating to each patient. 29, 30, 33, 36, 38, 39, 40, 46, 47, 52, 55, 60, 61, 62, 63, 64, 65, 66, 67, 68, 70, 71, 72, 73, 74, 81, 91, 92, 93, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, and 119

CCS Signature: _____

- 12. Consultation with Other Professionals in Regard to Client Treatment/Services:** The last of the core functions of counseling is one that many patients may underestimate. By consulting with other staff and peers, counselors can ensure that the patient has been provided with the best and most thorough care and treatment. 20, 21, 22, 35, 38, 49, 52, 56, 61, 65, 66, 71, 81, 95, 96, 99, 102, 103, 104, 105, 109, 115, 117, 119, 120, 121, 122, and 123

CCS Signature: _____

**Addictive Disorder Regulatory Authority
(ADRA)
COMPETENCIES VERIFICATION FORM**

CIT/Applicant Name: _____ CIT#: _____

CCS Name: _____ CCS#: _____

NOTARIZED AFFIDAVIT

CCS Name: _____ **Date:** _____

I hereby affirm that _____ has completed and demonstrated the above
(CIT/Applicant's Name)
listed competencies in my presence for the purpose of applying for certification as a Licensed Addiction Counselor,
Certified Addiction Counselor, or Registered Addiction Counselor.

I understand that falsification of these documents will result in an ethical violation.

CCS Signature: _____ **Date:** _____

CIT Signature: _____ **Date:** _____

SWORN TO AND SUBSCRIBED, before me, this
_____ Day of _____, 20_____

NOTARY PUBLIC:
My Commission Expires: _____