

Scope of Professional Practice For Addiction Professionals of Florida

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The Addiction Technology Transfer Center Network
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Preface

In an effort to standardize the process of certification in the State of Florida, while elevating the level of professionalism within the field, the Florida Certification Board (FCB) used national standards for substance abuse counseling set forth by the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration (CSAT/SAMHSA) in their *Technical Assistance Publication (TAP) 21 Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. CSAT/SAMHSA has defined the competencies essential to the effective practice of counseling for psychoactive substance use disorders, and delineated the knowledge, skills, and attitudes that make up each competency. Using the TAP 21, FCB has outlined a scope of professional practice for each level of addictions certification in Florida.

To expand upon the work completed to outline the Scope of Practice, FCB then focused its attention on educational requirements for certification. Using the *TAP 21* to identify the specific education individuals would need in order to operate according to the Scope of Practice outlined for each level of certification, the educational component for certification was enhanced to include specific hours in the knowledge and competencies requisite to the effective practice of addiction counseling.

The following document is a draft of the work done to align Florida's certification standards to those defined by CSAT/SAMHSA as the best standard of practice for substance abuse professionals across the country.

Introduction

The first section of this document “Transdisciplinary Foundations for Addiction Professionals,” identifies the knowledge and attitudes that underlie competent practice not just for counselors but for addiction specialists in other disciplines as well. The knowledge and attitudes highlighted here provide a basis of understanding that should be common to all addictions professionals and that serves as a prerequisite to the development of competency in each discipline.

The second section of the document outlines the professional practice of addiction counseling, then delineates the basic tasks and responsibilities that constitute the work of an addictions professional at each level of certification.

Using This Document

We have provided a set of guidelines that may be used to meet varying needs. Educators and curriculum developers can build courses, curricula, and training packages oriented to these guidelines. Counseling practitioners can assess their own progress toward achieving the competencies. Supervisory and administrative personnel can incorporate the materials into their hiring practices as an orientation resource, and can identify in-service training and continuing education needs within their agencies.

In perusing the document it is important to note the set-up of the sections within the Scopes of Practice for each level of certification. **The tasks an individual should be able to effectively perform within any of the *Professional Practice Dimensions* delineated for each level of certification are listed directly below the definition of each competency.**

Take, for example, the Scope of Practice for CAAP-1: *I. Clinical Evaluation, Point B.* defines *Assessment*, and specifies one task below the definition – “*Seek appropriate supervision and consultation.*” The intent is not such that an individual certified as a CAAP-1 should be able to perform assessments, but that the only task concerning an assessment that a CAAP-1 should be involved in is seeking supervision and consultation. In the same way, the Scope of Practice for an individual certified at the CAP level includes *IX. Supervision; Point A.* defines *Clinical Supervision* then specifies five tasks that someone operating at this level within the field should be effectively able to perform as a clinical supervisor.

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Section 1: Transdisciplinary Foundations for Addiction Professionals

The knowledge and attitudes *prerequisite* to the development of competency in the professional treatment of substance use disorders.

The Transdisciplinary Foundations for Addiction Professionals identify the knowledge and attitudes that underlie competent practice not just for counselors but for addiction specialists in other disciplines as well. Functional skills may vary across disciplines, but the knowledge and attitudes highlighted here provide a basis of understanding that should be common to all addictions professionals and that serves as a prerequisite to the development of competency in each discipline.

I. Understanding Addiction

- A. Understand a variety of models and theories of addiction and other problems related to substance use.
- B. 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.
- C. Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others.
- D. 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.

II. Treatment Knowledge

- A. 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.
- B. Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
- C. Understand the importance of research and outcome data and their application in clinical practice.

- D. Understand the value of an interdisciplinary approach to addiction treatment.

III. Application To Practice

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

IV. Professional Readiness

- A. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
- B. Understand the importance of self-awareness in one's personal, professional, and cultural life.
- C. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.

- D. Understand the importance of ongoing supervision and continuing education in the delivery of client services.
- E. Understand the obligation of the addiction professional to participate in prevention as well as treatment.
- F. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

Section 2: Professional Practice Dimensions

The basic tasks and responsibilities that constitute the work of an addiction counselor.

This section of the document addresses the professional practice of addiction counseling. During development of the *TAP 21*, the National Curriculum Committee of the Addiction Technology Transfer Center program, which is supported by the Center for Substance Abuse Treatment, developed these areas over a three-year period. Using reviews of current research, input from key experts, and feedback from experienced trainers and practitioners, the Committee sought to define the professional practice that would be appropriate for the addiction counselor of the 21st century. Eight Practice Dimensions were identified, with the Committee recognizing that the counselor's effectiveness would depend on his or her ability to develop expertise in each. These dimensions include the following:

I. Clinical Evaluation

- A. Screening
- B. Assessment

II. Treatment Planning

III. Referral

IV. Service Coordination

- A. Implementing the Treatment Plan
- B. Consulting
- C. Continuing Assessment and Treatment Planning

V. Counseling

- A. Individual Counseling
- B. Group Counseling
- C. Counseling for Families, Couples, and Significant Others

VI. Client, Family, and Community Education

VII. Documentation

VIII. Professional and Ethical Responsibilities

Section 3: CAAP-1

Scope of Professional Practice

Who is a CAAP-1?

Following is the *Scope of Professional Practice* for a Certified Associate Addiction Professional Level 1 (CAAP-1) in Florida. A CAAP-1 is an individual who, at a *minimum*, has:

- no academic degree
- 1 year (2,000 hrs.) of experience in the field
- passed the Florida Specific Written Examination

This individual will most likely be operating at a tech level within the field, and may have had a variety of experiences in the fields of addictions and mental health as direct care support staff providing milieu management. Basic tasks that may constitute the work of a CAAP-1 include, but are not limited to: Driver, behavior technician, counselor aid, dorm manager, cook, hotline operator, etc. The education and training requirements, combined with the experience of operating in a treatment environment, make this individual an excellent candidate for providing a limited number of clinical services in most of the *Professional Practice Dimensions* under the appropriate level of supervision.

CAAP-1

Scope of Practice

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; 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.

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. Seek appropriate supervision and consultation.

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.

- A. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.

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.

- A. 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.
- B. Continuously assess and evaluate referral resources to determine their appropriateness.
- C. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.
- D. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.
- E. 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.
- F. 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. Complete necessary administrative procedures for admission to treatment

B. Consulting

1. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders
2. Contribute as part of a multidisciplinary treatment team.
3. Apply confidentiality regulations appropriately.
4. Demonstrate respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.

C. Continuing Assessment and Treatment Planning

1. Understand and recognize stages of change and other signs of treatment progress.
2. Describe and document treatment process, progress, and outcome.
3. Document service coordination activities throughout 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. Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
4. Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
5. Facilitate the development of basic and life skills associated with recovery.

6. Make constructive therapeutic responses when client's behavior is inconsistent with stated recovery goals.
7. 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.

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.

- A. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.
- B. Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders.
- C. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
- D. Describe warning signs, symptoms, and the course of substance use disorders.
- E. Describe how substance use disorders affect families and concerned others.
- F. Describe the continuum of care and resources available to family and concerned others.
- G. Describe principles and philosophy of prevention, treatment, and recovery.
- H. 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.
- I. 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.

- A. Demonstrate knowledge of accepted principles of client record management
- B. 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.
- C. Record progress of client in relation to treatment goals and objectives.

VIII. Professional Responsibility and Ethical Responsibilities

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

- A. 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.
- B. Adhere to federal and state laws and agency regulations regarding the treatment of substance use disorders.
- C. Utilize a range of supervisory options to process personal feelings and concerns about clients.
- D. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- E. Obtain appropriate continuing professional education.
- F. Participate in ongoing supervision and consultation.
- G. Develop and utilize strategies to maintain one's own physical and mental health.

Section 4: CAAP-2

Scope of Professional Practice

Who is a CAAP-2?

Following is the *Scope of Professional Practice* for a Certified Associate Addiction Professional Level 2 (CAAP-2) in Florida. A CAAP-2 is an individual who, at a *minimum*, has:

- either a High School Diploma/GED, an Associates Degree from an accredited college or university, or an Occupational Associates Degree from a non-public career education institution licensed by the Florida Department of Education’s Board of Non-Public Career Education as a post-secondary career education/vocational institution.
- either 2 (4,000 hrs.) or 3 (6,000 hrs.) years of experience in the field
- passed the Florida Specific Written Examination

This individual will most likely be acting as a primary counselor within the field, having no supervisory duties. A CAAP-2 may be a skilled clinician lacking the higher education to obtain a CAP. This level of certification requires individuals be prepared to provide most direct care services offered in the continuum of addictions services. A CAAP-2 is able to provide all clinical services in each of the *Professional Practice Dimensions* under the appropriate level of supervision.

CAAP-2

Scope of Practice

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.

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.
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.

- A. Obtain and interpret all relevant assessment information.
- B. Explain assessment findings to the client and significant others involved in potential treatment.

- C. Provide the client and significant others with clarification and further information as needed.
- D. Examine treatment implications in collaboration with the client and significant others.
- E. Confirm the readiness of the client and significant others to participate in treatment.
- F. Prioritize client needs in the order they will be addressed.
- G. Formulate mutually agreed upon and measurable treatment outcome statements for each need.
- H. Identify appropriate strategies for each outcome.
- I. Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.
- J. Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.
- K. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
- L. 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.

- A. 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.
- B. Continuously assess and evaluate referral resources to determine their appropriateness.
- C. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.

- D. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.
- E. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.
- F. 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.
- G. 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.

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

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.

- A. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.
- B. Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders.
- C. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
- D. Describe warning signs, symptoms, and the course of substance use disorders.
- E. Describe how substance use disorders affect families and concerned others.
- F. Describe the continuum of care and resources available to family and concerned others.
- G. Describe principles and philosophy of prevention, treatment, and recovery.
- H. 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.
- I. 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.

- A. Demonstrate knowledge of accepted principles of client record management
- B. 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.
- C. Prepare accurate and concise screening, intake, and assessment reports.
- D. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.
- E. Record progress of client in relation to treatment goals and objectives.
- F. Prepare accurate and concise discharge summaries.
- G. Document treatment outcome, using accepted methods and instruments.

VIII. Professional Responsibility and Ethical Responsibilities

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

- A. 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.
- B. Adhere to federal and state laws and agency regulations regarding the treatment of substance use disorders.
- C. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
- D. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice.
- E. Utilize a range of supervisory options to process personal feelings and concerns about clients.
- F. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.

- G. Obtain appropriate continuing professional education.
- H. Participate in ongoing supervision and consultation.
- I. Develop and utilize strategies to maintain one's own physical and mental health.

Section 5: CAP

Scope of Professional Practice

Who is a CAP?

Following is the *Scope of Professional Practice* for a Certified Addiction Professional (CAP) in Florida. A CAP is an individual who, at a *minimum*, has:

- a Bachelors Degree
- 3 years (6,000 hrs.) of experience in the field
- passed both the Florida Specific (except in cases of Licensure) and International Written Exams
- passed the Oral Examination (except in cases of Licensure, Registered Intern Status, or specific Masters Degree with at least one clinical practicum)

This individual will most likely be operating in a supervisory capacity within the field, and is skilled in the professional practice of addictions counseling. This credential allows individuals to act as clinical supervisors according to Florida law, as anyone certified as a CAP is considered to be a “qualified professional” according to Florida Statutes chapter 397.311(25). Counselor, therapist, advocate, case manager, assessor, and clinical supervisor are all roles that a CAP should play; and as a supervisor, shall possess knowledge of the criminal justice and prevention fields.

CAP

Scope of Practice

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.

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, and making substance abuse diagnosis.

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 appropriate treatment recommendations, and make a substance abuse diagnosis.
3. Seek appropriate supervision and consultation.
4. Document assessment findings, diagnoses, 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.

- A. Obtain and interpret all relevant assessment information.
- B. Explain assessment findings to the client and significant others involved in potential treatment.

- C. Provide the client and significant others with clarification and further information as needed.
- D. Examine treatment implications in collaboration with the client and significant others.
- E. Confirm the readiness of the client and significant others to participate in treatment.
- F. Prioritize client needs in the order they will be addressed.
- G. Formulate mutually agreed upon and measurable treatment outcome statements for each need.
- H. Identify appropriate strategies for each outcome.
- I. Coordinate treatment activities and community resources with prioritized client needs in a manner consistent with the client's diagnosis and existing placement criteria.
- J. Develop with the client a mutually acceptable plan of action and method for monitoring and evaluating progress.
- K. Inform client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
- L. 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.

- A. 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.
- B. Continuously assess and evaluate referral resources to determine their appropriateness.
- C. Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and instances requiring counselor referral.

- D. Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.
- E. Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.
- F. 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.
- G. 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.

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

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.

- A. Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.
- B. Describe factors that increase the likelihood for an individual, community, or group to be at-risk for, or resilient to, psychoactive substance use disorders.
- C. Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
- D. Describe warning signs, symptoms, and the course of substance use disorders.
- E. Describe how substance use disorders affect families and concerned others.
- F. Describe the continuum of care and resources available to family and concerned others.
- G. Describe principles and philosophy of prevention, treatment, and recovery.
- H. 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.
- I. 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.

- A. Demonstrate knowledge of accepted principles of client record management
- B. 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.
- C. Prepare accurate and concise screening, intake, and assessment reports.
- D. Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.
- E. Record progress of client in relation to treatment goals and objectives.
- F. Prepare accurate and concise discharge summaries.
- G. Document treatment outcome, using accepted methods and instruments.

VIII. Professional Responsibility and Ethical Responsibilities

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

- A. 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.
- B. Adhere to federal and state laws and agency regulations regarding the treatment of substance use disorders.
- C. Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
- D. Recognize the importance of individual differences that influence client behavior and apply this understanding to clinical practice.
- E. Utilize a range of supervisory options to process personal feelings and concerns about clients.
- F. Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.

- G. Obtain appropriate continuing professional education.
- H. Participate in ongoing supervision and consultation.
- I. Develop and utilize strategies to maintain one's own physical and mental health.

IX. Supervision

A. Clinical Supervision

The administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance.

1. Ensure compliance with regulatory bodies.
2. Approve clinical decisions regarding admission, diagnosis, treatment, referral, discharge, and transfer.
3. Ensure staff competency through staff development, performance evaluation, and training within the discipline.
4. Ensure quality clinical care through program development, quality improvement, and outcome measurement.
5. Ensure protection of client rights, confidentiality, and that staff practice within ethical standards.

Section 6: Glossary of Terms

1. Addiction Counseling: professional and ethical application of basic tasks and responsibilities which include clinical evaluation; treatment planning; referral; service coordination; client, family, and community education; client, family, and group counseling; and documentation.

2. Addiction: the overpowering physical or emotional urge to continue alcohol/drug use in spite of adverse consequences; there is an increase in tolerance for the drug and withdrawal symptoms sometimes occur if the drug is discontinued; alcohol and drugs become the central focus of life.

3. Bio-medical: the application of the natural sciences, especially biological and physiological sciences, to clinical medicine.

4. Case Management: see "Service Coordination."

5. Client: individuals, significant others, or community agents who present for alcohol and drug abuse education, prevention, intervention, treatment, and consultation services.

6. Competency: the requisite knowledge, skills, and attitudes to perform tasks and responsibilities essential to addiction counseling.

7. Confidentiality: the body of Federal and State statutes that protect the privacy of individuals seeking alcohol and drug abuse treatment services.

8. Continuum of Care: the full array of alcohol and drug abuse services responsive to the unique needs of clients throughout the course of treatment and recovery.

9. Counseling: a process involving a therapeutic relationship between a client who is asking for help and a counselor or therapist trained to provide that help.

10. Countertransference: a counselor's unresolved feelings for significant others that may be transferred to the client.

11. Cultural Diversity: an appreciation and recognition of the vast array of different cultural groups based on varying behaviors, attitudes, values, languages, celebrations, rituals, and histories; diversity as it relates to culture includes actions taken by individuals, organizations, and communities to reflect inclusion and representation of diverse groups.

12. Culture: the vast structure of behaviors, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, histories, and practices distinctive to a particular group of people.

13. Dimension: the eight essential areas of practice which addiction counselors must master to effectively provide treatment activities identified in "Addiction Counseling Competencies."

14. Disorder: an affliction that affects the functions of the mind and/or body, disturbing physical and/or mental health.

15. Dual Disorder: the condition of being both substance dependent and having a major Axis I psychiatric diagnosis as defined in the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders" (DSM).

16. Duty to Warn: the legal obligation of a counselor (healthcare provider) to notify the appropriate authorities as defined by statute and/or the potential victim when there is serious danger of a client inflicting injury on an identified individual.

17. Element: specific, definable areas found in three of the practice dimensions (Clinical Evaluation, Service Coordination, and Counseling).

18. Harmful Use: patterns of use of alcohol or other drugs for non-medical reasons that result in health consequences and some degree of impairment in social, psychological, and occupational functioning for the user.

19. Infectious: transmission of an illness or disease by direct or indirect contact.

20. Managed Care: an approach to delivering health and mental health services to clients that seeks to improve the cost effectiveness of care by monitoring access and utilization of medical services and supplies, and the outcomes of that care.

21. Multi-Disciplinary: a planned and coordinated program of care involving two or more health professions for the purpose of improving health care as a result of their joint contributions.

22. Outcome Monitoring: collection and analysis of data during and following alcohol and other drug treatment to determine the effects of treatment, especially in relation to improvements in client functioning.

23. Patient: see "Client."

24. Prevention: the theory and means for reducing the harmful effects of drug use in specific populations. Prevention objectives are to protect individuals prior to signs or symptoms of substance use problems; to identify persons in the early stages of substance abuse and intervene; and to end compulsive use of psychoactive substances through treatment.

25. Professionalism: a demonstration of knowledge, skills, and attitudes consistently applied when working with substance users, in addition to maintaining the code of ethics most commonly held by addiction professionals.

26. Psychoactive Substance: a pharmacological agent that can change mood, behavior, and cognition process.

27. Recovery: achieving and sustaining a state of health in which the individual no longer engages in problematic behavior or psychoactive substance use, and is able to establish and accomplish goals.

28. Regression: a defense mechanism in which an individual retreats to the use of primitive or less mature responses in attempting to cope with stress, fears, or pain.

29. Relapse: the return to the pattern of substance abuse as well as the process during which indicators appear prior to the client's resumption of substance use.

30. Service Coordination: the process of prioritizing, managing, and facilitating implementation of activities in an individual's treatment plan.

31. Significant Others: sexual partner, family member, or others on whom an individual is dependent for meeting all or part of his or her needs.

32. Sobriety: the quality or condition of abstinence from psychoactive substance abuse.

33. Special Populations: diverse groups of individuals having a unique culture, heritage, and background.

34. Spirituality: a belief system that acknowledges and appreciates the influence in one's life of a higher power or state of being.

35. Substance Abuse: a maladaptive pattern of substance use leading to clinically significant impairment or distress such as failure to fulfill major role responsibilities, use in spite of physical hazards, legal problems, or interpersonal and social problems. (Also refer to the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders")

36. Substance Dependence: the need for alcohol or other drugs that results from the use of that substance. This need includes both mental and physical changes which make it difficult for the user to control when they will use the substance and how much they will use. Psychological dependence occurs when the user needs the substance to feel good, normal, or to function. Physical dependence occurs when the body adapts to the substance and needs increasing amounts to achieve the same effect or to function. (Also refer to the most recent edition of the "Diagnostic and Statistical Manual of Mental Disorders")

37. Substance Use: consumption of low and/or infrequent doses of alcohol and other drugs, sometimes called "experimental," "casual," or "social" use, such that damaging consequences may be rare or minor.

38. Supervision/Clinical Supervision: the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance.

39. Transdisciplinary: knowledge, skills, and attitudes across academic disciplines related to substance abuse.

40. Transference: a client's unresolved feeling for significant others that may be transferred to the counselor.