



Mental Health & Addiction Certification Board of Oregon

CADC Experience

333 SE 223rd Ave, Suite 106 · Gresham, Oregon 97030
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SUPERVISED EXPERIENCE

Document your supervised experience

Use one verification for each agency / supervisor. Have the supervisor complete and sign the record, then upload all required experience documentation together to the Supervised Experience step in Certemy.

LEVEL	MINIMUM EXPERIENCE	PROFICIENCY
CADC I	1,000 hours	Associate
CADC II	4,000 hours	Bachelors
CADC III	6,000 hours	Graduate

Supervised experience includes all working / practicum hours, not only face-to-face client contact. One full-time year equals approximately 2,000 hours. Meet both the overall requirement above and the applicable activity minimums on page 2.

Applicant and supervisor

CANDIDATE NAME

LEVEL APPLYING FOR

POSITION TITLE

EMPLOYER / AGENCY

EXPERIENCE FROM

EXPERIENCE TO (ENTER AN END DATE)

CLINICAL SUPERVISOR NAME

PHONE FOR VERIFICATION

ADVANCED ADDICTION COUNSELOR CREDENTIAL(S)

Download a copy before completing. Save and reopen to confirm your entries before uploading to Certemy.

Estimate actual hours in each activity; entries such as "minimums +" are not accepted. Activity minimums do not replace the overall experience requirement. See pages 3-6 for the Addiction Counseling Competencies reference.

DOMAIN / ADDICTION COUNSELING ACTIVITY		CADC I MIN.	CADC II/III MIN.	HOURS PERFORMED
1	Alcohol & drug screening	25	100	
1	Treatment orientation: client rights and informed consent	25	100	
1	Assessment: DSM substance use diagnosis and ASAM level of care placement	50	200	
2	Treatment planning	50	200	
3	Consultation & referral	10	40	
4	Case management	50	200	
4	Discharge planning	50	200	
4	Relapse prevention	50	200	
5	Individual counseling	25	100	
5	Group counseling	50	100	
5	Family / couples counseling	-	-	
5	Crisis intervention	10	40	
6	Client, family & community education	50	200	
7	Documentation	50	200	
8	Evidence-based practice; curriculum / program development; fidelity / quality assurance; client outcomes and satisfaction	-	100	
TOTAL EXPERIENCE HOURS				

"-" = no activity minimum specified in the source form.

The clinical supervisor must meet applicable Oregon / ISSR clinical supervisor qualifications in addiction treatment and hold advanced addiction counselor certification. Examples: CADC II / III, NCAC II, CDS II / III, MAC, C-CATODSW, CDP, or ASAM. Other state or country advanced certifications using professional psychometric examinations are acceptable.

By signing, I attest to the accuracy of this information and that the candidate completed the addiction treatment activities described. I understand falsification may result in sanctions against candidates and supervisors. Do not sign unless you meet the criteria and can provide documentation if requested.

SUPERVISOR SIGNATURE

DATE

CANDIDATE SIGNATURE

DATE

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A. UNDERSTANDING ADDICTION

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

B. TREATMENT KNOWLEDGE

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

C. APPLICATION TO PRACTICE

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

D. PROFESSIONAL READINESS

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

I. CLINICAL EVALUATION

The systematic approach to screening and assessment.

A. SCREENING

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

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

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B. ASSESSMENT

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

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

II. TREATMENT PLANNING

A collaborative process through which the counselor and client develop desired treatment outcomes and identify the strategies for achieving them. At a minimum the treatment plan addresses the identified substance use disorder(s), as well as issues related to treatment progress, including relationships with family and significant others, employment, education, spirituality, health concerns, and legal needs.

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

III. REFERRAL

The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.

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

IV. SERVICE COORDINATION

The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Service coordination, which includes case management and client advocacy, establishes a framework of action for the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.

A. IMPLEMENTING THE TREATMENT PLAN

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

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6. Coordinate all treatment activities with services provided to the client by other resources.

B. CONSULTING

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

C. CONTINUING ASSESSMENT AND TREATMENT PLANNING

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

V. COUNSELING

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

A. INDIVIDUAL COUNSELING

1. Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.
2. Facilitate the client's engagement in the treatment and recovery process.
3. Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.

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

5. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.

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

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

8. Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), tuberculosis (TB), sexually transmitted diseases (STDs), and other infectious diseases.

9. Facilitate the development of basic and life skills associated with recovery.

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

11. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.

12. Apply crisis management skills.

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

B. GROUP COUNSELING

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

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

3. Facilitate the entry of new members and the transition of exiting members.

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

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

6. Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs and issues that may require a modification in the treatment plan.

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C. COUNSELING FAMILIES, COUPLES, AND SIGNIFICANT OTHERS

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

VI. CLIENT, FAMILY, AND COMMUNITY EDUCATION

The process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment and recovery resources.

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

VII. DOCUMENTATION

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

1. Demonstrate knowledge of accepted principles of client record management.

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

VIII. PROFESSIONAL AND ETHICAL RESPONSIBILITIES

The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

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