

## **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* and their *Treatment Improvement Protocol (TIP) 27 Comprehensive Case Management for Substance Abuse Treatment* and *TIP 30, Continuity of Offender Treatment for Substance Use Disorder from Institution to Community*. CSAT/SAMHSA has defined the competencies essential to the effective practice of counseling for offenders with substance use disorders, and delineated the knowledge, skills, and attitudes that make up each competency. Using the TIP 27 and TIP 30, FCB has outlined a scope of professional practice for each level of criminal justice 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 National Criminal Justice Study Guide along with 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 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 criminal justice addiction professionals across the country.

## **Introduction**

The first section of this document "Transdisciplinary Foundations for Criminal Justice Addiction Professionals," identifies the knowledge and attitudes that underlie competent practice for counselors. The knowledge and attitudes highlighted here provide a basis of understanding that should be common to all criminal justice 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 counseling, then delineates the basic tasks and responsibilities that constitute the work of a criminal justice addiction 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 CCJAAP-1: *I. Evaluation of Risks, Needs, and Strengths, 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 CCJAAP-1 should be able to perform assessments, but that the only task concerning an assessment that a CCJAAP-1 should be involved in is seeking supervision and consultation. In the same way, the Scope of Practice for an individual certified at the CCJAP level includes *VIII. Clinical/Case 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.

## **Acknowledgments**

The committee responsible for development of this document includes representatives from the Florida Certification Board, the Florida Department of Corrections, and criminal and juvenile justice systems throughout the State.

A special thanks to the following people for the hours of dedicated work invested toward the completion of this document:

**W. Chester Bell, CCJAP**

Stewart-Marchman Center  
Daytona Beach, FL

**Eric Deloach, CCJAP**

Florida Department of Corrections  
Tampa, FL

**Jennifer Edelmann**

Florida Certification Board  
Tallahassee, FL

**Mark Fontaine, CAP, CCJAP**

Juvenile Justice Association  
Tallahassee, FL

**Jonathan Lofgren, CAP**

Operation PAR  
Tampa, FL

**Neal McGarry**

Florida Certification Board  
Tallahassee, FL

**Terry Turner, CCJAP**

9<sup>th</sup> Judicial Circuit Court  
Orlando, FL

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# **Section 1: Transdisciplinary Foundations for Criminal Justice Addiction Professionals**

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

The Transdisciplinary Foundations for Criminal Justice Addiction Professionals identify the knowledge and attitudes that underlie competent practice for counselors. Functional skills may vary across disciplines, but the knowledge and attitudes highlighted here provide a basis of understanding that should be common to all criminal justice addiction professionals and that serves as a prerequisite to the development of competency in each discipline.

## **I. Dynamics of Addiction and Criminal Behaviors**

- A. Basic concepts of criminality.
- B. Relationships of criminality and addiction.
- C. Concepts of criminal thinking, moral reasoning and behavior.
- D. Correlates between substance use and criminal behavior.

## **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 including modalities most effective in criminal and juvenile justice systems.
- B. Recognize the importance of family, social networks, community systems in the treatment and recovery process, and in reducing recidivism.
- 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 and offender rehabilitation.

- E. Understand the role of the criminal justice system professional to utilize sanctions and incentives to improve treatment retention.

### **III. Case Management, Monitoring and Supervision Knowledge**

- A. Understand the use of graduated sanctions as a deterrent to drug use and criminal behavior.
- B. Understand methodologies of drug detection and role as a monitoring tool.
- C. Understand the role of case management as a broker of services between the criminal and juvenile justice systems.
- D. Understand the theories behind the case management, monitoring and supervision...and the distinctions between clinical support and protection of public safety.
- E. Understand the role distinctions between case management, monitoring and supervision, i.e. reporting mandates of probation officers.
- F. Understand the role of case management in the criminal and juvenile justice systems.
- G. Understand the role of criminal and juvenile justice systems probation officers in the supervision and monitoring of drug offenders.

### **IV. 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 including criminal and juvenile justice systems.
- B. Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, dependence, and for promoting a crime-free lifestyle.
- C. Tailor helping strategies and treatment modalities to the offender's stage of dependence, change, or recovery.
- D. Provide treatment services appropriate to the personal and cultural identity and language of the offender.

- E. Adapt practice to the range of treatment settings and modalities available in the criminal and juvenile justice system.
- F. Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
- G. Understand the need for and the use of methods for measuring treatment outcome including arrest.

**V. 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 offender services.
- E. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for offenders and staff.
- F. Understand limitations of confidentiality within the addiction treatment and criminal and juvenile justice systems.
- G. Understand the boundaries of working within the criminal and juvenile justice systems.

## **Section 2: Professional Practice Dimensions**

*The basic tasks and responsibilities that constitute the work of a criminal justice addiction professional.*

This section of the document addresses the professional practice of the criminal justice addiction professional. 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 21<sup>st</sup> 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. Evaluation of Risks, Needs and Strengths**

### **II. Offender Case Management**

### **III. Counseling**

- A. Individual Counseling
- B. Group Counseling
- C. Counseling Families, Couples, and Significant Others
- D. Understanding the Offender

### **IV. Service Coordination**

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

### **V. Offender Supervision and Monitoring Public Safety**

### **VI. Documentation**

### **VII. Legal and Ethical Responsibilities**

### **VIII. Clinical/Case Supervision**

# Section 3: CCJAAP-1

## Scope of Professional Practice

### *Who is a CCJAAP-1?*

Following is the *Scope of Professional Practice* for a Certified Criminal Justice Associate Addiction Professional Level 1 (CCJAAP-1) in Florida. A CCJAAP-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 criminal justice and addictions as direct care support staff providing milieu management. The CCJAAP-1 must possess an understanding of the criminal and juvenile justice systems. Basic tasks that may constitute the work of a CCJAAP-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.

# CCJAAP-1

## Scope of Practice

### I. Evaluation of Risks, Needs, and Strengths

The systematic approach to screening and assessment.

#### **A. Screening**

The process through which counselor, offender and available significant others determine the most appropriate initial course of action, given the offender'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 offender 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; current social, environmental, and/or economic constraints; and criminal history and criminogenic factors.
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 offender 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 offender and others to gather and interpret information necessary for planning treatment and evaluating offender progress.

1. Seek appropriate supervision and consultation.

### II. Offender Case Management

#### III. Counseling

A collaborative process that facilitates the offender's progress toward mutually determined treatment goals and objectives. Counseling includes methods that are

sensitive to individual offender characteristics and to the influence of significant others, as well as the offender'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. Facilitate the offender's engagement in the treatment and recovery process.
2. Promote offender knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors while promoting a crime-free lifestyle.
3. Encourage and reinforce offender actions determined to be beneficial in progressing toward treatment goals and elimination of criminal behaviors.
4. Facilitate the development of basic and life skills associated with recovery.
5. Make constructive therapeutic responses when offender's behavior is inconsistent with stated recovery goals.
6. Facilitate the offender's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

**IV. Service Coordination**

The administrative, clinical, and evaluative activities that bring the offender, 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 offender advocacy, establishes a framework of action for the offender to achieve specified goals. It involves collaboration with the offender and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, offender advocacy, and ongoing evaluation of treatment progress and offender 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 offenders 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. Offender Supervision and Monitoring Public Safety**

**VI. Documentation**

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

- A. Demonstrate knowledge of accepted principles of offender record management.
- B. Protect offender rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of offender information with third parties and legal restraints related to offender information.
- C. Record progress of offender in relation to treatment goals and objectives.

**VII. Legal 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 offender.

- 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 offenders.
- 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.

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# Section 4: CCJAAP-2

## Scope of Professional Practice

### *Who is a CCJAAP-2?*

Following is the *Scope of Professional Practice* for a Certified Criminal Justice Associate Addiction Professional Level 2 (CCJAAP-2) in Florida. A CCJAAP-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 CCJAAP-2 may be a skilled clinician lacking the higher education to obtain a CCJAP. This level of certification requires individuals be prepared to provide most direct care services offered in the continuum of criminal justice addictions services. The CCJAAP-2 must possess an understanding of the criminal and juvenile justice systems. A CCJAAP-2 is able to provide all clinical services in each of the *Professional Practice Dimensions* under the appropriate level of supervision.

# CCJAAP-2

## Scope of Practice

### I. Clinical Evaluation

The systematic approach to screening and assessment

#### **A. Screening**

The process through which counselor, offender and available significant others determine the most appropriate initial course of action, given the offender'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 offender 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; current social, environmental, and/or economic constraints; and criminal history and criminogenic factors.
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 offender 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 offender'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 offender's strengths, abilities and preferences to ensure public safety.
7. Based on screening, refer for program intake and assessment.

#### **B. Assessment**

An ongoing process through which the counselor collaborates with the offender and others to gather and interpret information necessary for planning treatment and evaluating offender 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;
  - potential for future criminality.
2. Analyze and interpret the data to determine treatment recommendations.
3. Seek appropriate supervision and consultation.
4. Document assessment findings and treatment recommendations.

## **II. Offender Case Management**

### **III. Counseling**

A collaborative process that facilitates the offender's progress toward mutually determined treatment goals and objectives. Counseling includes methods that are sensitive to individual offender characteristics and to the influence of significant others, as well as the offender'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. Facilitate the offender's engagement in the treatment and recovery process.
2. Work with the offender to establish realistic, achievable goals consistent with achieving and maintaining recovery while promoting a crime-free lifestyle.

3. Promote offender knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors and elimination of criminal behaviors.
4. Encourage and reinforce offender actions determined to be beneficial in progressing toward treatment goals.
5. Work appropriately with the offender to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
6. Recognize how, when, and why to involve the offender's significant others in enhancing or supporting the treatment plan.
7. Promote offender 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.
8. Adapt counseling strategies to the individual characteristics of the offender, including but not limited to, disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
9. Make constructive therapeutic responses when offender's behavior is inconsistent with stated recovery goals
10. Apply crisis management skills.
11. Facilitate the offender's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.
12. Utilization of treatment interventions that show evidence of effectiveness with criminally involved populations.

**B. Group Counseling**

1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with offenders 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 offender behavior within the group for the purpose of documenting the offender's progress and identifying needs and issues that may require a modification in the treatment plan.
7. Utilization of treatment interventions that show evidence of effectiveness with criminally involved populations.

**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.

**IV. Service Coordination**

The administrative, clinical, and evaluative activities that bring the offender, 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 offender advocacy, establishes a framework of action for the offender to achieve specified goals. It involves collaboration with the offender and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, offender advocacy, and ongoing evaluation of treatment progress and offender 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 offender'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 offender and involved significant others including, but not limited to:
  - nature of services,
  - program goals,
  - program procedures,
  - rules regarding offender conduct,
  - schedule of treatment activities,
  - costs of treatment,
  - factors affecting duration of care,
  - offender rights and responsibilities.
6. Coordinate all treatment activities with services provided to the offender by other resources.

**B. Consulting**

1. Summarize offender'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 offenders in all contacts with community professionals and agencies.

**C. Continuing Assessment and Treatment Planning**

1. Maintain ongoing contact with offender 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 offender 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 offender 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.

**VI. Offender Supervision and Monitoring**

**VII. Documentation**

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

- A. Demonstrate knowledge of accepted principles of offender record management.
- B. Protect offender rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of offender information with third parties and legal restraints related to offender information.
- C. Demonstrate sensitivity in the development of case plans and treatment plans to issues of cultural identity, ethnic background, age and gender.

- D. Describe warning signs, symptoms, and the course of substance use disorders.
- E. Record progress of offender in relation to treatment goals and objectives.
- F. Describe how treatment interventions are coordinated with criminal justice sanctions and incentives.

### **VIII. Legal and Ethical Responsibilities**

The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development relating to confidentiality of criminal justice information.

- 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 offender.
- 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 offender care and enhance professional growth.
- D. Recognize the importance of individual differences that influence offender behavior and apply this understanding to clinical practice.
- E. Utilize a range of supervisory options to process personal feelings and concerns about offenders.
- 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: CCJAP

## Scope of Professional Practice

### *Who is a CCJAP?*

Following is the *Scope of Professional Practice* for a Certified Criminal Justice Addiction Professional (CCJAP) in Florida. A CCJAP 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 and International Written Exams

This individual will most likely be operating in a supervisory capacity within the criminal justice field, and is skilled in the professional practice of addiction counseling. The CCJAP must possess an understanding of the criminal and juvenile justice systems. This credential allows individuals to act as clinical supervisors according to Florida law, as anyone certified as a CCJAP is considered to be a “qualified professional” according to Florida Statutes chapter 397.311(25) and 65D-30.002 (53) in the criminal justice setting. Counselors, therapists, advocates, drug court case managers, correction counselors, probation officers, pre-trial service officers, and diversion counselors are all roles that a CCJAP should play in the criminal and juvenile justice systems; and as a supervisor, shall possess knowledge of prevention field.

# CCJAP

## Scope of Practice

### I. Evaluation of Risks, Needs, and Strengths

The systematic approach to screening and assessment

#### **A. Screening**

The process through which the counselor, offender, and available significant others determine the most appropriate initial course of actions, given the offender'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 offender 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; current social, environmental, and/or economic constraints; and criminal history and criminogenic factors.
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 offender 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 offender'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 offender's strengths, needs, abilities, and preferences to ensure public safety.
7. Based on screening, refer for program intake and assessment.

#### **B. Assessment**

An ongoing process through which the counselor collaborates with the offender and others to gather and interpret information necessary for

planning treatment and evaluating offender 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;
  - potential for future criminality.
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.
5. Combine clinical and risk assessment data to make appropriate referrals for treatment and supervision.

## **II. Offender Case Management**

Continuity of care implies that the range of services needed by offenders are received, regardless of the system. When the correctional system and the treatment system collaborate effectively, there is an increased likelihood of treatment success and a reduction in the risk of relapse and future criminal behavior.

Case management is a critical element underlying continuity of care. The case manager works directly with the client and collaborates with other criminal justice and treatment provider representatives to ensure that the offender maintains abstinence and avoids reoffending.

- A. Assessing an offender's needs and ability to remain substance and crime-free.

- B. Planning for treatment services and other criminal justice obligations.
- C. Maintaining contact with the probation officer and other criminal justice officials.
- D. Brokering treatment and other services for the offender.
- E. Monitoring and reporting progress to other transition team members.
- F. Providing client support and helping the offender with all involved systems (i.e., treatment, criminal justice, and child welfare).
- G. Monitoring urinalysis, breath analysis, or other chemical testing for substance use.
- H. Protecting the confidentiality of clients and treatment records consistent with Federal and State regulations regarding right to privacy (42 Code of Federal Regulations [C.F.R.], Part 2).

### **III. Counseling**

A collaborative process that facilitates the offender's progress toward mutually determined treatment goals and objectives. Counseling includes methods that are sensitive to individual offender characteristics and to the influence of significant others, as well as the offender'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. Facilitate the offender's engagement in the treatment and recovery process.
2. Work with the offender to establish realistic, achievable goals consistent with achieving and maintaining recovery
3. Promote offender knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors while promoting a crime-free lifestyle.
4. Encourage and reinforce offender actions determined to be beneficial in progressing toward treatment goals and elimination of criminal behaviors.
5. Work appropriately with the offender to recognize and discourage all behaviors inconsistent with progress toward treatment goals.

6. Recognize how, when, and why to involve the offender's significant others in enhancing or supporting the treatment plan.
7. Promote offender 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.
8. Adapt counseling strategies to the individual characteristics of the offender, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
9. Make constructive therapeutic responses when offender's behavior is inconsistent with stated recovery goals
10. Apply crisis management skills.
11. Facilitate the offender's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.
12. Utilization of treatment interventions that show evidence of effectiveness with criminally involved populations.

**B. Group Counseling**

1. Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with offenders 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 offender behavior within the group for the purpose of documenting the offender's progress and identifying needs and issues that may require a modification in the treatment plan.
7. Utilization of treatment interventions that show evidence of effectiveness with criminally involved populations.

**C. Counseling Families, Couples, and Significant Others**

1. Understanding the characteristics and dynamics of families, couples, and significant others affected by substance use and criminal behaviors.
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.

**IV. Service Coordination**

The administrative, clinical, and evaluative activities that bring the offender, 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 offender advocacy, establishes a framework of action for the offender to achieve specified goals. It involves collaboration with the offender and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, offender advocacy, and ongoing evaluation of treatment progress and offender needs.

**A. Referral**

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 more appropriate for the client to self-refer to a resource and those in which counselor referral is required.
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 professional standards of care.
7. Evaluate the outcome of the referral.

**B. Service Coordination**

1. Implementing the Treatment Plan
  - a. Initiate collaboration with referral source.
  - b. Obtain, review, and interpret all relevant screening, assessment, and initial treatment-planning information.
  - c. Confirm the offender's eligibility for admission and continued readiness for treatment and change.
  - d. Complete necessary administrative procedures for admission to treatment.
  - e. Establish accurate treatment and recovery expectations with the offender and involved significant others including, but not limited to:
    - nature of services,
    - program goals,
    - program procedures,
    - rules regarding offender conduct,
    - schedule of treatment activities,
    - costs of treatment,

- factors affecting duration of care,
- offender rights and responsibilities.

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

2. Consulting

- a. Summarize offender'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.
- b. Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.
- c. Contribute as part of a multidisciplinary treatment team.
- d. Apply confidentiality regulations appropriately.
- e. Demonstrate respect and non-judgmental attitudes toward offenders in all contacts with community professionals and agencies.

**V. Offender Supervision and Monitoring Public Safety**

**VI. Documentation**

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

- A. Demonstrate knowledge of accepted principles of offender record management
- B. Protect offender rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of offender information with third parties and legal restraints related to offender information.
- C. Demonstrate sensitivity in the development of case and treatment plans to issues of cultural identity, ethnic background, age, and gender.
- D. Describe warning signs, symptoms, and the course of substance use disorders.

- E. Record progress of offender in relation to treatment goals and objectives.
- F. Describe how treatment interventions are coordinated with criminal justice sanctions and incentives.

## **VII. Professional Responsibility and Ethical Responsibilities**

The obligations of a criminal justice addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development relating to confidentiality of criminal justice information.

- 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 offender.
- 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 offender care and enhance professional growth.
- D. Recognize the importance of individual differences that influence offender behavior and apply this understanding to clinical practice.
- E. Utilize a range of supervisory options to process personal feelings and concerns about offenders.
- 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.

## **VIII. Clinical/Case 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 offender rights, confidentiality, and that staff practice within ethical standards.

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## 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; offender, family, and community education; offender, 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. Offender:** 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 offenders throughout the course of treatment and recovery.
- 9. Counseling:** a process involving a therapeutic relationship between an offender 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 offender.
- 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 offender 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 offenders 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 offender functioning.

**23. Patient:** see "Offender."

**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 addictions 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 offender'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:** an offender's unresolved feeling for significant others that may be transferred to the counselor.

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