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JANICE K. BREWER  
Governor

TOBI ZAVALA  
Executive Director

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## MEMORANDUM

**TO:** Rules Subcommittee  
**FROM:** Donna Dalton  
**DATE:** 10/07/2014  
**RE:** Meeting documents for 10/09/2014

Following you will find the documents we'll be reviewing at the rules subcommittee meeting on 10/09/2014. We will be discussing substance abuse curriculum and exams, and the curriculum review process.

ATTACHMENT A Proposed R4-6-703  
ATTACHMENT B Overview of NASAC  
ATTACHMENT C NASAC accreditation application  
ATTACHMENT D NASAC accredited schools  
ATTACHMENT E KS and ND NASAC documentation  
ATTACHMENT F Proposed R4-6-704  
ATTACHMENT G Considerations for curricula review  
ATTACHMENT H CA sample curriculum approval letter  
ATTACHMENT I CA program identification form

# **ATTACHMENT**

**A**

**R4-6-703. Licensed Independent Substance Abuse Counselor Curriculum REVISED**

A. An applicant for licensure as an independent substance abuse counselor shall have a masters or higher degree in a behavioral health science from present evidence acceptable to the Board that the applicant has either:

1. A regionally accredited college or university with a program accredited from the National Addiction Studies Accreditation Commission (NASAC), including 300 hours of field experience as prescribed in subsection (C); or

1.2. A master or higher degree from a regionally accredited college or university in a behavioral health science whose program includes coursework from each of the seven core content areas listed in subsection (B), and 300 hours of field experience as prescribed in subsection (C); or

2.3. A master or higher degree with a curriculum previously approved pursuant to 32-3253, in addition to the 300 hours of field experience as prescribed in subsection (C); and

3.4. In addition to satisfying the curriculum requirements in this subsection, satisfied the supervised work experience requirements prescribed in R4-6-705(B).

B. Acceptable bachelor or master degree programs shall include one three semester credit hour or four quarter hour course from each of the following seven content areas:

1. Psychopharmacology – including but not limited to the study of the nature of psychoactive chemicals; the behavioral, psychological, physiological, and social effects of psychoactive substance use; symptoms of intoxication, withdrawal, and toxicity; toxicity screen options, limitations, and legal implications; and the use of pharmacotherapy for treatment of addiction;

2. Models of Treatment/Relapse Prevention – including but not limited to philosophies and practices of generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
3. Group Work – including but not limited to group dynamics and processes as they relate to addictions and substance use disorders.
4. Working with Diverse Populations – including but not limited to studies providing a broad understanding of issues and trends in a multicultural and diverse society as they relate to substance abuse.
5. Co-occurring Disorders – including but not limited to the study of the symptoms of mental health and other disorders prevalent in individuals with substance use disorders, screening and assessment tools used to detect and evaluate the presence and severity of co-occurring disorders, and evidence-based strategies for managing risks associated with treating individuals who have co-occurring disorders.
6. Ethics – including but not limited to studies of professional ethics including legal and ethical responsibilities and liabilities, standards of professional behavior and scope of practice; client rights, responsibilities, and informed consent; and confidentiality and other legal considerations in substance abuse counseling.
7. Assessment, Diagnosis and Treatment – including but not limited to studies that provide an understanding of the use of assessment and diagnosis to develop appropriate treatment interventions for substance use disorders.

C. Supervised Practicum, Field Work Experience, or Internship - An experience that integrates didactic learning that is related to substance use disorders with face-to-face, direct counseling experience that includes intake and assessment, counseling, treatment planning, discharge planning, documentation, and case management activities.

D. To receive credit towards licensure, the Board may accept core content area subject matter prescribed in subsection (B) that is embedded or contained in more than one of the course, but not more than one, must be demonstrated two courses unless they are succession courses. Embedded subject matter that is used to qualify in one content area may not be used to meet another content area. It is the applicant's responsibility to

~~in greater than 75% of the course responsibility to provide the embedded course descriptions and information to the Board for review.~~

E. An applicant who is deficient in hours required pursuant to subsection (B) of this section may satisfy those requirements by successfully completing additional coursework at a regionally accredited college or university.

F. An applicant for licensure as an independent substance abuse counselor shall be deemed to meet the curriculum requirements in this Section if the applicant holds an active Arizona associate substance abuse counselor license in good standing that was earned by meeting requirements in R4-6-702(2).

DRAFT

# **ATTACHMENT**

**B**

[Who We Are](#)   [Guidelines](#)   [Accreditation](#)   [Student Membership Policy](#)   [Regional Accreditation Bodies](#)   [Benefits](#)   [Additional Resources](#)

[Contact Us](#)

# NASAC

## NATIONAL ADDICTION STUDIES ACCREDITATION COMMISSION

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## Who We Are

### Overview of NASAC

NASAC is an academic accreditation organization for higher education addiction studies programs. Accreditation is a process to grant approval based on a set of credentials being met and maintained. The accreditation process is a nongovernmental but may be recognized by governmental entities. NASAC uses a self-regulating process carried out by peer evaluators from similar types of institutions and programs. NASAC accreditation is specialized and not institutional; it is designed for faculty members in addiction counselor higher education programs as a guide to prepare for accreditation. Institutional accreditation is awarded by regional accrediting commissions that review the entire university or college. Specialized accreditation, such as NASAC accreditation, is awarded to professional programs that are within the jurisdiction of the university or college.

### History

The Center for Substance Abuse Treatment (CSAT) and the Substance Abuse and Mental Health Services Administration (SAMSHA) have encouraged the two primary groups representing academic educators and counselors to create a single higher education addiction studies accreditation body to assess academic programs in addiction studies at regionally accredited institutions of higher education. Workshop and continuing education programs are not included in this accreditation process.

The International Coalition for Addiction Studies Education (INCASE) and NAADAC, the Association for Addiction Professionals joined their higher education approval programs to provide a single standard for higher education addiction studies programs, now known as The National Addiction Studies Accreditation Commission (NASAC). The new process is specific to the addiction education programs and focuses on developing competent, knowledgeable, and evidence-based practices as laid out by the Substance Abuse and Mental Health Services Administration (SAMHSA). NASAC is the only accrediting organization that represents addiction-focused Major and Minor programs, Educators, and Practitioners at the Associate, Bachelors, Masters, Masters, Post-Grad, and Doctoral levels.

Addiction Science has now achieved a body of knowledge that allows for Addiction Studies to be both an independent profession; as well as a subspecialty for traditional mental health disciplines.

### Additional discipline specific accrediting bodies.

American Association for Marriage and Family Therapy – Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)

Council on Accreditation of Marriage and Family Therapy Education (COMFTE)

American Board of Addiction Medicine (ABAM) Council on Standards in Human Service Education (CSHSE)

American Psychological Association – Council on Accreditation (APA-CoA)

Council on Social Work Education (CSWE)

Commission on Accreditation of Allied Health Education Programs (CAAHEP)

### Goal Statements

In organizing a program approval process for higher education addiction studies curricula, NASAC promotes the following goals:

1. Assuring quality through the clear communication of program standards.
2. Developing portable and transferable matriculated certificates, degrees, and networks.

Follow

3. Providing a resource for the creation, expansion and upgrading of addictions curricula.
4. Creating a bridge from classroom methodology to professional practice in order to prepare students to be professionally trained, employable professionals in the addictions workforce.
5. Establishing self-governance of addiction studies curricula within higher education.
6. Supporting addiction studies educators to advocate for their existence and needs within their institutional environment.
7. Aiding students to in move forward in their education and career by providing legitimacy and a single standard to the curricula and academic programs that they have completed.
8. Building a network of academic programs addressing workforce issues and trends and ensuring that curricula serve the needs of various subsets within the addiction field. These include, but may not be limited to: prevention, treatment, recovery support, administration, and research.
9. Evaluating areas addressed in the program approval process that will include at least the following:
  - a. Mission, goals and objectives.
  - b. Curriculum
  - c. Instructional modalities and resources
  - d. Qualifications of faculty
  - e. Community support and articulation
  - f. Progress of students and graduates admission and guidance

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## Commissioners

**Kirk Bowden, Ph.D.**

Rio Salado College, Tempe ,AZ

**Barbara Fox, LADC**

Manchester Community College, Manchester,CT

**John Lisy, M.A.**

Shaker Heights Youth Center, Cleveland, OH

**Vicki J. Michels, Ph.D.**

Minot State University, Minot, ND

**Don Osborn, Ph.D., LADC**

Indiana Wesleyan University, Indianapolis, IN

**Edward Reading, Ph.D., LCADC**

The Richard Stockton College of New Jersey

**Bob Richards, MA, CADC II, NCAC II,**

NAADAC President, Eugene, OR

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## Advisory Board

American Academy of Health Care Providers in the Addictive Disorders

American Society of Addiction Medicine (ASAM)

Historically Black Colleges & Universities (HBCU)

International Coalition of Alcohol Studies Education (INCASE)

International Credentialing & Reciprocity Consortium (IC & RC)

NAADAC, the Association for Addiction Professionals (NAADAC)

National Addiction Technology Transfer Center Network (ATTC)

Follow

[National Association of Addiction Treatment Programs \(NAATP\)](#)

[National Board for Certified Counselors \(NBCC\)](#)

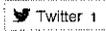
[National Council on Behavioral Health \(NCBB\)](#)

[National Association of State Alcohol/Drug Abuse Directors \(NASADAD\)](#)

[State Associations of Addiction Services \(SAAS\)](#)

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# **ATTACHMENT**

**C**



**NATIONAL ADDICTION STUDIES  
ACCREDITATION COMMISSION**

**ACCREDITATION APPLICATION PORTFOLIO**

Revised April 25, 2013

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NASAC



## INTRODUCTION

The National Addiction Studies Accreditation Commission was incorporated in 2010 as a result of three primary organizations collaborating in an effort to further develop the substance use disorder professions, and advancing the profession through national addiction education standards within the United States.

INCASE (The International Coalition for Addiction Studies Education) had developed an accreditation process, and had been accrediting College and University Academic Programs since the 1980's. INCASE is primarily an international membership association of college and university faculty who teach addiction studies. Over the years, INCASE had developed a Journal of Teaching the Addictions, a Program Accreditation Process and Curriculum Standards for Addiction Studies Academic Programs, from the Associates Degree level through the Doctoral Degree level.

NAADAC (the National Association of Addiction Professionals), as part of their counselor credentialing process, had been authorizing counselor education training programs, which included a special sub-group of Academic Programs. NAADAC is also primarily a membership organization of addiction professionals and organizations. In 2009, NAADAC led a committee of educators and stakeholders; The National Addiction Studies and Standards Collaborative Committee (NASSCC) to develop a National Substance Use Disorder Curriculum for Substance Use Education from an Undergraduate to Doctoral level of education. This initiative was funded by the Substance Abuse Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT).

In 2010, CSAT, through the Behavioral Health Workforce Development Initiative, convened an Expert Panel on *Accreditation and Competencies in Addiction Studies Higher Education Programs*. The Expert Panel included representatives of both INCASE and NAADAC, as well as an additional twenty stake-holders and experts in the addictions profession.

At the conclusion, the panel recommended that it would be in the best interest of the substance use disorder profession, for a new entity to be established which would have, as a sole purpose, the Accreditation of College and University academic programs. This would avoid any conflicts of interest of the membership organizations. Both INCASE and NAADAC had already been discussing such a new entity since the October 2009 INCASE Conference. The National Addiction Studies Accreditation Commission (NASAC) was established out of this process. NAADAC separated the college portion of their education provider process from the general training provider approval process. This was then merged with the INCASE Accreditation Process which is more specific to college and university standards.

What follows is the new application structure for the NATIONAL ADDICTION STUDIES ACCREDITATION COMMISSION.

## **THE MISSION STATEMENT AND PROGRAM APPROVAL PROCESS OF THE NATIONAL ADDICTION STUDIES ACCREDITATION COMMISSION**

### **Part I: Mission Statement**

In organizing a program approval process for higher education addiction studies curricula, NASAC promotes the following goals:

1. Quality assurance through the promulgation of program standards.
2. The development of articulation networks, transferability and portability of matriculated certificates and degrees.
3. Providing a resource for the creation, expansion and upgrading of addictions curricula.
4. Ensuring that the classroom, and supervised practicum coursework, is a bridge from science to practice in the preparation of an employable and professionally trained addictions workforce.
5. Self-governance of addiction studies within higher education.
6. Supporting addiction studies educators to advocate for their existence and needs within their institutional environment.
7. Aiding students in moving up their educational and career ladders by providing legitimacy to the curricula and academic programs that they have completed.
8. Aiding in the linkage of academic programs to workforce issues and trends, to enhance the employability and career mobility of students and ensuring that curricula serve the needs of various subsets within the addiction field. These include, but may not be limited to: prevention, treatment, recovery support, administration, and research.
9. Evaluating areas addressed in the program approval process that will include at least the following standards
  - a. Mission, goals and objectives.
  - b. Curriculum
  - c. Location
  - d. Articulation and Transferability
  - e. Admissions and Guidance

## **PART II: THE PROGRAM APPROVAL PROCESS**

### **The NASAC Program Approval Process:**

1. Is voluntary, unless required by state or regulatory agencies or college/university regulations and funding sources.
2. Is an application process that attempts to avoid duplication of program assessment and approval tasks by adjusting the content and format of documentation to the institutional program approval process, including other accreditations that have been achieved as well as to the regional higher education accreditation cycles. NASAC will work collaboratively with institutions toward that end.
3. Is confidential. It is anticipated that innovative and promising practices discovered during the program approval process will not be disseminated beyond NASAC. Additionally, any shortcomings noted in any program or institution will not be made public except as recommendations for program improvement. Therefore, the name of the institution will be withheld.
4. CONSISTS OF THE FOLLOWING STAGES:

Phase 1: Initial Application

Phase 2: Selection of an Evaluation Team by the NASAC Program Approval Committee.

Phase 3: The institution will prepare a preliminary self-study portfolio.

- a. Submission of a body of documents, which will include the self-study portfolio, as well as other documents for each Domain and Standard.
- b. Scheduling of a site visit after all of the written documentation has been submitted and accepted by the Evaluation Team. The Site Visit is standard for the initial accreditation visits. The costs of the site visit will be in addition to the application fees. Costs will include: evaluator fees, a per diem for evaluators, travel, and housing.

The Site Visit may include, but not be limited to:

1. Meeting with appropriate Dean, Department Chair, and Program Coordinator.
2. Meeting with Faculty of the Program.
3. Meeting with Agency Supervisor(s), where a practicum is a component of the program.
4. Focus Group with Students.
5. Meeting with Advisory Board
6. Recommendations of the Evaluation Team and NASAC Site Visit Committee.
7. Outcome of Site Visit (see the following section concerning "Approval Process")

In the future, as technology becomes more available, some of this process may be done on-line, with surveys, or via closed circuit/cable/camcorder, SKYPE or similar technology. Currently, the Site Visit is anticipated as the "norm".

## **PART III APPROVAL PROCESS**

After the written documentation portfolio and the Site Visit have been completed, the Evaluator(s) will give the institutional team a verbal report that may include, but not be limited to:

1. Recommendations for program improvements or modifications.
2. Final recommendation of the Evaluation Team that may be one of the following:
  - a. Tabling of the application prior to, or at the time of the Site Visit, to allow for further development of the program, or submission of further documentation where indicated.
  - b. Conditional Accreditation, with the condition that a plan for specific program modifications, additional information to be submitted, additional policies/procedures to be developed, or other relevant information. The Conditional Accreditation will be limited to a period of three years, before applying for Full Accreditation.
  - c. Full Accreditation, with a renewal of the program approval process after a period of three years. At the time of renewal, the program will fulfill the requirements of the current accreditation standards.

### **PRELIMINARY SELF-STUDY COMPONENTS**

The self-study is a process and a product that the institution performs for the accreditation process. The self-study is a portfolio that will be reviewed continuously throughout the site visit and accreditation review process.

Please submit three (3) copies of the Self-Study Portfolio to the NASAC office. It is important to have the same documents for your team at the time of the Site Visit. Be thorough and complete in your portfolio as not every Evaluation Team reviewer will have knowledge of your program. Organize the portfolio per the Standards listed below. Include a Table of Contents for the sections or addendums in your portfolio. We suggest each copy be placed in a loose-leaf binder.

The self-study portfolio will include a separate chapter for each of the following sections:

#### **Standard One: Mission and Goals**

#### **Standard Two: Curriculum**

- a) Completion of the TAP 21 Content Grid (if counseling skills are a goal of the program)
- b) A description of how your institution meets curriculum standards at the state or national levels or a description of how requirements are fulfilled by your curriculum (especially of the course content is other than counseling based)

**Standard Three: Educational Modalities and Resources**

**Standard Four: Articulations and Transferability**

**Standard Five : Graduates**

**Standard Six : Admission and Guidance**

### **DIRECTIONS FOR CREATING THE SELF-STUDY PORTFOLIO AND DOCUMENTATION OF STANDARD COMPLIANCE**

The following pages are meant to function as Section Outlines in completing the application portfolio. These pages are provided as a guideline for the collection of necessary documentation for each chapter/section. A description of the necessary information is articulated for each section. You may use segments from other accreditation applications if it will save you time and prevent unnecessary duplication.

Please submit three a copy of the Self-Study Portfolio electronically in rich text format to the NASAC office. It is important to have the same documents for your team at the time of the Site Visit. Be thorough and complete in your portfolio as not every Evaluation Team reviewer will have knowledge of your program. Organize the portfolio per the Standards listed below. Include a Table of Contents for the sections or addendums in your portfolio. We suggest each copy be placed in a loose-leaf binder.

# NASAC ACCREDITATION APPLICATION

## PRIMARY INFORMATION

NAME OF COLLEGE/UNIVERSITY \_\_\_\_\_

NAME OF PRESIDENT \_\_\_\_\_

NAME OF DEAN \_\_\_\_\_

NAME OF DEPARTMENT CHAIR \_\_\_\_\_

NAME OF PROGRAM COORDINATOR \_\_\_\_\_  
(if applicable)

REGIONALLY ACCREDITED BY \_\_\_\_\_  
\_\_\_\_\_

NAME, AND CONTACT INFORMATION, OF PERSON RESPONSIBLE FOR COORDINATION  
OF THE PROGRAM APPROVAL APPLICATION:

NAME \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

PAYMENT OF FEE: A check in the amount of \$1,500.00 written to:

NATIONAL ADDICTION STUDIES ACCREDITATION COMMISSION (or NASAC)

Check # \_\_\_\_\_ Date of Check \_\_\_\_\_ Credit Card: \_\_\_ Visa \_\_\_ MasterCard

\_\_\_ American Express Account Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Number: \_\_\_\_\_ Signature: \_\_\_\_\_

The Application and the check should be sent to:

NASAC, 1001 North Fairfax Street, Suite 201, Alexandria, VA 22314

NAME, AND CONTACT INFORMATION, OF PERSON TO RECEIVE APPROVED  
CERTIFICATE OF ACCREDIATION (once approved):

NAME \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

Place an "X" on the left next to the program area(s) for which accreditation is sought and indicate the degrees or certificates offered. Please check all that apply.

\_\_\_ Specialized cluster of courses leading to credentials (less than 12 credits)

Please circle all that apply: Associates, Bachelors, Masters, Post-graduate, or Doctoral level.

\_\_\_ Specify type of program specialization: \_\_\_\_\_

**DEGREE PROGRAMS: please specify degree titles**

\_\_\_ ASSOCIATE OF ARTS DEGREE  
Title: \_\_\_\_\_

\_\_\_ ASSOCIATE IN SCIENCE DEGREE  
Title: \_\_\_\_\_

\_\_\_ ASSOCIATE DEGREE (OTHER—SPECIFY)  
Title: \_\_\_\_\_

\_\_\_ BACHELORS OF ARTS DEGREE  
Title: \_\_\_\_\_

\_\_\_ BACHELORS OF SCIENCE DEGREE  
Title: \_\_\_\_\_

\_\_\_ BACHELORS OF SOCIAL WORK DEGREE  
Title: \_\_\_\_\_

\_\_\_ BACHELORS DEGREE (OTHER—SPECIFY)  
Title: \_\_\_\_\_

\_\_\_ BACHELORS DEGREE (OTHER—SPECIFY)  
Title: \_\_\_\_\_

\_\_\_ MASTERS OF ARTS DEGREE  
Title: \_\_\_\_\_

\_\_\_ MASTERS OF SCIENCE DEGREE  
Title: \_\_\_\_\_

\_\_\_ MASTERS OF SOCIAL WORK DEGREE  
Title: \_\_\_\_\_

\_\_\_ MASTERS OF DIVINITY  
Title: \_\_\_\_\_

\_\_\_ MASTERS OF PASTORAL COUNSELING  
Title: \_\_\_\_\_

\_\_\_ MASTERS DEGREE (OTHER—SPECIFY)  
Title: \_\_\_\_\_

\_\_\_ DOCTORAL DEGREE (SPECIFY)  
Title: \_\_\_\_\_

**PROGRAM OVERVIEW**

(Complete one for each program offered)

TITLE OF PROGRAM: \_\_\_\_\_

\_\_\_ DEGREE    Delete    YEAR OF INCEPTION \_\_\_\_\_

\_\_\_ SEMESTER/CREDIT HOURS    \_\_\_ QUARTER HOURS

NUMBER OF CREDITS TO COMPLETE THE PROGRAM: \_\_\_\_\_

NUMBER OF ADDICTION SPECIFIC CREDITS IN THE PROGRAM: \_\_\_\_\_

NUMBER OF STUDENTS COMPLETED PROGRAM TO DATE: \_\_\_\_\_

NUMER OF STUDENTS CURRENTLY ENROLLED IN PROGRAM: \_\_\_\_\_

**DESCRIPTION OF THE PROGRAM:**

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**LIST REQUIREMENTS TO COMPLETE THE PROGRAM:**

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**LIST OF ADDICTION RELATED COURSES OFFERED IN THIS PROGRAM**

COURSE NUMBER	COURSE TITLES	CREDITS
---------------	---------------	---------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.

- 17.
- 18.
- 19.
- 20.

### **LIST OF NON- ADDICTION RELATED COURSES**

<b>PREFEX COURSE NUMBER</b>	<b>COURSE TITLE</b>	<b>CREDITS</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

**ADDICTION RELATED COURSE OVERVIEW**

(Please complete one form for each course)

PREFEX COURSE NUMBER: \_\_\_\_\_ NUMBER OF CREDITS \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

**Course Description:**

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Estimate percentage of course that are addiction related \_\_\_\_\_%

**NAME OF LEAD FACULTY** \_\_\_\_\_

Faculty Highest Degree: \_\_\_\_\_ Discipline: \_\_\_\_\_

Names of other Instructors: (if applicable)

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Attach the Syllabus to this form. (It should include at least the following: Instructional Objectives, required texts, daily topic areas, web sites, assignments a sample examination and final assessment.)

## INSTITUTIONAL SELF-ASSESSMENT

In this section, please assess your program's strengths and methods that can improve your service delivery using the "SWOT Analysis" below.

<i><b>INTERNAL</b></i>		<i><b>EXTERNAL</b></i>	
<b>Strengths</b>	<b>Weaknesses</b>	<b>Opportunities</b>	<b>Threats</b>

Please identify three primary strengths or methods in which the program is unique.

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Please identify at least three areas and methods that could improve the program.

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## **STANDARD ONE - PART ONE**

### **STATEMENT OF MISSION AND GOALS**

1. The addiction studies program should have a statement of mission and goals. These may be separate or combined.
2. The program should have measurable goals for a one, two, or three year period.
3. A planning process should be in effect establishing and periodically revising goals and objectives, based on feedback from the evaluation cycle.

#### **DOCUMENTATION:**

In order to document the above information, you may write an original descriptive narrative or copy previously published materials. If the material is found in a published booklet about your program, identify the pages where the information can be found, and attach a copy of the publication to this application.

## **STANDARD ONE – PART TWO**

### **REGIONAL ACCREDITATION REQUIRED**

A college or university applying for NASAC Accreditation must have prior "Regional Accreditation" by one of the U.S. Department of Education designated accrediting agencies.

#### **DOCUMENTATION**

Verification from the regionally accrediting entity can be in the form of a copy of the letter of Accreditation, or a copy of the current Certificate of Accreditation.

## REGIONAL ACCREDITATION BODIES

Following are the Department of Education Approved Accreditation Bodies for High Education:

- Middle States Association of Colleges and Schools - Educational Institutions in New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Puerto Rico, and the US Virgin Islands, as well as schools for American children in Europe, North Africa, and the Middle East.
- New England Association of Schools and College - Educational institutions in the six New England states (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont).
- North Central Association of Colleges and Schools - Educational institutions in Arkansas, Arizona, Colorado, Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Ohio, Oklahoma, New Mexico, South Dakota, Wisconsin, West Virginia, and Wyoming.
- Northwest Accreditation Commission for primary and secondary schools and Northwest Commission on Colleges and Universities for postsecondary institutions in Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Washington.
- Western Association of Schools and Colleges - Educational institutions in California, Hawaii, Guam, American Samoa, Micronesia, Palau, and Northern Marianas Islands, as well as schools for American children in Asia.
- Southern Association of Colleges and Schools - Educational institutions in Virginia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Alabama, Tennessee and Texas.
- The Higher Learning Commission accredits institutions in: Arkansas, Arizona, Colorado, Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Ohio, Oklahoma, New Mexico, South Dakota, Wisconsin, West Virginia, Wyoming

## STANDARD TWO: THE CURRICULUM

This section is the most complex of the process. It will assist the reviewer in understanding your program completely and will also assist your program in developing a higher quality education. It utilizes input from faculty, administration, students and graduates.

### PROGRAM ADEQUACY

The content of addiction studies programs should correspond to:

- **TAP 21 (See grid at end of application and complete)**

## DOCUMENTATION

1. Copy of all course descriptions, outlines and syllabi which should contain course objectives and requirements. (Please use the forms provided)
2. Counselor preparation programs should complete the TAP 21 (see Link ) content grid to indicate how/where in the curriculum, the counseling skills are taught.

### **STANDARD THREE - LOCATION**

Please describe the program—the location of the program in the College/University and program promotion.

**DOCUMENTATION:** Copies of recent promotional materials regarding the program, catalog or external advertising.

### **EDUCATIONAL MODALITIES**

**DOCUMENTATION:**

Please document through a narrative, or through printed materials, a description of your Practicum/Fieldwork Educational Component. Include, but not be limited, to the following:

- a. Syllabus
- b. Handbook
- c. Contracts (all)

**SPECIAL NOTE:** In the Curriculum Guidelines, there are additional standards to be met. Please see Part 2 of Appendix A. Please complete those components in that section.

**DOCUMENTATION:**

1. Curriculum vitae of faculty, and list of academic faculty in the addiction studies program, and/or a list of faculty from catalog or other official list.
2. List of site supervisors, their agencies and the Curriculum Vitae of the Supervisor. (
3. Faculty Evaluation Procedures, for full time and part time faculty.
4. Procedures for hiring, supervision, utilization, and coordination of adjunct faculty.

### **STANDARD FOUR – ARTICULATION AND TRANSFERABILITY**

#### **GRADUATES**

#### Employment of Graduates:

- Not all addiction trainees become employed in the field, and not all remain in the profession. Nevertheless, a substance use disorder studies training program should show evidence of upgrading for a percentage of participants. Credentialing of Graduates:
- When programs prepare students for substance use disorder credentials, the program should be able to show that students can and do attain those credentials, and meets their states licensing requirements)

#### **DOCUMENTATION:**

##### Articulation and Transferability:

Graduate and Postgraduate Programs: Describe your enrollment efforts from Baccalaureate Programs, articulation agreements, and strategies for enrollment of graduate and postgraduate students.

Baccalaureate Program: Describe your enrollment efforts from Associates, (or two-year programs or schools) articulation agreements, and strategies for enrollment of transfer students or graduates from Associate Degree programs.

Community, Junior or Technical Colleges: Community Colleges generally charged with establishing career and educational ladders. When the program is not exclusively designed as a terminal degree, evidence should be shown of availability of some segment of students to continue on to Baccalaureate Programs.

#### **DOCUMENTATION:**

Provide documentation of articulation agreements, from other schools showing how your program fits into an overall "workforce development plan" for the substance use disorder profession.

### **STANDARD FIVE - ADMISSION AND GUIDANCE**

Addiction studies programs shall have:

- a. Admissions Policies
- b. Policy and resources in regards to remedial-level students, especially in Associates and Bachelors level programs.
- c. Screening for individuals who are inappropriate for counseling professions.
- d. Tutorial or mentoring services.
- e. Academic counseling and advisement procedures.
- f. Psychological, recovery and disability counseling and support services.

- g. Procedure for relapse of a recovering student, as well as students who may be in need of initial treatment.

**DOCUMENTATION:**

This section may be documented by a narrative description, catalog or brochure copy.

**Addiction Curriculum Evaluation Scales**

<p><b>INSTRUCTIONS:</b> In the column of the class that you teach, please mark  <b>"A"</b> if the activities of your class <b>ASSUME</b> that students are already competent in this area,  <b>"C"</b> if students should achieve <b>COMPETENCY</b> in this area through the activities of your class, or  <b>"I/R"</b> if you <b>INTRODUCE</b> or <b>REVIEW/REINFORCE</b> competency without teaching it fully.             Review the results in each row for gaps (no Cs), redundancies (multiple Cs) or sequencing/prerequisite issues (A requires prerequisite C).</p>	A	C	I/R
<b>A. FOUNDATIONS FOR ADDICTION PROFESSIONALS</b>			
<b>I. UNDERSTANDING ADDICTION</b> The professional is able to:			
1) Understand a variety of models and theories of addiction and other substance-related problems.			
2) Appreciate the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and their living environments.			
3) Describe the behavioral, psychological, physical health, and social effects of psychoactive drugs, including alcohol and tobacco, on the consumer and significant others.			
4) Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders, and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.			
<b>II. TREATMENT KNOWLEDGE</b> The professional is able to:			
5) Describe the philosophies, practices, policies, and outcomes of the most generally accepted models of treatment, recovery, relapse prevention and continuing care for addiction and other substance-related problems.			

<p><b>INSTRUCTIONS:</b> In the column of the class that you teach, please mark  <b>"A"</b> if the activities of your class <b>ASSUME</b> that students are already competent in this area,  <b>"C"</b> if students should achieve <b>COMPETENCY</b> in this area through the activities of your class, or  <b>"I/R"</b> if you <b>INTRODUCE</b> or <b>REVIEW/REINFORCE</b> competency without teaching it fully.</p> <p>Review the results in each row for gaps (no Cs), redundancies (multiple Cs) or sequencing/prerequisite issues (A requires prerequisite C).</p>	A	C	I/R
6) Appreciate the importance of family, social networks, and community systems in the treatment and recovery process.			
7) Understand the importance of research and outcome data, and their application in clinical practice.			
8) Appreciate the value of an interdisciplinary approach to addiction treatment.			
<p><b>III. APPLICATION TO PRACTICE</b>  The professional is able to:</p>			
9) Understand the established diagnostic criteria for substance dependence and abuse, and describe treatment modalities and placement criteria within the continuum of care.			
10) Describe a variety of helping strategies for reducing the negative effects of substance abuse and dependency.			
11) Tailor helping strategies and treatment modalities to the client's stage of dependency, change, or recovery.			
12) Adapt treatment services to the client's level of cultural and language literacy, acculturation, or assimilation.			
13) Appreciate the need to adapt practice to the range of treatment settings and modalities.			
14) Be familiar with medical and pharmaceutical resources in the treatment of addictive disease and other substance-related disorders.			
15) Understand the variety of insurance and health maintenance options available, and appreciate the importance of helping clients access those benefits.			
16) Recognize that crisis may indicate an underlying substance abuse problem, and may represent a window of opportunity for change.			
17) Understand the need for, and the use of, methods for measuring treatment outcome.			
<p><b>IV. PROFESSIONAL READINESS</b>  The professional is able to:</p>			

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18) Understand diverse racial and ethnic cultures, including their distinct patterns of interpreting reality, world view, adaptation, and communication, and to incorporate the special needs of minority groups and the differently abled into clinical practice.			
19) Understand the importance of self-awareness in one's personal, professional, and cultural life.			
20) Understand the addiction professional's obligation to adhere to generally accepted ethical and behavioral standards of conduct in the helping relationship.			
21) Understand the importance of ongoing supervision and continuing education in the delivery of client services.			
22) Understand the obligation of the addiction professional to participate in prevention, as well as treatment.			
23) Understand and appropriately apply agency-specific policies and procedures for handling crises or dangerous situations, including safety measures for clients and staff.			
<p><b>B. ADDICTION COUNSELOR COMPETENCIES</b>  The knowledge, skills, and attitudes within each function that are essential to the competent practice of addiction treatment and substance abuse counseling.</p>			
<p><b>I. Clinical Evaluation</b>  The systematic approach to screening and assessment.</p>			
<p><b>Ia. SCREENING</b>  The process through which the counselor, client, and available significant others determine the most appropriate initial course of action, given the client's needs, characteristics, and available resources within the community.  The counselor is able to:</p>			
24) Establish rapport, including management of crisis situations and determination of need for additional professional assistance.			
25) Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, 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 on the client's ability to follow-through successfully with an action plan.			

<p><b>INSTRUCTIONS:</b> In the column of the class that you teach, please mark  <b>"A"</b> if the activities of your class <b>ASSUME</b> that students are already competent in this area,  <b>"C"</b> if students should achieve <b>COMPETENCY</b> in this area through the activities of your class, or  <b>"I/R"</b> if you <b>INTRODUCE</b> or <b>REVIEW/REINFORCE</b> competency without teaching it fully.</p> <p><b>Review the results in each row for gaps (no Cs), redundancies (multiple Cs) or sequencing/prerequisite issues (A requires prerequisite C).</b></p>	A	C	I/R
26) Screen for alcohol and other drug toxicity, withdrawal symptoms, aggression or danger to others, and potential for self-inflicted harm or suicide.			
27) Help the client identify the role of substance use in his/her current life problems.			
28) Determine the client's readiness for treatment/change and the needs of others involved in the current situation.			
29) Review the treatment options relevant to the client's needs, characteristics, and goals.			
30) Apply accepted criteria for diagnosis, and the use of modalities on the continuum of care, in making treatment recommendations.			
31) Construct with the client and others, as appropriate, an initial action plan based on needs, preferences, and available resources.			
32) Based on an initial action plan, take specific steps to initiate an admission or referral, and ensure follow-through.			
<p><b>Ib. ASSESSMENT</b>  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.  The counselor is able to:</p>			
<p>33) Select and use comprehensive assessment instruments that are sensitive to age, gender and culture, and which address:</p> <ul style="list-style-type: none"> <li>● History of alcohol and other drug use</li> <li>● Health, mental health, and substance-related treatment history</li> <li>● History of sexual abuse or other physical, emotional, and verbal abuse, and/or other significant trauma</li> <li>● Family issues</li> <li>● Work history and career issues</li> <li>● Psychological, emotional, and world-view concerns</li> <li>● Physical and mental health status</li> <li>● Acculturation, assimilation, and cultural identification(s)</li> <li>● Education and basic life skills</li> <li>● Socio-economic characteristics, lifestyle, and current legal status</li> <li>● Use of community resources</li> <li>● Behavioral indicators of problems in the domains listed above</li> </ul>			
34) Analyze and interpret the data to determine treatment recommendations.			
35) Seek appropriate supervision and consultation.			
36) Document assessment findings and treatment recommendations.			

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<p><b>II. Treatment Planning</b>  A collaborative process through which the counselor and client develop desired treatment outcomes, and identify the strategies to achieve them.  At a minimum, the treatment plan addresses the identified substance related disorder(s), as well as issues related to treatment progress, including relationships with family/friends, employment, education, spirituality, health concerns, and legal needs.  The counselor is able to:</p>			
37) Obtain and interpret all relevant assessment information.			
38) Explain assessment findings to the client and others potentially involved in treatment.			
39) Provide the client and significant others with clarification and further information, as needed.			
40) Examine treatment implications in collaboration with the client and significant others.			
41) Confirm the readiness of the client and significant others to participate in treatment.			
42) Prioritize client needs in the order they will be addressed.			
43) Formulate mutually agreed-upon treatment outcomes for each need.			
44) Identify appropriate strategies for each outcome.			
45) Match treatment activities and community resources with prioritized client needs, in a manner consistent with the client's diagnosis and existing placement criteria.			
46) Develop, with the client, a mutually acceptable plan of action, as well as methods for monitoring and evaluating progress.			
47) Inform the client of his/her confidentiality rights, program procedures that safeguard them, and the exceptions imposed by statute.			
48) Reassess the treatment plan at regular intervals, and/or when indicated by changing circumstances.			
<p><b>III. Referral</b>  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.  The counselor is able to:</p>			
49) Establish and maintain professional relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large in order to ensure appropriate referrals, identify service gaps, expand community resources, and help address unmet needs.			
50) Continuously assess and evaluate referral resources to determine their appropriateness.			

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51) Differentiate between situations in which it is most appropriate for the client to self-refer to a resource, and instances requiring counselor referral.			
52) Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.			
53) Explain in clear and specific language the necessity for, and process of, referral to increase the likelihood of client understanding and follow-through.			
54) Exchange relevant information with the agency/professional to whom the referral is being made, in a manner consistent with confidentiality regulations and generally accepted professional standards of care.			
55) Evaluate the outcome of the referral.			
<p><b>IV. Case Management</b>  The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Case management establishes a framework for action 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, and ongoing evaluation of treatment progress and client needs.</p>			
<p><b>IVa. IMPLEMENTING THE TREATMENT PLAN</b>  The counselor is able to:</p>			
56) Initiate collaboration with referral sources.			
57) Obtain and interpret all relevant screening, assessment, and initial treatment planning information.			
58) Confirm the client's eligibility for admission and continued readiness for treatment/change.			
59) Complete necessary administrative procedures for admission to treatment.			
<p>60) Establish accurate treatment expectations for the client and involved significant others, including:</p> <ul style="list-style-type: none"> <li>● Nature of services</li> <li>● Program goals</li> <li>● Program procedures</li> <li>● Rules regarding client conduct</li> <li>● Schedule of treatment activities</li> <li>● Costs of treatment</li> <li>● Factors affecting duration of care</li> <li>● Client rights and responsibilities</li> </ul>			
61) Coordinate all treatment activities with services provided to the client by other resources.			

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<p><b>IVb. CONSULTING</b>  The counselor is able to:</p>			
<p>62) Summarize the client's background, treatment plan, recovery progress, and problems inhibiting progress for the purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.</p>			
<p>63) Understand terminology, procedures, and the roles of other disciplines related to the treatment of addiction.</p>			
<p>64) Contribute as a member of a multi-disciplinary treatment team.</p>			
<p>65) Apply confidentiality-related legal restrictions appropriately.</p>			
<p>66) Demonstrate respect and nonjudgmental attitudes toward the client in all contacts with other professionals or agencies.</p>			
<p><b>IVc. CONTINUING ASSESSMENT AND TREATMENT PLANNING</b>  The counselor is able to:</p>			
<p>67) Maintain ongoing contact with the client, and involved significant others, to ensure adherence to the treatment plan.</p>			
<p>68) Understand and recognize culturally appropriate stages of change and other signs of treatment progress.</p>			
<p>69) Assess treatment/recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment objectives.</p>			
<p>70) Describe and document treatment process, progress, and outcome.</p>			
<p>71) Apply generally accepted measures of treatment outcome.</p>			
<p>72) Utilize referral skills, as described in Section 3 (above).</p>			
<p>73) Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.</p>			
<p>74) Assure the accurate documentation of case management activities throughout the course of treatment.</p>			
<p>75) Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.</p>			
<p><b>V. Counseling</b>  A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling includes individual, couple, family, and group methods that are sensitive to individual client characteristics and the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon an understanding and appreciation of, and the ability to use appropriately, the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and intimate dyads.</p>			

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<p><b>Va. INDIVIDUAL COUNSELING</b>  The counselor is able to:</p>			
<p>76) Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness and empathy.</p>			
<p>77) Facilitate the client's engagement in the treatment/recovery process.</p>			
<p>78) Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.</p>			
<p>79) Encourage and reinforce all client actions that are determined to be beneficial in progressing toward treatment goals.</p>			
<p>80) Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.</p>			
<p>81) Recognize how, when, and why to use the client's significant others to enhance or support the treatment plan.</p>			
<p>82) Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.</p>			
<p>83) Promote client knowledge, skills, and attitudes consistent with the maintenance of good health (as defined by both the client culture and the treatment culture) and the prevention of HIV/AIDS, TB, STDs, and other communicable diseases.</p>			
<p>84) Facilitate the development of basic and life skills associated with recovery.</p>			
<p>85) Adapt counseling strategies to the individual characteristics of the client, including (but not limited to): disability, gender, sexual orientation, developmental level, acculturation, ethnicity, age, and health status.</p>			
<p>86) Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.</p>			
<p>87) Apply crisis management skills.</p>			
<p>88) Mentor the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress, relapse prevention, and continuing care.</p>			
<p><b>Vb. GROUP COUNSELING</b>  The counselor is able to:</p>			
<p>89) Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with addicted or substance abusing clients.</p>			

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90) Perform the actions necessary to start a group, including: 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.			
91) Facilitate the entry of new members and the transition of exiting members.			
92) Facilitate group growth within the established ground rules, and precipitate movement toward group and individual goals by using methods consistent with group type.			
93) 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.			
94) Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs/issues that may require modification of the treatment plan.			
<p><b>Vc. COUNSELING FOR FAMILIES, COUPLES, AND INTIMATE DYADS</b>  The counselor is able to:</p>			
95) Understand the characteristics and dynamics of families, couples, and intimate dyads affected by addiction.			
96) Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and intimate dyads, including extended, kinship, or tribal family structures.			
97) Facilitate the engagement of selected members of the family, couple, or intimate dyad in the treatment and recovery process.			
98) Help members of the family, couple, or intimate dyad understand the interaction between their system and addiction.			
99) Help families, couples, and intimate dyads adopt strategies and behaviors that sustain recovery and maintain healthy relationships.			
<p><b>VI. Client, Family, and Community Education</b>  The process of providing clients, families, significant others, and community groups with information on risks related to alcohol and other drug use, as well as available prevention, treatment, and recovery resources.  The counselor is able to:</p>			
100) Design and provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.			
101) Describe factors that increase the likelihood that an individual, community, or group will be at-risk for alcohol and other drug problems.			
102) Sensitize others to issues of cultural identity, ethnic background, age, and gender role or identity in prevention, treatment, and recovery.			

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103) Describe warning signs, symptoms, and the course of addictions.			
104) Describe how addiction affects families and significant/concerned others.			
105) Describe continuum of care resources that are available to significant/concerned others.			
106) Describe principles and philosophies of prevention, treatment, relapse, and recovery.			
107) Understand the health and behavioral problems related to the treatment of addiction, including transmission and prevention of HIV/AIDS, TB, STDs, and other communicable diseases.			
108) Teach basic life skills such as stress management, relaxation, communication, assertiveness, and refusal skills.			
<p><b>VII. Documentation</b>  The recording of the screening and intake process, assessment, and treatment plan, as well as the preparation of written reports, clinical progress notes, discharge summaries and other client-related data.  The counselor is able to:</p>			
109) Demonstrate knowledge of accepted principles of client record management.			
110) 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.			
111) Prepare accurate and concise screening, intake, and assessment reports.			
112) Prepare and record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.			
113) Record progress of the client in relation to treatment goals and objectives.			
114) Prepare an accurate, concise, informative, and current discharge summary.			
115) Document the treatment outcome, using accepted methods and instruments.			
<p><b>VIII. Professional and Ethical Responsibilities</b>  The obligations of an addiction counselor to adhere to generally accepted ethical and behavioral standards of conduct and continuing professional development.  The counselor shall:</p>			
116) Demonstrate ethical behaviors by adhering to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.			
117) Interpret and apply information from current counseling and addictions research literature in order to improve client care and enhance professional growth.			

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118) Adhere to federal and state laws, and agency regulations, regarding addictions treatment.			
119) Recognize the importance of individual differences by gaining knowledge about personality, cultures, lifestyles, and other factors influencing client behavior, and applying this knowledge to practice.			
120) Utilize a range of supervisory options to process personal feelings and concerns about clients.			
121) Conduct culturally appropriate self-evaluations of professional performance, applying ethical, legal, and professional standards to enhance self-awareness and performance.			
122) Obtain appropriate continuing professional education.			
123) Assess and participate in regular supervision and consultation sessions.			
124) Develop and utilize strategies to maintain physical and mental health.			

Adapted from the U.S. Department of Health and Human Services, 1998, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice: Technical Assistance Publication Series 21* (DHHS Publication No. (SMA) 98-3171), (Rockville, MD, Author). By Dr. Douglas Scheidt, SUNY-Brockport.

# **ATTACHMENT**

**D**

Degree	Institution	Address_line_1	City	State	Zip_Code
MA	Bellevue College	3000 Landerholm Circle SER 130B	Bellevue	WA	99007
Ph.D.	Casper College	125 College Drive LH 194	Casper	WY	82601
Ph.D.	Clark College	1933 Ft. Vancouver Way	Vancouver	WA	98663
AS	College of Lake County	19351 W. Washington St	Grayslake	IL	60030
MS	Edmonds Community College	20000 68th Ave. West	Lynnwood	WA	98036
Ph.D.	Elgin Community College	1700 Spartan Dr	Elgin	IL	60123
MA?	Governors State Univ.	1 University Parkway, G108	University Park	IL	60484
MA	Grand Canyon University	330 W. Camelback Road	Phoenix	AZ	85017
MA/BA	Hazelden	15251 Pleasant Valley Drive PO Box 11	Center City	MN	55012
Ph.D.	Indiana Wesleyan Univ. Division of Grad	1900 W. 50th Street,	Marion	IN	46953
Ph.D.	Maugatuck Valley Community College	750 Chase Parkway	Waterbury	CT	06708
BS	Metropolitan State University	Box 12 PO Box 173362	Denver	CO	80217
BS	Minot State Univ	500 University Ave W	Minot	ND	58707
Ph.D.	Monmouth University	185 State Hwy 36 West	Long Branch	NJ	07764
Ph.D.	Ottawa University Addiction Coun Prog.	1001 S Cedar	Ottawa	KS	66067
Ph.D.	Rio Salado	2323 West 14th Street	Tempe	AZ	85281
BA, MA	Spokane Falls Community College	3410 W. Fort Wright Drive, MS 3160	Spokane	WA	99224
BA, MA	University of South Dakota	Julian Hall Room 304, 414 E. Clark St.	Vermillion S	SD	57069

## About Grand Canyon University's Accreditation

As an accredited university, Grand Canyon University holds both college-specific and program-specific accreditations. Accreditation is desirable as it speaks to the quality of the college or university, acknowledged by peer institutions. In choosing a university, parents and students should ensure their university of choice is regionally accredited.

Regional accreditation in higher education originated almost a century ago as an American process conferred by a nongovernmental agency. Becoming an accredited university provides quality assurance and ensures institutional program improvement. The agency's expert and trained peers have visited and reviewed Grand Canyon University. During the visit, Grand Canyon University is reviewed from a variety of facets, including: educational activities, administration, financial stability, admissions and student personnel services, resources, student academic achievement, organizational effectiveness, and relationships with outside constituencies.

Six regional agencies provide institutional accreditation on a geographical basis - Middle States, New England, North Central, Northwest, Southern, and Western. While independent of one another, the six regional associations cooperate extensively and recognize one another's accreditation.

The Higher Learning Commission and its predecessor have accredited Grand Canyon University continually since 1968, obtaining its most recent ten-year reaccreditation in 2007. The Arizona State Board for Private Postsecondary Education licenses Grand Canyon University in Arizona. In addition, the University has obtained the following specialized accreditations and approvals for our core program offerings: Accreditation Council Business Schools and Programs, Arizona State Board of Education, Arizona Department of Education, Commission on Collegiate Nursing Education, and Commission on Accreditation of Athletic Training Education.

### Higher Learning Commission

The Higher Learning Commission accredits Grand Canyon University.

The Higher Learning Commission  
230 S. LaSalle St., Suite 7-500  
Chicago, Illinois 60604-1411  
Phone: 855-428-9888  
Toll-free: 855-428-9888  
<http://hlcommission.org/>



Alteration and/or unauthorized use prohibited.

### Arizona State Private Post-Secondary Education

Grand Canyon University is licensed in Arizona by the Arizona State Board for Private Postsecondary Education.

Arizona State Board for Private Postsecondary Education  
1400 West Washington, Room 260  
Phoenix, AZ 85007  
Phone: 855-428-9888  
<http://azppse.state.az.us>

## Veteran's Administration

Grand Canyon University is approved for the education and training of Veterans under the provisions of Title 10 and 38, United States Code. We accept Chapter 30, 31, 32, 33, 35, 1606, 1607 recipients. Veterans are approved for benefits for numerous programs. For more information regarding using your VA benefits at Grand Canyon University, email [VaBenefits@gcu.edu](mailto:VaBenefits@gcu.edu).

## College of Business

The Accreditation Council for Business Schools and Programs, 7007 College Boulevard, Suite 420, Overland Park, KS 66211, 855-428-9888, accredits the following programs of the College of Business: Bachelor of Science in Accounting, Bachelor of Science in Marketing, Bachelor of Science in Business Administration, Bachelor of Science in Entrepreneurial Studies, Master of Business Administration, and Executive Master of Business Administration. The ACBSP requires each school to submit a periodic Quality Assurance Report that summarizes recent activity regarding compliance with ACBSP standards. [View our most recent ACBSP Quality Assurance Report](#). View the results of the [Undergraduate Business Field Test](#).

## College of Education

Grand Canyon University's College of Education is approved by the Arizona State Board of Education and the Arizona Department of Education to offer institutional recommendations (credentials) for the certification of elementary, secondary, and special education teachers, as well as administrators.

## College of Nursing and Health Care Professions

The bachelor's and master's degrees in nursing at Grand Canyon University are accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>).

GCU's College of Nursing and Health Care Professions is approved by the Arizona State Board of Nursing. The nursing program is approved by the New Mexico Board of Nursing. The Athletic Training Education Program is accredited by the Commission on Accreditation of Athletic Training Education (CAATE) (<http://caate.net>).

## College of Humanities and Social Sciences

Our Master of Science in Addiction Counseling program has been approved for accreditation through the National Addiction Studies Accreditation Commission (NASAC). NASAC accreditation is a new accreditation body as a result from a combined effort of The International Coalition for Addiction Studies Education (INCASE) and the Association for Addiction Professionals (NAADAC) to create a single higher education addiction studies accreditation.

## Intercollegiate Athletics

Intercollegiate athletics function under the guidelines of the National Collegiate Athletic Association (NCAA) Division I, 700 W. Washington Street, P.O. Box 6222, Indianapolis, IN 46202, regarding eligibility to participate in intercollegiate sports. In the 2013-14 season, Grand Canyon University began the process of reclassifying from Division II to Division I as a member of the Western Athletic Conference.

# **ATTACHMENT**

**E**

SAM BROWNBACK  
Governor

MAX L. FOSTER, Jr.  
Executive Director



700 S.W. Harrison St, Ste 420  
Topeka, Kansas 66603-3929  
(785) 296-3240  
FAX (785) 296-3112  
www.ksbsrb.org

BEHAVIORAL SCIENCES REGULATORY BOARD

CLINICAL ADDICTION COUNSELORS (LCAC)  
LICENSURE APPLICATION

*Instructions*

Please read all instructions and review the statutes and regulations, before beginning to complete the application. The statutes and regulations can be found our website, [www.ksbsrb.org](http://www.ksbsrb.org).

1. **Application:** Please answer all questions on the application completely and accurately. If there have been any convictions of a felony or other past or current events that potentially raise questions about your ability to merit the public trust, additional information will be requested.
2. **Fee:** The \$100.00 application fee must accompany your application. Make check or money order payable to "Behavioral Sciences Regulatory Board" or "BSRB". Credit card or cash, for the exact amount, are also accepted. **ALL FEES ARE NON-REFUNDABLE.**
3. **Academic Background form:** If you do not hold a master's degree from a program accredited by the National Addiction Studies Accreditation Commission (NASAC) you must complete the Academic Background form and submit with your complete application.
4. **Graduate Practicum Review form:** If you do not hold a master's degree from a program accredited by NASAC you must complete the Graduate Practicum Review form and submit with your complete application. This form must be completed by the program director that academically supervised your practicum experience. The completed form should be returned to you in a sealed envelope with their signature across the seal. (see example on second page of instructions)
5. **Transcript:** As part of the application process, an official transcript mailed directly from the Registrar's office is required. **Only transcripts received directly from the university can be accepted.**
6. **Professional References:** Three references are required as part of your complete application packet. The professional reference form included in the application packet will need to be copied.
  - a) Each reference should return the completed form to you in a sealed envelope with their signature across the seal. The three reference forms will need to be included when your application is submitted to the Board office. NOTE: It is very important that references sign across the seal of the envelope to assure the Board of the confidentiality and integrity of the referencing process.
  - b) One of the references must be from the **on-site supervisor** from your current or most recently completed graduate addiction counseling practicum. If this person is unavailable the director of the field education program or a designated person who has knowledge of your practicum based on your program records shall complete the form.
  - c) The additional two references must be authorized by law to practice addiction counseling or to practice in a related field.
7. **Out-of-State Verification:** If you are or have ever been licensed, registered, or certified in one of the behavioral or health sciences in another state, the Out-of-State Verification Form will need to be completed by the other state(s). This form needs to be returned directly to the Board office. **Only forms received directly from the other state(s) can be accepted.**
8. **Review:** It is extremely important for you to understand that the Board cannot determine whether you are eligible to sit for the examination until all of the application materials have been received and approved by the Board office.

**ARTICLE 4.5-02.1**

**ADDICTION COUNSELING EXAMINERS LICENSURE**

Chapter

- 4.5-02.1-01 Initial Licensure and Fees
- 4.5-02.1-02 Licensure Renewal and Continuing Education
- 4.5-02.1-03 Clinical Training
- 4.5-02.1-04 Specialized Registration
- 4.5-02.1-05 Professional Conduct

**CHAPTER 4.5-02.1-01  
INITIAL LICENSURE AND FEES**

Section

- 4.5-02.1-01-01 Definitions [Repealed]
- 4.5-02.1-01-02 Licensure Application
- 4.5-02.1-01-03 Academic Requirements
- 4.5-02.1-01-04 Clinical Training Requirements
- 4.5-02.1-01-05 Examination
- 4.5-02.1-01-06 Reciprocity [Repealed]
- 4.5-02.1-01-06.1 Reciprocity
- 4.5-02.1-01-07 Fees

**4.5-02.1-01-01. Definitions.** Repealed effective January 1, 2008.

**4.5-02.1-01-02. Licensure application.** An application for a license to practice addiction counseling must be made to the state board of addiction counseling examiners on forms approved by the board. Each application for license must be accompanied by all of the following:

1. The required fee.
2. An official transcript verifying academic requirements and degree.
3. An official document verifying clinical training completion.
4. Documentation verifying a passing score on board-approved examinations.

**History:** Effective January 1, 2002.

**General Authority:** NDCC 43-45-04

**Law Implemented:** NDCC 43-45-04, 43-45-05.1

**4.5-02.1-01-03. Academic requirements.** Academic requirements related to the licensing of addiction counselors must be completed at a college or university accredited by one of six regional institutional accreditors in the United States.

An applicant for licensure shall have at least one of the following:



1. A bachelor's, master's, or doctorate degree in addiction studies from a program accredited by the national addiction studies accreditation committee, the international coalition for addiction studies and education accreditation, or counsel for accreditation of counseling and related educational programs for addiction counseling; or
2. A bachelor's, master's, or doctorate degree in addiction studies or a closely related social science or health care field and a minimum of thirty-two total credit-hours in addiction studies is required. The thirty-two credit-hours must include academic course content in all of the following areas:
  - a. A minimum of three credits covering theory and techniques of treatment with all of the following content:
    - (1) Evidence-based treatment methods and models, including those specific to addiction.
    - (2) Assessment and diagnosis models based upon the current diagnostic and statistical manual of the American psychiatric association, including substance-related disorders.
    - (3) Most current American society of addiction medicine patient criteria.
    - (4) Interviewing process, skills, and techniques.
    - (5) Individual counseling skills.
    - (6) Testing instruments.
    - (7) Documentation, report writing, and recordkeeping.
    - (8) Verbal communication skills.
  - b. A minimum of three credits covering group counseling skills.
  - c. A minimum of three credits covering psychopharmacology.
  - d. A minimum of three credits covering dynamics of addiction with all the following content:
    - (1) Historical perspective of models of addiction.
    - (2) Community support and self-help for people with substance disorders.
    - (3) Contagious diseases related to substance abuse.

- e. A minimum of three credits covering co-occurring disorders with all the following content:
  - (1) Assessment and diagnosis models of substance-related disorders and co-occurring mental illnesses based upon the current diagnostic and statistical manual of the American psychiatric association.
  - (2) Psychopathology, mental health, and mental illness in childhood, adolescence, and adulthood.
- f. A minimum of two credits covering professional ethics with all the following content:
  - (1) Professional competence and standards.
  - (2) Values and societal obligations.
  - (3) Ethics and codes of conduct for professionals.
  - (4) Ethical decisionmaking.
  - (5) Malpractice and liability.
  - (6) Federal and state regulations governing addiction counseling.
- g. A minimum of three credits covering development through the entire lifespan.
- h. A minimum of three credits covering family systems with all the following content:
  - (1) Family functioning.
  - (2) Family types.
  - (3) Addiction in families.
- i. A minimum of three credits covering multicultural diversity or cultural competence related to counseling.

**History:** Effective January 1, 2002; amended effective January 1, 2008; July 1, 2014.

**General Authority:** NDCC 43-45-04

**Law Implemented:** NDCC 43-45-04, 43-45-05.1

**4.5-02.1-01-04. Clinical training requirements.** The completion of one thousand four hundred hours in a clinical training program approved by the board

is required for licensure. The trainee's registration and successful completion of the clinical training program must be verified in writing with the board by the clinical training program director.

1. Qualifications. To be eligible for registration as a clinical trainee, the following must be met:
  - a. All core academic coursework must be completed, with the exception that two required curriculum addiction courses may be completed while registered as a clinical trainee.
  - b. Acceptance in a board-approved addiction counseling clinical training program or a board-approved individualized clinical training plan supervised by a board-approved clinical training program.
2. Registration. Clinical training program directors requesting to register their clinical trainees shall make formal application to the board documenting their clinical trainees above qualifications.
3. Expiration. An individual's clinical trainee registration expires after two years. The clinical training period may be extended due to clinical supervisors' recommendations, individual circumstance, health circumstances, or other personal matters. Extension of the clinical portion of training is the responsibility of the clinical training program director.
4. Applicants who complete clinical training not approved by the board must demonstrate that the clinical training completed was substantially equivalent to that required by North Dakota Century Code chapter 43-45 and article 4.5-02.1.
5. One year of direct clinical counseling experience as a licensed mental health professional or addiction counselor is equivalent to one hundred fifty hours of clinical training. If the applicant is a licensed mental health professional other than an addiction counselor, a maximum of nine hundred hours of clinical training can be accepted for applicants with direct clinical counseling experience. The remaining five hundred hours of clinical training must include training in American society of addiction medicine patient criteria, current diagnostic and statistical manual, and the counselor domains. The hours in each area will be determined by the clinical training program where the trainee is registered. For the purposes of this subsection, mental health professional is defined as in North Dakota Century Code section 25-03.1-02.

**History:** Effective January 1, 2002; amended effective April 1, 2009; July 1, 2014.

**General Authority:** NDCC 43-45-04

**Law Implemented:** NDCC 43-45-01, 43-45-04, 43-45-05.1

**4.5-02.1-01-05. Examination.** The applicant must pass the written examination as approved by the board. The written examination may be taken when offered anytime after the completion of the required academic coursework.

**History:** Effective January 1, 2002; amended effective April 1, 2009; July 1, 2014.

**General Authority:** NDCC 43-45-04

**Law Implemented:** NDCC 43-45-04, 43-45-05.1

**4.5-02.1-01-06. Reciprocity.** Repealed effective January 1, 2008.

**4.5-02.1-01-06.1. Reciprocity.** For the purposes of reciprocity as set forth in subsection 2 of North Dakota Century Code section 43-45-05.1, a requirement of at least one thousand four hundred hours of supervised experience as an addiction counselor is at least substantially the same as the clinical training requirements in section 4.5-02.1-01-04.

**History:** Effective April 1, 2009.

**General Authority:** NDCC 43-45-04

**Law Implemented:** NDCC 43-45-04, 43-45-05.1

**4.5-02.1-01-07. Fees.** The board has adopted the following nonrefundable fee payment schedule:

1. Initial license fee:
  - a. Application for license received on or after January first of the even-numbered year and before July first of the even-numbered year \$300.00
  - b. Application for license received on or after July first of the even-numbered year and before January first of the odd-numbered year \$250.00
  - c. Application for license received on or after January first of the odd-numbered year and before July first of the odd-numbered year \$150.00
  - d. Application for license received on or after July first of the odd-numbered year and before January first of the even-numbered year \$100.00
2. Biennial renewal of license fee \$300.00
3. Private practice initial fee \$150.00
4. Late fee \$100.00
5. Annual continuing education provider approval fee \$100.00
6. Provider continuing education program approval fee \$35.00

7. Fee for mailing list \$20.00
8. Written examination fee is the national testing agency fee plus an additional board administrative fee of forty dollars.

**History:** Effective January 1, 2002; amended effective January 1, 2008; April 1, 2009; July 1, 2014.

**General Authority:** NDCC 43-45-04

**Law Implemented:** NDCC 43-45-04, 43-45-07

# **ATTACHMENT**

**F**

## SUBSTANCE ABUSE EXAM PROPOSED RULES

### R4-6-704. Examination

- A. The Board approves the following licensure examinations for an applicant for substance abuse technician licensure:
1. International Certification Reciprocity Consortium/Alcohol and Drug Counselor exam, and
  2. Level I or higher examinations offered by the National Association of Alcoholism and Drug Abuse Counselors.
- B. The Board approves the following licensure examinations for an applicant for associate substance abuse counselor and independent substance abuse counselor licensure:
1. International Certification Reciprocity Consortium/Advanced Alcohol and Drug Counselor exam, and
  2. Level II or higher examinations offered by the National Association of Alcoholism and Drug Abuse Counselors.
  3. Examination for Master Addictions Counselors offered by the National Board for Certified Counselors
- C. An applicant for substance abuse technician, associate substance abuse counselor and independent substance abuse counselor licensure shall receive a passing score on an approved licensure examination.
- D. Applicants shall pass an approved examination within 12 months after the date of service of the written deficiency notice described in R4-6-302(D)(6). An applicant shall not take an approved examination more than twice during the 12-month testing period.
- E. If an applicant does not receive a passing score on an approved licensure examination within the 12 months referenced in subsection (C), the Board shall close the applicant's file with no recourse to appeal. To receive further consideration for licensure, an applicant shall submit a new application and fee.

#### Historical Note

New Section made by exempt rulemaking at 10 A.A.R. 2700, effective July 1, 2004 (Supp. 04-2).

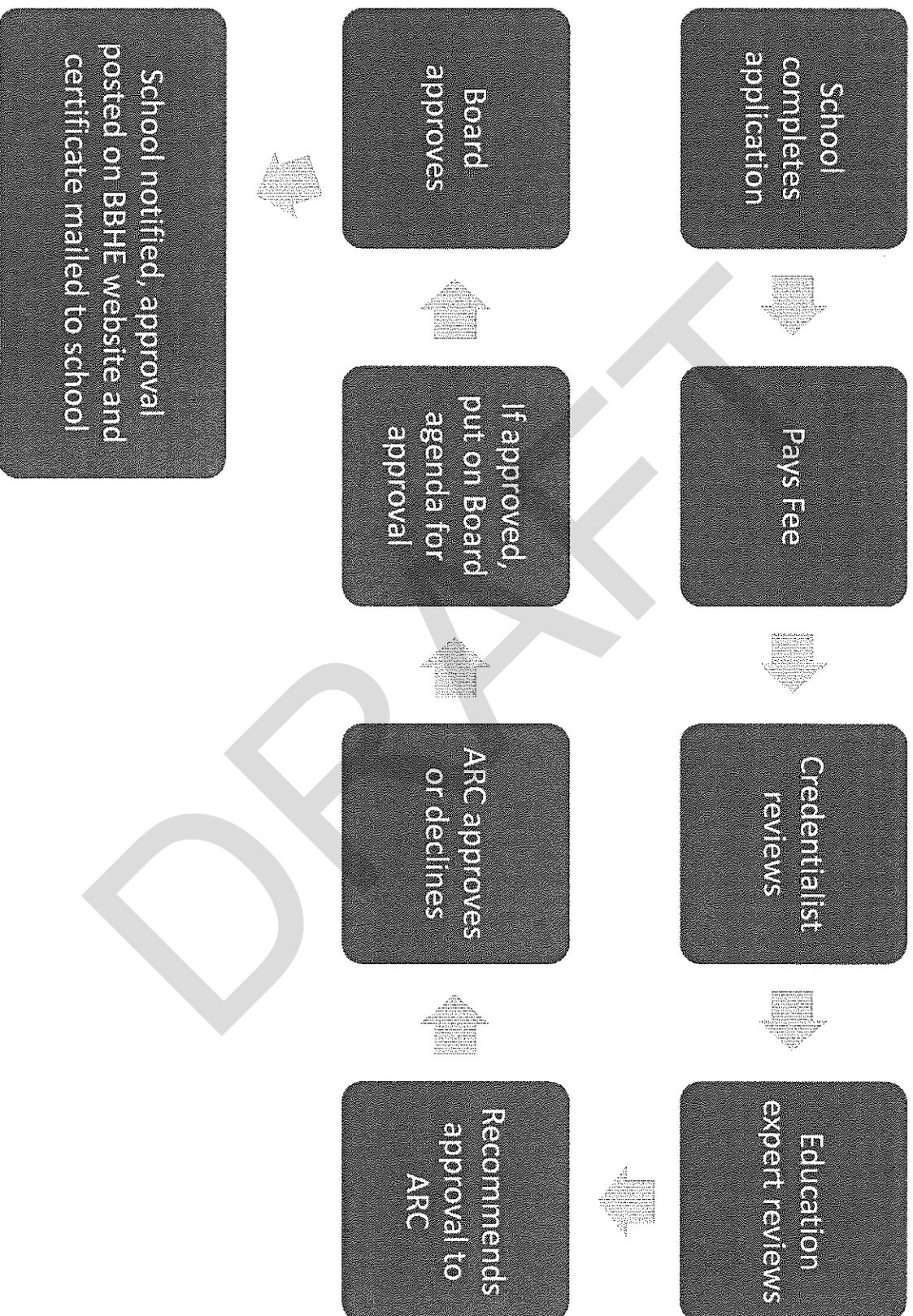
# **ATTACHMENT**

## **G**

## CONSIDERATIONS:

- *What criteria will the curricula be evaluated on?*
- *What will the fee be to have the curriculum reviewed?*
- *Will there be a fee to have it changed once approved?*
- *Is it a fee per discipline if a school has several programs?*
- *Will the ARC look at all electives in the 60/90 hours or just the core content areas?*
- *Can schools submit previous curricula (2012, 2013, etc) if they're different from 2014 forward?*
- *\$85/day problematic*
- *ARC selected by Board, not appointed by Governor's office*
- *Quorum issues from recusals*
- *Other ARC business could be held up if there are no curricula to review and academic members are not present*

# ARC Curricula Review



# **ATTACHMENT**

**H**



Board of Behavioral Sciences



1625 North Market Blvd., Suite S-200, Sacramento, CA 95834  
 (916) 574-7830, (800) 326-2297 TTY, (916) 574-8625 Fax  
 www.bbs.ca.gov

Governor Edmund G. Brown Jr.  
 State of California  
 Business, Consumer Services and Housing Agency  
 Department of Consumer Affairs

October 6, 2014

[Contact Name, Title]  
 [Address]

Dear [Contact Name]:

Senate Bill (SB) 788 changed the education requirements for professional clinical counselor licensure for the following applicants:

- Students that begin graduate study before August 1, 2012 and do not complete that study on or before December 31, 2018;
- Students who begin graduate study before August 1, 2012 and who graduate from a degree program that meets the requirements of Business and Professions Code section (BPC) 4999.33; and
- Students who begin graduate study on or after August 1, 2012.

After reviewing the information provided, the Board of Behavioral Sciences (BBS) has determined that [School name]'s Masters/Doctoral degree in [Program Name] does not meet the instruction requirements for Licensed Professional Clinical Counselor (LPCC) Licensure stipulated in Business and Professions Code section (BPC) 4999.33, which resulted from SB 788. Areas of deficiency are outlined below.

***If Deficient in Core Content Areas***

**Core Content Areas**

As stipulated in BPC section 4999.33, a qualifying degree must contain coursework that includes at least ten of the required thirteen core content areas. The deficient core content areas are as follows:

- [Deficient Core Content Area]

***If Deficient in Advanced Coursework Requirement or Practicum Other Areas***

- The coursework evaluated did not include a minimum of 15 semester units or 22 1/2 quarter units of advanced coursework to develop knowledge of specific clinical topics, as specified in BPC section 4999.33. These courses must be in addition to the core content areas.
- The instruction evaluated did not include a minimum of six semester units or nine quarter units of supervised practicum or field study experience, or the equivalent, in a clinical setting, as specified in BPC section 4999.33.

Applicants that do not have a degree from a program that meets the statutory requirements under BPC section 4999.33 may not be eligible for LPCC licensure. If your program has

additional information regarding the identified deficiencies, please submit it for review. Please continue to check the BBS Web site at [www.bbs.ca.gov](http://www.bbs.ca.gov) for LPCC updates and information.

If you have any questions about the BBS' evaluation, please contact Elisabeth Liles at (916) 574-7843 or [Elisabeth.Liles@dca.ca.gov](mailto:Elisabeth.Liles@dca.ca.gov).

Sincerely,

Kim Madsen  
Executive Officer  
Board of Behavioral Sciences

# **ATTACHMENT**

## **I**

**Licensed Professional Clinical Counselor (LPCC)  
Program Identification  
(For coursework beginning on or after August 1, 2012)**

*This survey assists the Board of Behavioral Sciences (BBS) in determining a program's conformity to the laws relating to Licensed Professional Clinical Counselor (LPCC) education, as well as individual applicants' eligibility for licensure, and should be completed by the Chief Academic Officer or designee. Please attach a copy of your school's accreditation or approval if it is not already on file with the BBS. Also:*

- *Please submit a separate survey for each program if your school offers more than one program that qualifies students for LPCC licensure under the 2012 requirements.*
- *If your school has more than one location but your program is the same at each location, only submit one survey, but be sure to list the contact person for each campus.*

<b>School Name</b>		<b>Date</b>	
<b>Address</b>	Street, City, State, Zip Code		
<b>Chief Academic Officer</b>		<b>Phone</b>	
		<b>Email</b>	
<b>Authorized Designee, if applicable</b> <i>Person other than the above authorized to sign the BBS Program Certification Form</i>		<b>Phone</b>	
		<b>Email</b>	
<b>Accrediting or Approving Agency</b> <i>Attach verification of accreditation or BPPVE/BPPE approval</i>			
<b>Degree Title as it Appears on Transcript</b> <i>Complete a separate form for each qualifying degree title</i>		<b>Total Number of Units</b>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             _____ <input type="checkbox"/>              Quarter           </div> <div style="text-align: center;">             _____ <input type="checkbox"/>              Semester           </div> </div> <p><b>*NOTE: The 2012 LPCC licensure standards require 60 semester or 90 quarter units</b></p>

*I declare under penalty of perjury under the laws of the State of California that all information submitted on this form and on any accompanying attachments is true and correct.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## LPCC CORE CONTENT AREAS

For each section below, please list the course number(s), title(s), and unit(s) for coursework that covers some or all of the subject matter identified in the description of the core content area. You can use courses more than once across the different core content areas, but units may not be repeated (i.e., if a course is listed under core content area #1 and #2, the units must be divided across the two core content areas).

In order for an application to receive full credit in the core content area, he or she must have taken the equivalent of three (3) semester units or four and one-half (4.5) quarter units of graduate coursework in that area. However, an applicant whose degree is deficient in no more than three (3) of the core content areas may satisfy those deficiencies by completing postdegree coursework at a regionally accredited or BPPVE approved institution.

### Requirements that have NOT Changed for 2012

**NOTE: You do NOT need to re-list courses reported on your previous Program Identification survey UNLESS they have changed for your 2012-compliant program beginning August 1, 2012.**

1. **Counseling and psychotherapeutic theories and techniques**, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters
2. **Human growth and development across the lifespan**, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.
3. **Career development theories and techniques**, including career development decision making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.
4. **Group counseling theories and techniques**, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

5. **Assessment, appraisal, and testing of individuals**, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.
  
6. **Multicultural counseling theories and techniques**, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.
  
7. **Principles of the diagnostic process**, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.
  
8. **Research and evaluation**, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.
  
9. **Professional orientation, ethics, and law in counseling**, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

**NEW Requirements for August 1, 2012 and Later**

10. **Psychopharmacology**, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.
  
11. **Addictions counseling**, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.
  
12. **Crisis or trauma counseling**, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.
  
13. **Advanced counseling and psychotherapeutic theories and techniques**, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

**ADDITIONAL COURSEWORK REQUIREMENTS:**

**For each section below, please list the course title(s), number(s), and unit(s) for courses that cover the subject matter listed.**

**NEW Requirements for August 1, 2012 and Later**

1. A minimum of **15** semester or **22.5** quarter units of **advanced coursework** to develop knowledge of specific treatment issues or special populations. These units should **not** be repeated from the above core content areas.

2. Not less than six (6) semester units or nine (9) quarter units of **supervised practicum or field study experience**, or the equivalent, in a clinical setting that provides a range of professional clinical counseling experience, including the following
  - A minimum of **280** hours of face-to-face supervised clinical experience counseling individuals, families, or groups
  - Experience in applied psychotherapeutic techniques; assessment; diagnosis; prognosis; treatment; issues of development, adjustment, and maladjustment; health and wellness promotion; **professional writing, including documentation of services, treatment plans, and progress notes; how to find and use resources**; and other recognized counseling interventions
  
3. Instruction in all of the following **within the degree program**: (NOTE: There are no specific unit or hour requirements for this content. Courses may be repeated from core content areas.)
  - The understanding of human behavior within the social context of **socioeconomic status** and other **contextual issues affecting social position**
  
  - The understanding of human behavior within the social context of a **representative variety of the cultures found within California**.
  
  - **Cultural competency and sensitivity**, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.
  
  - An understanding of the **effects of socioeconomic status** on treatment and available resources.
  
  - **Multicultural development and cross-cultural interaction**, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability and their incorporation into the psychotherapeutic process.

- **Case management, systems of care** for the severely mentally ill, **public and private services** for the severely mentally ill, **community resources** for victims of abuse, disaster and trauma response, **advocacy** for the severely mentally ill, and **collaborative treatment**. (NOTE: The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.)
  
  - **Human sexuality**, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.
  
  - **Spousal or partner abuse** assessment, detection, intervention strategies, and same-gender abuse dynamics.
  
  - **Child abuse** assessment and reporting.
  
  - **Aging and long-term care**, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.
4. Integrated throughout the curriculum: (NOTE: Several courses should be listed that include the following content to demonstrate full integration.)
- Principles of mental health **recovery-oriented** care and methods of service delivery in recovery-oriented practice environments.
  
  - An understanding of **various cultures** and the social and psychological implications of **socioeconomic position**.

5. Provide the opportunity for students to **meet with various consumers** and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.