IC&RC

Setting Global Standards for Addiction Professionals

International Certification & Reciprocity Consortium

Advanced Alcohol and Drug Counselor

2014 Job Analysis Report

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Introduction

Survey Overview: The Content Validation Model

The foundation of a valid, reliable, and legally defensible professional licensing/certification program is a well-constructed job task analysis (JA) study. The JA study establishes the link between test scores achieved on licensing exams and the competencies being tested; therefore, pass or fail decisions correlate to competent performance. When evidence of validity based on examination content is presented for a specific professional role, it is critical to consider the importance of the competencies being tested. The Joint Standards for Educational and Psychological Testing (AERA, APA, and NCME, 1999) state:

> *Standard 14.10*
> When evidence of validity based on test content is presented, the rationale for defining and describing a specific job content domain in a particular way (e.g., in terms of tasks to be performed or knowledge, skills, abilities, or other personal characteristics) should be stated clearly.
>
> *Standard 14.14*
> The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for the credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted.

Purpose of the Job Analysis Study

In order to meet the aforementioned standards, it is essential that examination content be examined periodically to ensure that existing outlines continue to cover the knowledge, skills, and abilities (KSAs) required for competent practice in the occupation or profession of interest. To this end, the International Certification & Reciprocity Consortium (IC&RC) worked with Schroeder Measurement Technologies, Inc. (SMT) to conduct a job analysis for the Advanced Alcohol and Drug Counselor (AADC) certification program.

The job analysis included establishing and implementing an online survey instrument that described the job activities and KSAs required of a competent AADC. This report provides an overview of the survey design, analysis, and results. Survey results of demographic data are displayed graphically. In addition, the implications of these results on examination development are discussed.

Survey Methodology

Survey Development

The online survey was developed using results from preliminary research conducted by SMT and input from a panel of IC&RC subject matter experts (SMEs). Together, the panel and SMT developed the following survey parts in a job analysis (JA1) meeting held from November 14 to November 15, 2013:

1. Task list
2. Survey rating scale
3. Demographic questions

A copy of the survey appears in Appendix A and the list of JA1 and JA2 participants appears in Appendix B.

Task Element List and Survey Rating Scale

The following performance and importance rating scales for the job domains section of the survey were used:

Performance:
0 = NA/Not Performed

Importance:
1 = Of No Importance
2 = Of Little Importance
3 = Moderately Important
4 = Very Important
5 = Extremely Important

The following instructions were provided to respondents:

IC&RC, the world leader in addiction-related credentialing, is currently in the process of updating its Job Analysis (JA) for its Advanced (Master's Level) Counselor examination. A JA study is the methodical process IC&RC uses to determine elements of practice and knowledge to assess as part of its certification examination.

As part of the JA study, IC&RC is asking currently practicing Advanced Counselors to complete a short survey. The survey rates the importance of tasks performed by an entry level Advanced Counselor. For the purpose of this survey, an entry level Advanced Counselor is defined as a person who has:

1. *1-3 years of experience as a clinical counselor specializing in alcohol and drug counseling and co-occurring disorders*
2. *300 hours of supervision*
3. *A Master's Degree in behavioral science with a clinical application*
4. *180 hours of alcohol and drug counseling-specific education.*

This survey should take approximately 10 to 20 minutes to complete. You may revisit your survey record at any time during the survey administration period of January 6, 2014 through February 14, 2014.

There are three sections in this survey:

Section 1: Demographic Questions. Demographic questions help us develop a profile of the Advanced Counselor and the environment in which you practice.

Section 2: Job Domains. This section lists tasks that may be performed by a competent Advanced Counselor in his or her work. This list of tasks is organized by job domain and was developed by a diverse group of Advanced Counselors. You are asked to indicate whether you perform these tasks in your line of work; you are then asked to evaluate the importance of these tasks to competent practice as an Advanced Counselor.

Section 3: Post-Survey Questionnaire. In this section, you are asked to assign weights to each of the four job domains. These data will be analyzed to determine the distribution of content for the Advanced Counselor's certification exam. You will also have the opportunity to specify any tasks you feel may have been overlooked in this survey.

Demographic Questions

A demographic questionnaire was included in the survey for the purpose of sample validation. The demographic questions are:

1. Do you hold any of the following credentials or licenses?
2. How many years have you been practicing in the role of an Advanced Counselor?
3. In which U.S. state or geographic region do you currently practice?
4. Which of the following best describes your primary work setting as an Advanced Counselor?
5. Which of the following best describes the level of care which you provide in your primary work setting?
6. Which of the following best describes your primary role at your workplace?
7. Which of the following best describes your highest level of formal education?
8. What is your age?

9. What is your gender?
10. Which of the following best describes your race or ethnicity?

Sampling Methodology, Data Collection and Analyses

In January 2014, IC&RC made a call for participation in the online survey through its email contact list. This list contains approximately 15,000 individuals and includes: IC&RC's Advisory Council, staff, member boards, delegates, professionals that have subscribed to IC&RC's newsletter, and treatment providers. The online survey was made available to respondents from January 6 to February 14, 2014, a period of approximately five weeks. After the close of the administration window, SMT collected the data and analyzed respondent demographics, task importance ratings, and the percentage of tasks not performed.

Given that one of the requirements for obtaining the AADC credential is a Master's degree, only the responses of individuals who indicated they had at least a Master's degree were analyzed. A total of 832 individuals responded to the survey for an approximately 5.5% response rate; of the 832 respondents, 604 had at least a Master's degree. Consequently, results are based on a sample of 604 respondents.

Survey Results

Results are divided into the following three sections:

1. Survey adequacy and reliability information
2. Demographic results
3. Importance ratings

Survey Adequacy and Reliability Information

Survey Adequacy

At the end of the survey, respondents were asked to rate the effectiveness of the survey in identifying essential tasks performed by an AADC. Approximately 99% (583 of 591) of individuals who provided a response indicated that the survey either adequately or completely covered the essential tasks performed by an AADC (Figure 1 and Table 1).

> *How well did this survey cover the essential tasks required of a minimally competent, entry level Advanced Counselor?*

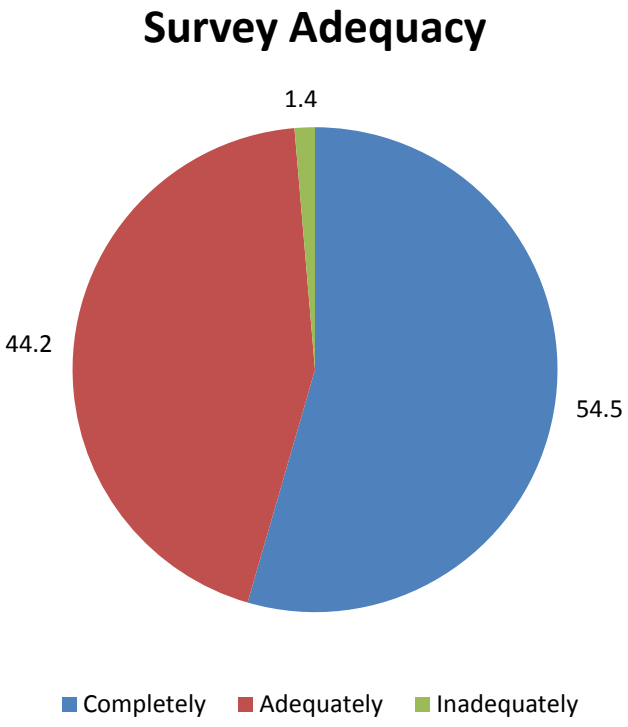

FIGURE 1. Survey adequacy.

TABLE 1. Survey Adequacy.

Adequacy	Frequency	Percent
Completely	322	54.5%
Adequately	261	44.2%
Inadequately	8	1.4%

Missing Task Elements and KSAs

At the end of the survey, respondents were asked for feedback on tasks that they felt were missing in the survey.

> *In the space provided below, please specify any job tasks that are important for a minimally competent, entry level Advanced Counselor to perform or understand that you feel were not covered in this survey. Your response is limited to 500 characters.*

These free-text responses, without any edits, are shown in Appendix C.

Reliability Estimate

The Cronbach's Alpha reliability estimate was calculated to evaluate the internal consistency of the task ratings. This statistic is bound between 0 and 1, with higher values indicating higher reliability, meaning that ratings obtained from the survey are reliable and consistent. As a rule of thumb, reliability estimates above 0.7 are considered acceptable. For this survey, Cronbach's Alpha was 0.96 for the importance ratings, indicating that the ratings obtained were reliable.

Demographic Results

Credentials

Respondents were asked to indicate the credentials or licenses that they currently hold. Table 2 shows the frequencies of each certification/license held. They could select from a list of 16 options to identify their licenses or credentials. Note that some respondents hold multiple credentials/licenses. Other license and certification free text responses are shown unedited in Appendix D.

TABLE 2. Credentials/Licenses Held.

Certification/License	Frequency	Percentage
Certified Advanced Alcohol and Drug Counselor	294	48.7
Certified Alcohol and Drug Counselor	160	26.5
Certified Clinical Supervisor	114	18.9
Certified Co-Occurring Disorders Professional	21	3.5
Certified Co-Occurring Disorders Professional-Diplomate	32	5.3
Certified Criminal Justice Professional	24	4.0
Certified Clinical Mental Health Counselor	30	5.0
Licensed Marriage and Family Therapist	14	2.3
Licensed Professional Counselor	179	29.6
Licensed Psychologist	7	1.2
Licensed Social Worker	163	27.0
Masters Addictions Counselor	69	11.4
National Certified Addiction Counselor I	12	2.0
National Certified Addiction Counselor II	19	3.1
National Certified Counselor	35	5.8
Other	167	27.6

Years of Experience

Over half of respondents (72.9%, 436 of 598) have more than five years of experience; Figure 2 shows a frequency distribution of the number of years of experience. Six respondents did not provide a response to this item.

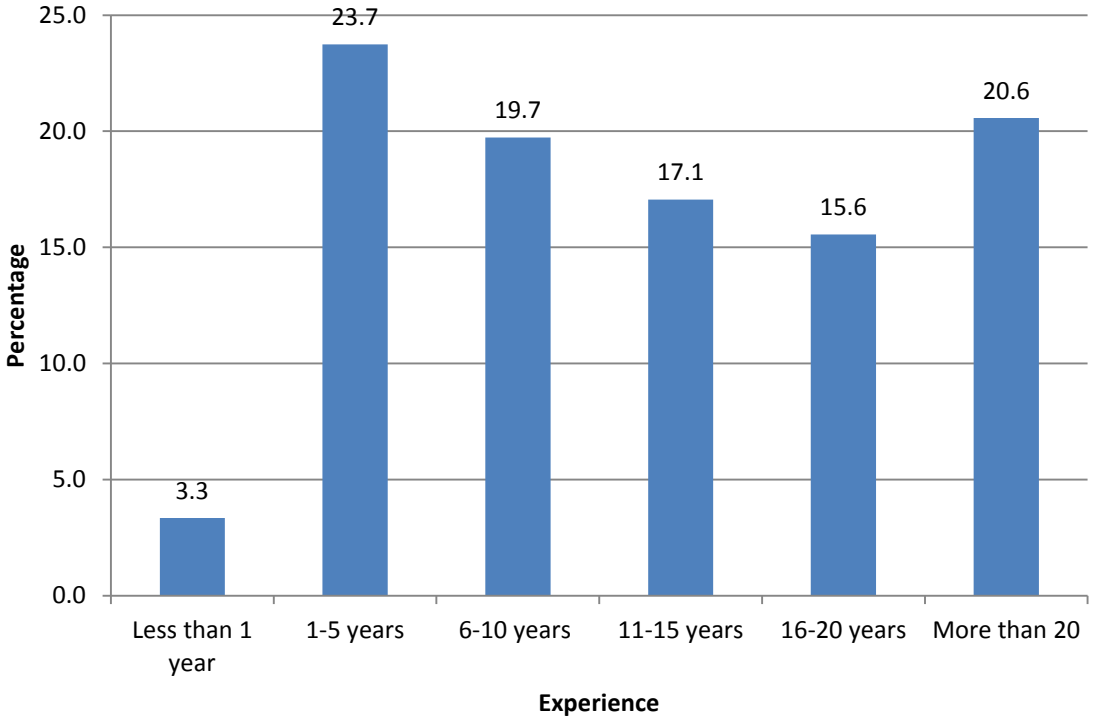

FIGURE 2. Years of Experience as an AC.

Geographical Region

Respondents were asked to indicate the state or region in which they currently practice. Figure 3 shows a frequency distribution of the results; The U.S. states were grouped in the following regions:

1. Northeast
2. Midwest
3. South
4. West

Over half of respondents (55%, 330 of 600) practice in the Midwest. About 2.1% of respondents practice outside of the U.S. Four respondents did not provide a response to this item. Frequencies by individual states and regions outside of the U.S. are shown in Appendix E.

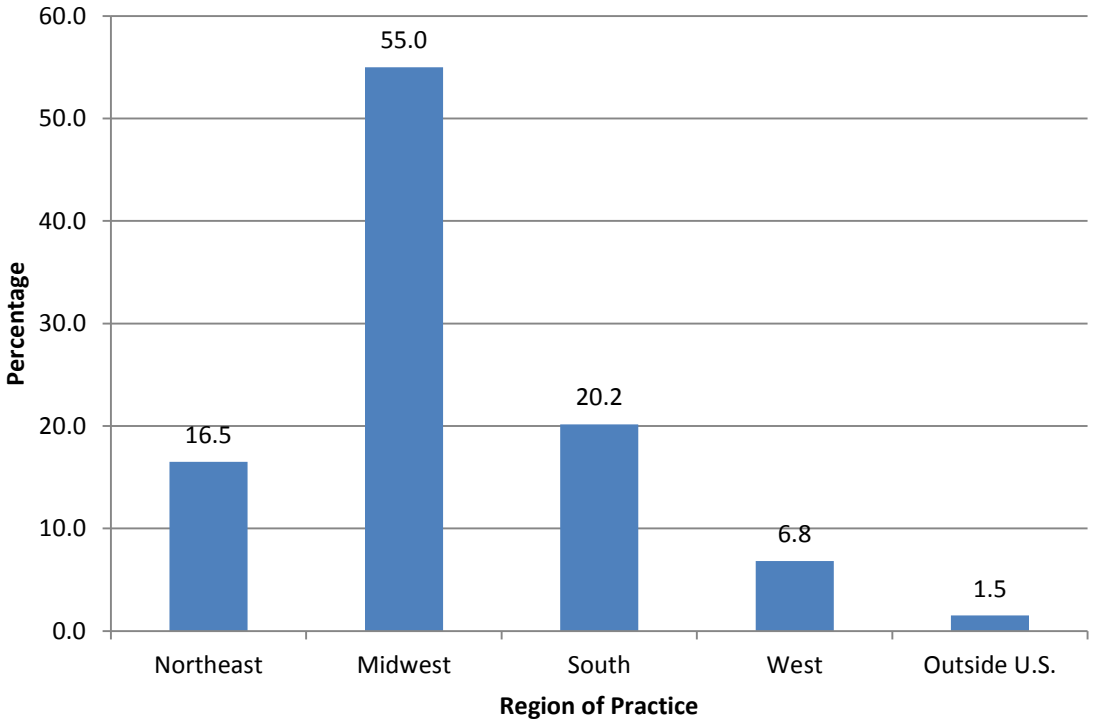

FIGURE 3. Geographical Region.

Primary Work Setting

Respondents were asked to describe their primary work setting as an AADC. They could select from a list of nine options to identify their primary work setting. The distribution of work settings is shown in Figure 4. Figure 4 shows that the majority of respondents 68.8% (411 of 597) work in a Private sector. Seven respondents did not provide a response to this item. Other unedited free text responses are found in Appendix F.

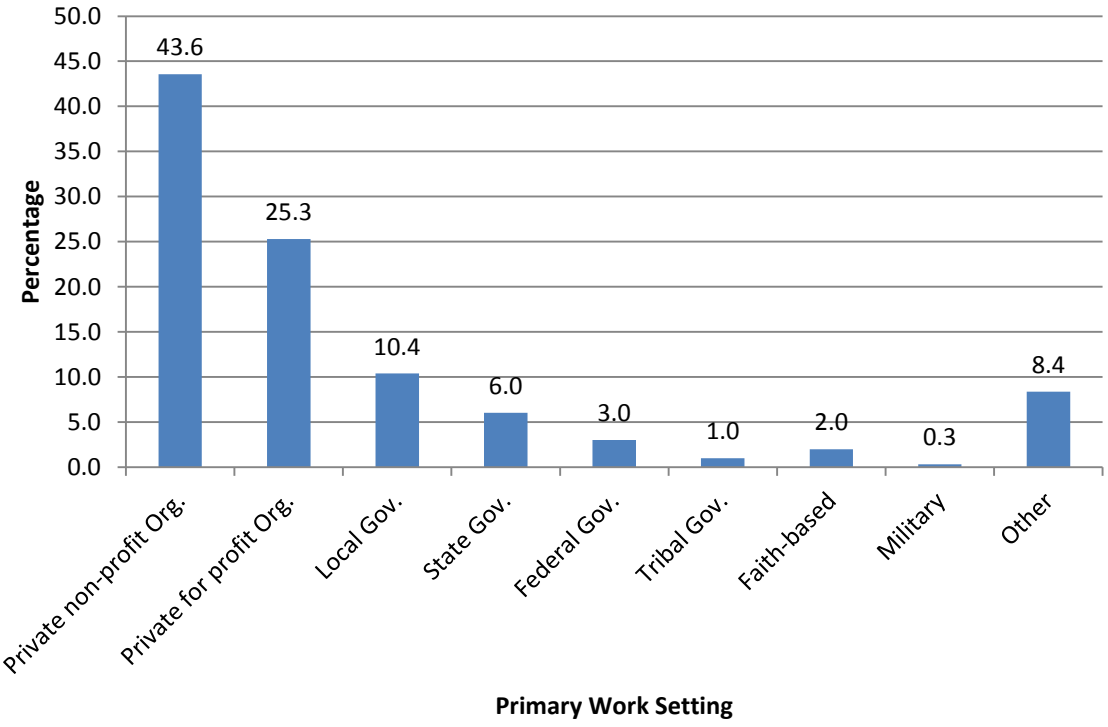

FIGURE 4. Primary Work Setting.

Level of Care Provided in Primary Work Setting

Respondents were also asked to describe their level of care provided in primary work setting. The distribution of level of care is shown in Figure 5. Figure 5 shows that the majority of respondents 68.2% (407 of 597) selected outpatient treatment as the level of care in primary work setting. Other free text responses are shown unedited in Appendix G. Seven respondents did not provide a response to this item.

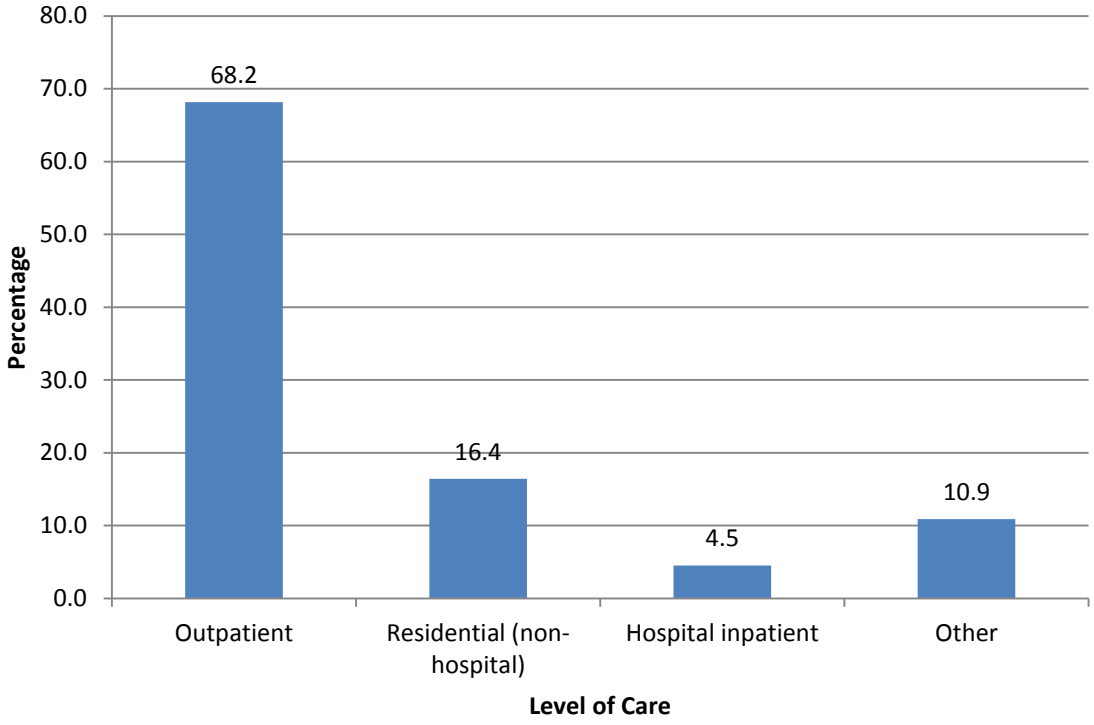

FIGURE 5. Level of Care Provided in Primary Work Setting.

Primary Job Role

Respondents were asked to indicate their primary job role. The distribution of work settings is shown in Figure 6. Figure 6 shows that the majority of respondents 56.1% (332 of 592) work as Counselors/Therapists. Twelve respondents did not provide a response to this item. Other unedited free text responses are shown in Appendix H.

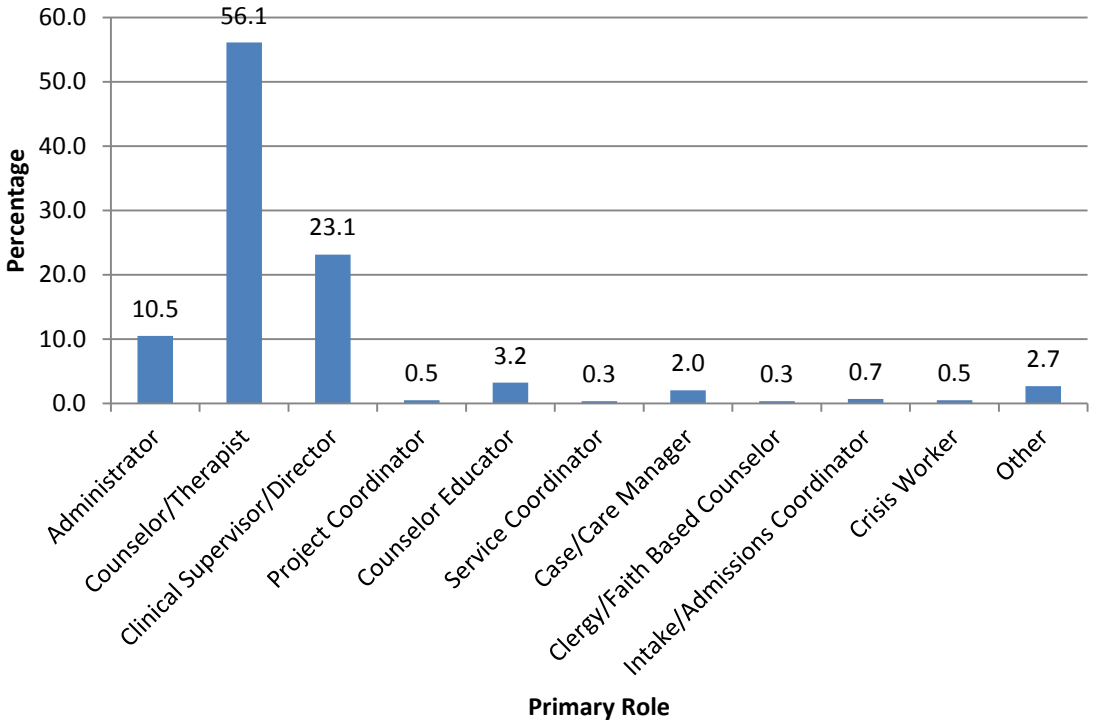

FIGURE 6. Primary Job Role.

Highest Level of Education

Figure 7 shows a distribution of the education level of respondents. Most respondents (90.1%, 539 of 604) have a Master's degree.

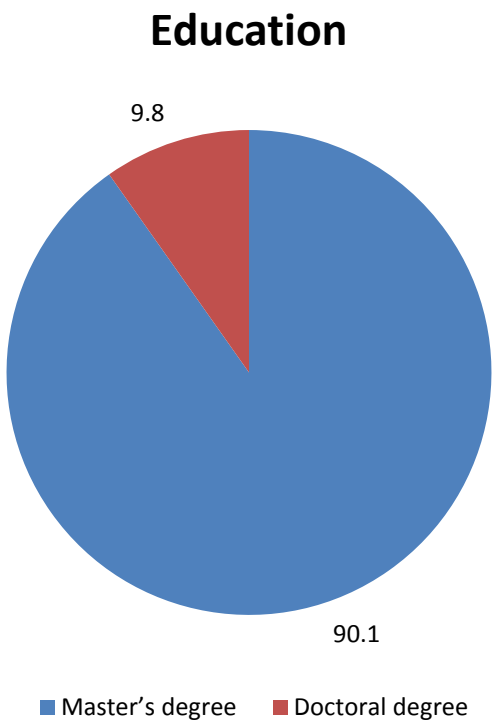

FIGURE 7. Highest Level of Education.

Age

Figure 8 shows that the majority of respondents are between the age of 46 to 65 (67.7%, 407 of 601). Three respondents did not respond to this item.

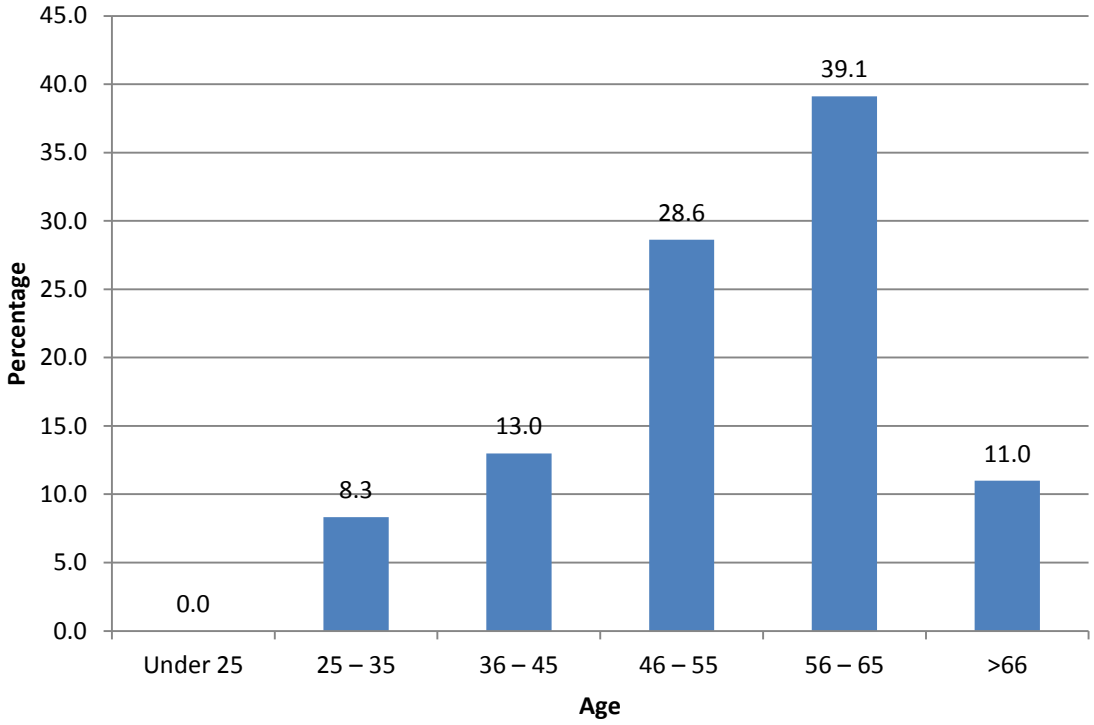

FIGURE 8. Age.

Gender

Respondents were asked to identify their gender. Figure 9 shows the majority of respondents 63.6% (379 of 596) are female. Eight respondents did not respond.

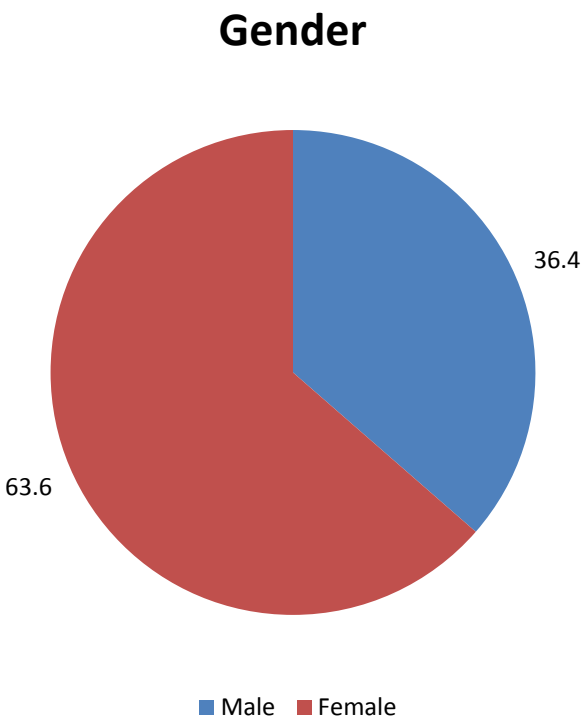

FIGURE 9. Gender.

Ethnicity

Respondents were asked which of the following best describes their race or ethnicity. Figure 10 shows the majority of respondents 78.1% (470 of 602) are of White, Non-Hispanic ethnicity. Two respondents did not provide a response.

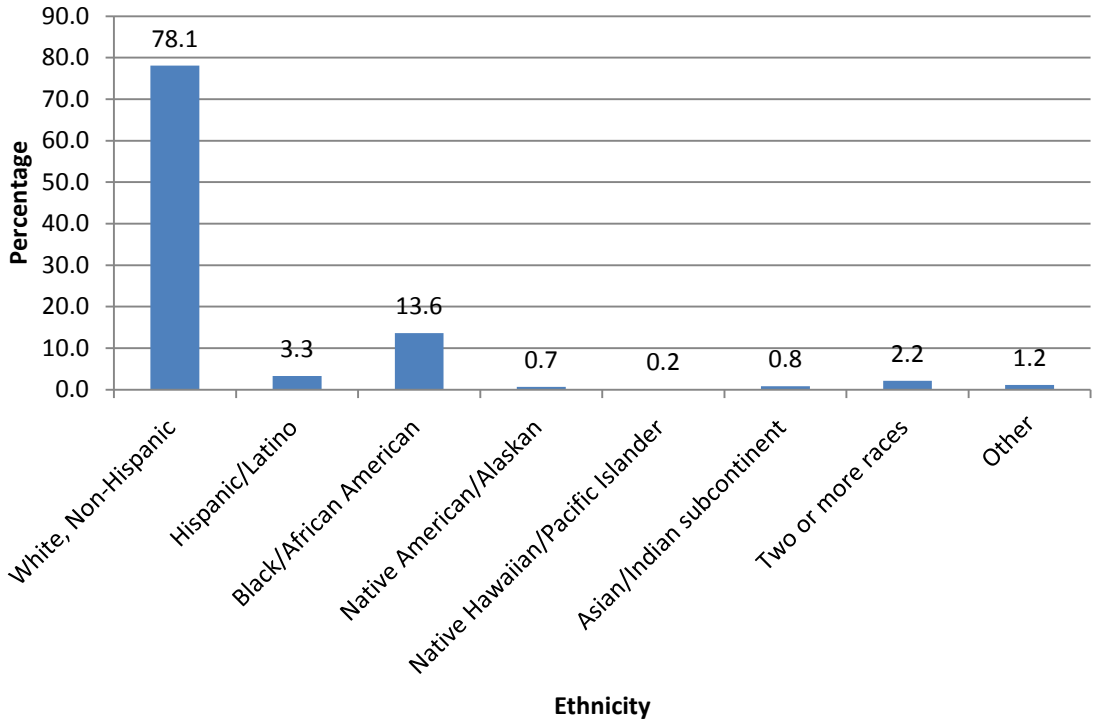

FIGURE 10. Ethnicity.

Importance and Non-Performance Ratings

After answering the demographic section, survey respondents were asked to rate the importance of tasks to the role of an AADC. The importance scale ranged from 1 to 5 with a "1" indicating the task was "Of No Importance" and a "5" indicating the task was "Extremely Important." Respondents rated tasks that they do not perform as "0"; a total of 52 tasks were rated. Appendix I shows the 52 tasks in descending order of non-performance; Appendix J shows the mean importance rating in descending order for each element and its associated standard deviation.

Almost all tasks had non-performance percentages of less than 5% (Appendix I); three tasks had non-performance ratings of more than 5%:

Domain 4: Professional and Ethical Responsibilities

- Task 15. Adapt clinical supervisory strategies to match the supervisees' needs and scope of practice. **(8.51%)**

- Task 14. Establish a clinical supervisory relationship with supervisees that is safe, supports self-exploration, and is conducive to professional development. **(7.18%)**

- Task 16. Advocate for public policy and resource development with local, regional and national entities and key policymakers. **(7.06%)**

The average importance ratings for all tasks ranged from 3.92 to 4.91 (out of 5, Appendix J). Only one task had an average importance rating of less than 4.0:

Domain 4: Professional and Ethical Responsibilities

- Task 16. Advocate for public policy and resource development with local, regional and national entities and key policymakers. **(3.92)**

This indicates respondents felt that most tasks listed on the online survey was at least very important to competent practice as an AADC.

Domain Weights

Survey respondents were asked to assign a percentage to each of the four content domains of the AADC's job area, reflecting the proportion of examination content that should be written to each domain. Table 3 contains descriptive statistics of content domain weights.

TABLE 3. Descriptive Statistics of Content Domain Weights.

Domain	N	Minimum	Maximum	Mean (%)
Screening, Assessment, and Engagement	591	5	70	26.0
Treatment Planning, Collaboration, and Referral	591	5	70	23.2
Counseling and Education	591	10	70	28.6
Professional and Ethical Responsibilities	591	1	50	22.3

Decision Criteria for Determining Examination Blueprint

SMT conducted a second job analysis (JA2) meeting on March 28, 2014, to present the survey results to an SME panel **(**Appendix B). The purpose of the meeting was to review the IC&RC AADC survey results, determine the weights for each content domain and its associated subdomains, and to finalize the examination blueprint.

Inclusion Criteria

Based on results of the survey, the panel decided that individual tasks are required to satisfy two criteria in order to be included in the AADC examination blueprint:

Minimum Average Importance Rating

First, individual tasks are required to have an average importance rating of at least 4.0 to be included in the examination blueprint.

Maximum Percentage of Non-Performance

Second, individual tasks can have a maximum non-performance percentage of 5% before being dropped from the examination blueprint; in other words, an individual task needs to be performed by at least 95% of respondents in order to be included on the examination blueprint.

The following tasks did not satisfy the aforementioned inclusion criteria:

Domain 4: Professional and Ethical Responsibilities

- Task 14. Establish a clinical supervisory relationship with supervisees that is safe, supports self-exploration, and is conducive to professional development.

- Task 15. Adapt clinical supervisory strategies to match the supervisees' needs and scope of practice.

- Task 16. Advocate for public policy and resource development with local, regional and national entities and key policymakers.

Respondent Comments

After reviewing the comments and feedback from survey respondents, the SME panel was in agreement that one additional task needs to be added to the examination blueprint. Specifically, a new task emphasizing collaboration with professionals from other areas of expertise was added to Domain 2: Treatment Planning, Collaboration, and Referral.

Final Examination Content Outline and Length

Based on the above inclusion criteria and decisions of the SME panel, the AADC content outline and weight distribution was finalized. The weight distribution of the content areas for the AADC examination is shown below in Table 4 and the content outline appears in Appendix K**.** The decision of the panel was to keep the length of the AADC examination at 150 items in total; of the 150 items, 125 will be scored.

TABLE 4. Final AADC Examination Weight Distribution.

Domains	Weight (%)
Screening, Assessment, and Engagement	23
Treatment Planning, Collaboration, and Referral	18
Counseling and Education	28
Professional and Ethical Responsibilities	31

Appendix A: IC&RC AADC JA Survey

IC&RC 2014 Advanced Alcohol and Drug Counselor JA Survey

Demographic Section

1. Do you hold any of the following credentials or licenses? (Check all that apply.)

   Certified Advanced Alcohol and Drug Counselor
   Certified Alcohol and Drug Counselor
   Certified Clinical Supervisor
   Certified Co-Occurring Disorders Professional
   Certified Co-Occurring Disorders Professional-Diplomate
   Certified Criminal Justice Professional
   Certified Clinical Mental Health Counselor
   Licensed Marriage and Family Therapist
   Licensed Professional Counselor
   Licensed Psychologist
   Licensed Social Worker
   Masters Addictions Counselor
   National Certified Addiction Counselor I
   National Certified Addiction Counselor II
   National Certified Counselor
   Other (please specify):

2. How many years have you been practicing in the role of an Advanced Counselor?

   Less than 1 year
   1-5 years
   6-10 years
   11-15 years
   16-20 years
   More than 20

3. In which U.S. state or geographic region do you currently practice?

   All U.S. states including District of Columbia
   Africa
   Asia
   Central America
   Eastern Europe
   European Union
   Middle East
   North America (excluding U.S.)
   Oceania
   South America
   The Caribbean

4. Which of the following best describes your primary work setting as an Advanced Counselor?

   Private non-profit organization
   Private for profit organization
   Local, county, or community governments
   State governments
   Federal governments
   Tribal governments
   Faith based
   Military
   Other (please specify):

5. Which of the following best describes the level of care which you provide in your primary work setting?

   Outpatient treatment
   Residential (non-hospital) treatment
   Hospital inpatient treatment
   Other (please specify):

6. Which of the following best describes your primary role at your workplace?

   Administrator
   Counselor/Therapist
   Clinical Supervisor/Director
   Project Coordinator
   Counselor Educator
   Service Coordinator
   Community Liaison
   Case/Care Manager
   Clergy/Faith Based Counselor
   Intake/Admissions Coordinator
   Crisis Worker
   Other (please specify):

7. Which of the following best describes your highest level of formal education?

   Technical or trade school certificate/degree
   High school diploma or equivalent
   Some college
   Associate's degree
   Bachelor's degree
   Master's degree
   Doctoral degree (PhD or equivalent)
   Other (please specify):

8. What is your age?

   Under 25
   25 – 35
   36 – 45
   46 – 55
   56 – 65
   >66

9. What is your gender?

   Male
   Female
   Transgender

10. Which of the following best describes your race or ethnicity?

    White, Non-Hispanic
    Hispanic or Latino
    Black or African American
    Native American or Native Alaskan
    Native Hawaiian or other Pacific Islander
    Asian or Indian subcontinent
    Two or more races
    Other (please specify):

Job Section

DOMAIN I: SCREENING, ASSESSMENT, AND ENGAGEMENT

1. Demonstrate verbal and non-verbal skills to establish rapport and promote engagement with persons served presenting at all levels of severity.
2. Discuss with persons served the rationale, purpose, and procedures associated with the screening and assessment process to facilitate understanding and cooperation.
3. Assess the immediate needs and readiness for change of the person served through evaluation of observed behavior and other relevant signs and symptoms of co-occurring substance use and/or mental health disorders.
4. Recognize the interactions between co-occurring substance use, mental health and/or other health conditions.
5. Assess for appropriateness of consultation and referral for Medication Assisted Treatment (MAT) for substance use and/or mental health disorders.
6. Identify screening and assessment tools that are appropriate to the demographics of the person served.
7. Use clinical interviews and assessment instruments to obtain and document relevant bio/psycho/social/spiritual information from the person served and/or concerned others.
8. Screen for risk of harm to person served and/or others.
9. Formulate diagnosis(es) based on the signs and symptoms of co-occurring substance use and/or mental health disorders by interpreting observable behavior, objective data, and results of interviews and assessment.
10. Utilize the appropriate placement criteria to determine the level of care.
11. Develop a comprehensive written summary based on the results of screening and bio/psycho/social/spiritual assessment to support the diagnosis(es) and treatment recommendations.

DOMAIN II: TREATMENT PLANNING, COLLABORATION, AND REFERRAL

1. Discuss diagnostic assessment, findings, and recommendations with the person served and concerned others.
2. Formulate and prioritize mutually agreed upon specific and reasonable short and long-term goals, measurable objectives, treatment methods, and resources based upon ongoing assessment findings that address the interactive relationship of each disorder identified.
3. Identify and facilitate access to community resources to support ongoing recovery.
4. Collaborate with the person served in reviewing and modifying the treatment plan based on an assessment of progress and the level of readiness to address substance use and/or mental health goals.
5. Develop a plan with the person served to strengthen ongoing recovery outside of primary treatment.
6. Document treatment progress, outcomes, and continuing care plans.
7. Adapt intervention strategies to the unique needs of the person served, recognizing multiple pathways of recovery.
8. Determine effectiveness and outcome of referrals through ongoing evaluation and documentation.

9. Document all collaboration, consultation and referrals.

DOMAIN III: COUNSELING AND EDUCATION

1. Develop a therapeutic relationship with persons served, families, and concerned others.
2. Continually evaluate the safety and relapse potential of the person served, and develop strategies to anticipate as well as respond to crises.
3. Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.
4. Document services provided and progress toward goals and objectives.
5. Educate the person served regarding the structure, expectations, and limitations of the counseling process.
6. Utilize individual and group counseling strategies and modalities to match the interventions with the level of readiness of the person served to address substance use and/or mental health goals.
7. Adapt counseling strategies to match the unique characteristics and choices of the person served.
8. Educate the person served and concerned others about the biological and psychiatric effects of substance use and misuse.
9. Educate the person served and concerned others about pharmacotherapies for substance use and mental health disorders.
10. Assist families and concerned others in understanding the symptoms of specific disorders, their interactive effects including the relationship between symptoms and stressors, co-occurring substance use and/or mental health disorders, and the use of strategies that sustain recovery and maintain healthy relationships.
11. Identify and adapt education strategies to the unique needs of the person served and concerned others
12. Communicate needed subject matter in a clear, understandable, culturally, and developmentally appropriate manner.
13. Utilize outcome data to continually adapt counseling strategies and update treatment plan to maximize clinical effectiveness.
14. Educate the person served and support system about self-efficacy and empowerment.

DOMAIN IV: PROFESSIONAL AND ETHICAL RESPONSIBILITIES

1. Adhere to established professional codes of ethics and standards of practice.
2. Adhere to jurisdictionally specific rules and regulations regarding best practices in coordinating and/or providing co-occurring substance use, mental health, and health services.
3. Demonstrate cultural competence.
4. Recognize personal biases, including feelings, concerns, and other issues to minimize impact of these variables in the counseling process.
5. Continue professional development through education, self-evaluation, clinical supervision, and consultation.
6. Identify and evaluate the needs of the person served that are outside of the counselor's scope of practice and refer to other professionals as appropriate.

7. Understand and apply current relevant research literature to improve the care of the person served and enhance the counselor's professional development.
8. Understand and utilize technological advances in service delivery.
9. Protect the integrity of the profession and best interests of persons served by identifying, addressing, and advocating for impaired professionals.
10. Protect the integrity of the profession and best interests of persons served by identifying and addressing unethical practices.
11. Uphold the rights of the person served to privacy and confidentiality according to jurisdictionally specific rules and regulations.
12. Obtain required written consent to release information from the person served and/or legal guardian.
13. Prepare timely, concise, clinically accurate, and objective reports and records.
14. Establish a clinical supervisory relationship with supervisees that is safe, supports self-exploration, and is conducive to professional development.
15. Adapt clinical supervisory strategies to match the supervisees' needs and scope of practice.
16. Advocate for public policy and resource development with local, regional and national entities and key policymakers.
17. Advocate for and assist the person served in navigating the service delivery system.
18. Provide all services in a trauma-informed manner.

Post Survey Questionnaire

Considering the relative importance of the four major domains of the Advanced Alcohol and Drug Counselor's job, what percentage of examination questions would you assign to each domain?

1. Screening, Assessment, and Engagement ___
2. Treatment Planning, Collaboration, and Referral ___
3. Counseling and Education ___
4. Professional and Ethical Responsibilities ___

How well did this survey cover the essential tasks required of a minimally competent, entry level Advanced Counselor?

1. Completely
2. Adequately
3. Inadequately

In the space provided below, please specify any job tasks that are important for a minimally competent, entry level Advanced Alcohol and Drug Counselor to perform or understand that you feel were not covered in this survey. Your response is limited to 500 characters.

Free text response.

Appendix B: JA SME Participants

Job Analysis Participants

Name	Location	Years of Experience	Meeting(s) Attended
Lee Dalphonse	Coventry, RI	30+	JA1, JA2
JaMarr Funderburg	Charlotte, NC	12	JA1, JA2
Bala Fischer	Stuttgart, Germany	25+	JA1, JA2
David Felt	Salt Lake City, UT	21	JA1, JA2
Kristin Mehl	Freeland, MI	16	JA1, JA2
Patricia Stilen	Kansas City, MO	30	JA1, JA2
Thomas Freesee	Los Angeles, CA	24	JA1, JA2
Tammi Lewis	Cross Lanes, WV	22	JA1, JA2
Adrianne Trogden	New Orleans, LA	10	JA1, JA2
Kristie Schmiege	Flint, MI	29	JA1, JA2
Catherine Milliken	Lebanon, NH	13	JA1, JA2
David Parcher	Dover, DE	25+	JA1, JA2
Omoronike Hamilton	Silver Spring, MD	12	JA1, JA2

Note: Demographic Worksheets and Affidavits of IC&RC SMEs were not provided in this report due to the confidential and private nature of these materials. This information is on file at Schroeder Measurement Technologies, Inc.

Appendix C: Missing Task Elements and KSAs

Missing Task Elements and KSAs

Veterans Affairs Medical Center does not recognize LICDC-
documented supervision and training- including first hand experience and mentoring. training beyond just personal recovery and experience to include training in group dynamics, stages of group development, therapeutic interventions, understanding mental health, and DSM diagnosis, importance of shadowing a trained professional
an entry level Advanced Alcohol and Drug Counselor should also cover the other 8 domain areas as well.
I think the survey was very comprehansive.; I would add comment section after each domain in order to ratiionalize a "very" vs "extremely" response.
Safety awareness
The changes in treatment options available for substance use disorders is rapidly changing. The importance of a counselor understanding the science of brain functioning and the effects of substance use for behavioral health is critical and not identified as a separate item in your survey.
Intake, evaluation and assessment of clients; determining eligibility, using LOCI and other criteria, counseling techniques and strategies employed in counseling clients with addictions and/or co-occurring disorders. Referral and Collaborative services also important in client placement. Treatment planning and discharge planning and follow up, and/or referral to appropriate services. Report writing skills essential and progress notes and reporting to agencies servicing client in other capacities
Learning about documentation procedures of progress notes. This area is not addressed adequately enough, to emphasize that what you document is medically necessary
Understanding life stressors and life change issues related to culture , aging, and health as well as mental health
This was a well constructed survey.
minimally competent should not be permitted to practice in this business
ability to ask for help from supervisors when the counselor believes s/he is going beyond the scope of training
Everything relevant was covered.
Major areas were covered ok.
Competancy in utilizing electronic medical recording
I now incorporate an integrative approach in my private practice.i have seen amazing results.
More emphasis ; mental health and family system theory
Being able to listen to the client and what brought you to the field.
A Masters Level Counselor with certification in alcohol and drug addictions plus 5-10 years of experience working in numerous recovery facilities.
Personal, Professional growth ;responsibilities and commitments
Understanding of differential diagnostics, what they are, what it means specifically and the usage of DLA 20 for Axis V diagnoses
Training on Evidence Based Practices.
The needs of the intellectually developmentally delayed need to be understood. As community inclusion and choice becomes more important, there will be more individuals with IDD seeking treatment.
I think that a Counselor need to address personal bias and make a supervised personal search so to single out and clarify any event that can/could be a counter transfer. The tools of the trade.
personal bias and opinions about best practices
Having acted as a Certification examiner for new counselors minimum levels of performance are relevant for Advanced Alcohol and Drug Counselors very good skills are essential as they will be models and standard bearers.
I am semi-retired, I do not do long term care, mostly assessment and referral
spirituality, awareness of neuropsych factors, co-occuring disorders and relapse prevention, trigger managment,

sexuality
An Advanced Alcohol and Drug Counselor should be adept at providing the basics evidenced based interventions that assist within the populations they work. They need to also be WELL informed regarding the ethical boundaries for themselves with clients as well as professionalism in dealing with other staff/colleagues.
Complete understanding of the 12 step program, AA/NA, sponsor. Complete understanding of spiritual practice and the disease concept ofaddiction
Group experience.; what age group of client?; Theory background.; Time management.; Team orientation.; Knowledge of insurance/billing.
ethics, confidentality, compassion,open minded,acceptance
More focus on working with families and codependency. most substance abusers, once they get sober, have lots of codependency issues. For women, also a lot of sexual abuse.
This survey was difficult to answer related to a clinician who is identified as minimally competent. Many skills are learned through supervision and competence in practice can be evaluated and assessed through observation.
Im not sure that you covered self care and the seeking out of supervision as essential factors.; Also, when working with a team, the ability to be part of a team and strategize as a team is also important although I am not certain that this belongs in this survey; Also, what about personal development throughout ones career
agency leadership
Coordination of care between Psychiatric, Mental Health, and Substance abuse. Consultation available to Counselor.
interviewing, open ended question use, development of therapeutic alliance, documentation, linkage with referrals, maintain clinical supervision and CEU
Personally responsibility for maintaining a lifestyle which is consistent with the goals of substance abuse and mental health recovery.
The counselor must be very well versed in the English if he is Mexican American. He needs to be familiar with the Spanglish language of the Tex-Mex expressions. This is also known as Pachucos of Tirilones. .
Differential Diagnosis
Understand the difference between form and function! The records we keep are the structure upon which we create a relationship, the relationship should not be secondary.
Develop strong collaberative relationships with referral sources as adjunct to my role as advocate.
Understanding the role of the Peer Support person and the need for integrated health including co-occurring disorders
5% for screening and 5 for assessment; engagement is foundational; so is feedback from client about the process.
Ethical challenges and working in an environment where decisions are often made that go against the code of ethics. Learning to adapt to working in environments such as on Tribal reservations.
developing and maintaining am client chart and all information that should be in it. How charts are to be cared for Ie never take a chart home.
To begin to understand your Role and Limits as a professional counselor. To begin to develop a plan for client and decide best way to implement.
Establishing a report with the client and engaging them in treatment. Motivatinal Interveiwing is important.
Documentation. I found myself writing as much as I did counseling.
In Louisiana an Advanced Alcohol and Drug Counselor cannot diagnose or treat co occuring disorders, nor can they practice medicine by suggesting pharmacological therapies. I think that the survey assumed that these tasks could be done by a person without a credential that the law requires in our state.
The questions exemplifies the tasks and responsibilities of an advanced therapist. I feel the survey covered all aspects and was very well done.
Being a mentor for new counselors in the field of substance abuse
Ethics and scope of practice
spiritual competency

I believe a therapist needs to engage in their own recovery work, for addiction, mental illness, general life coping.
All that were mentioned in the survey
Understanding of need to match patients stated problems to their goals defined in the treatment plan and be able to track outcomes. Need for clarity in healthy boundaries and methods to bring light to counter transference
Know counseling theories, have supervision for two years, have licenses other than LCDC, and at least a masters degree in counseling or psychology.
Crisis intervention and maintaining confidentiality during crisis situations.
Crisis intervention
Ability to work well within a team framework of other disciplines
Overcoming own prejudice
ability to screen, assess and engage clients. Provide competent treatmentplanning. Competent counseling and maintain professionalism and etical practices
Need to review experience levels of current CADCs for transition to ACADC.
Treatment planning, collaboration and referral
Although implied, I would have been direct in addressing person-centered, client driven approach to treatment planning; ; As for the roles a therapist embodies, Collaborator and advocate with PCP and Psychiatrist is a role not discussed which is a real experience for persons served.
I feel that an Advanced Alcohol and Drug Counselor should be able to achieve all of the tasks that have been identified in this survey. If a counselor has moved to this level in the field then all of the tasks that were listed are important to be able to do. To me it does not matter that they are entry level because at this level I think an Advance Counselor should have these skill sets already. As time passes and the longer they are in the field these skill sets will become more intergraded.
MUST have self awareness....this is a big issue with boundaries and dual relationships
Team building with colleagues; personal health and exercise;presentation skills;strategic planning;
All this information is very important, just varies what is needed at the different stages of the treatment process and the clients stages of change.
A true sense of some sense of connection with this population and a willingness to learn from the client while assisting the change process.
All areas of competency were covered in this survey. Itis urgent that consumers receive the best care from professionals of whom they depend
Practitioners need to be given other options to use in a treatment setting other than watching videos. These tools can be helpful, but should be sparingly used and not the center of treatment.
Collaboration and communication with other providers, including legal/medical/social service agencies.
Supervision skills-how to deal with co-workers; personality differences; stages of professional development.
The importance of continuing education . ; There is not much that I did not consider extremely important.
Seems complete.
realistically, most counselors at this level will not be involved with making decisions about treatment models, research, outcome studies
I might not be of help in this survey, but almost all of those items I answered really are super-critical important. I answered them as best as I could based upon expectations, but theyre all extremely important and expected of any competent counselor.
It is hard to put a percentage on the treatment plan, screening, education, assessment... They are all worth more to a counselor to have all the information needed to treat a client. I might add what screening methods you have used in the past and currently, do you perform drug test at your facility, which assessment do you prefer. Overall I thought this was a good survey.
Basic computer skills to accomplish all required documentation.

providing supervision; development of program policy
Ability to recognize and know how to treat dual diagnosis individuals is key for advanced practice entry level counselors
embrace cultural diversity in both clients and coworkers and work as a team with both clients and coworkers to provide the best possible treatment.
Survey covered sufficient areas.
Inter-personal communication skills, knowledge of personal strengths and weakness, development of a personal growth and develop plan. Awareness of personal issues that may affect the clinicians effectiveness. Understanding that it takes at least 2 years to become proficient in the principles of addiction and mental health
The most important task an advance counselor will perform is keeping a healthy client/counselor relationship, always adhering to the codes of ethics, and most importantly allowing the client to develop and maintain change. To assess the client needs, and encourage change where needed, but to ultimately, empowering the client to derive at change through the counselors insightful and instinctive ability to guide their client(s) to change.
Computer skills and electronic medical record skills.
Self-care and trauma strewardship
Screening, orientation, assessment, counseling, education, treatment planning, referral, reccord keeping, consultation
I think there should also be more of a focus on marriage and family therapy for clients who are suffering from addiction more so than just education for the family about the affects
it is difficult to assign general percentages to the four domains as they change according to clients and may be higher or lower at any given time. it is important to note ongoing AOD and COD training and documentation of such when supervising counselors.
The survey appeared to cover salient features for not only entry level Advanced Alcohol and Drug Counselors to perform but most aspects best practice for anyone in the profession no matter what length of time they have been practicing. those of us
Documentation efficiency
Some questions regarding the balance between care and funding. It is becoming a daily dilemma
At least 6 months of individual therapy to become alert to countertransference....
A few comments. I have been working in the addiction field for 22 years. I have seen almost NO success with MAT. Those making decisions are not counselors have little to know experience working with real clients. Words like "evidence based" and "community support" make me cringe. The most successful and pretty much only "community support" for those with addictions is 12 Step. Look at the results of MATCH study, 12 step proved to be best but it is discounted. MAT gives false hope.
Counseling skills; Law & Ethics; Personal & Professional; Development
computer skills
assessment & Evaluation, understanding and applying scope of practice and ethical responsibilities
increase understanding to keep their PERSONAL beliefs, etc. OUT of the session
Discharge Planning
collaborative information gathered and verified
Culturally comptence
The survey did a good job of covering the entry level Advanced Alcohol and Drug Counselor
assessment, engagement, communication skills, group skills, participation in supervision
The importance of understanding the clients personal story as it relates to their treatment planning.
a degree, experience, supervision
Completing the bipsychsocial assesement and developemnet f the treatment plan for the patient.
I believe all four domains are very important. One has the responsibility to be ethical and professional, a good

assessment leads to a good treatment and continued counseling. Education plays a key role.
Time management; Self care
to understand harm reduction and motivational interviewing while allowing the patient / client to engage in self determination.
If the person is "minimally competent" and "entry level", I do not understand how they are also "Advanced".....
manner of personal living style and not do as I say -be it & if you need therapy -get it! Be a role model
Everyone needs to have a certain level of co-occurring competency The neurological issues of addiction is what is impressive for my consumers. All ofmy consumers like the materials from Rhonda McKilliips Basics.
infomrtion related to prescription medications for Substance abusem medical and mental health issues.
integrated assessment and treatment for co-occurring disorders and situations, such as crimincal justice system involved, developmental delays and learning disabilities, homelessness, etc.; Also, specific issues in working with late adolescents/young adults and older adults.; ; Also, pain management issues.
active listener
I feel that the survey was well done. I teach counseling and have some biases regarding what new counselors should know and be able to do. The agency they start at will go a long way in determining how successful they will be, after they are well educated of course.
Clinical staffing.; Time to talk with colleagues about clients, workplace problems/ solutions, compassion burn-out/self care, ethical issues and solutions for client care.
the ability to use your skills and adapt them to the individual client
Clients in pain have a knack for perceiving the disingenuine. Empathizing and conducting oneself in a genuine client centered manner isnt something that can be gauged and depends on specific client perception; making referrals isnt failure.
I think some of the terms are a bit binary & some need to be parsed out eg: "Professional development through supervision, ongoing education, et al." Education/credit hours and supervision are entirely equivalent? Are both necessary for a CAADC, or the CAADC should have received both and may be providing one or the other, etc.? And how do you separate prof/ethical responsibilities in the above "100%" equation?; Tasks: Case conceptualization is taken for granted as "assessment," see trauma-inf
Participate in peer supervision with other Advanced Alcohol and Drug Counselor individual, of practices and documentation to ensure best practices and effective documentation are upheld.
the business of retaining clients.
Supervision always consult and get supervision. Experience will be their best teacher only with this guidance.
I felt this survey covered everything I perform in my current position.
Is knowledge of specifics in support groups important ? Apparently most people recover without them.
Development & use of Relapse prevention techniques
emergency assessment
Group,individual,family therapy
Crisis Intervention
I have certification in EMDR since 2005 and 38 years to offer
It was covered fully.
it is important to be able to identify stage of change and treatment. This is especially true as it needs to be noted on documentation. I believe that the relationship is very important but in reality documentation, billing, and productivity is also extremely important to agencies. A strong support network of peers and supervisors is needed for someone new to this field. I was not sure which box to pick for total years working in the field because of changes in credentialing in recent years.
Financial piece of treatment is sometimes a barrier. Knowledge of community resources that will help to support treatment if individuals insurance is limited or if the individual is indigent. For example resources available that provides a sliding fee scale, centeralized intake that have agreements with treatment providers to provide treatment to the indigent etc.

More of a focus on transference and bias issues in therapy
Entry level even ; Advanced Alcohol and Drug Counselors; need to know about ; groups. How to lead,; how to handle and ; to engage.
Always use supervision when making difficult decisions and practice good self care.
I found the survey to be more advanced then the standard test that I took to receive my CADC.
Boundaries may be addressed in ethics, but I think more emphesis with this area,e.g. how to deal with awkward situations,e.g. seeing a current cilnet in public, having a relationship with the clinet in and out of the program and or when the client has been discharged.
Communication and team building are very important, as well. Collaboration is a lost art in this field.
This last question regarding percentages wasnt clear and isnt representative of real life. One is always aware of and making space in their "job" for professional and Ethical responsibilities, hence, the numbers cannot be accurate because its always 1oo %.
If a counselor is not authentic they will lose a client.; It doesnt matter how well their documentation is or how; wonderful their treatment plan is.; Clients can spot someone who doesnt care and will not come back.; Have to get them to come back.
Counseling, assessment and referral.
THEY SHOULD SHOW COMPETENCE IN FACILITATING GROUP COUNSELING/EDUCATION AS WELL AS INDIVIDUAL AND BE ABLE TO ADAPT THE THERAPY TO THE NEEDS OF THE CLIENTS IN THE ROOM. FLEXIBILITY IS THE NAME OF THE GAME AND THEY MUST BE PREPARED TO BE A TEAM MEMBER AT ANY TIME. JUMPING FROM ONE TASK TO ANOTHER WHEN NECESSARY AND BE ABLE TO WORK WITH LITTLE OR NO SUPERVISION WHEN AND IF NECESSARY.
It is important to have knowledge of basic counseling techniques, especially in building rapport and identifying a clients values and goals. It is important to understand that not one way of counseling works for every client and to adjust when appropriate. Another important area is co-occurring disorders and understanding mental illness as part of an individuals overall pathology, and only treating the issue of substance misuse in treatment is doing an individual a great disservice.
Training, supervision,
Group Experience should be part of the process.
case management
I created a 20-pg checklist when supervising any new therapist. This gives them target skills, demonstrates attitudes, and assures beneficial knowledge. I present this as the ASK Model (Lloyd, 1988) and most are able to pass licensure exams, improve practice, etc. Some are also eliminated from practice when evident they are not qualified or have issues with which to deal first. Some self-select OUT of the specific service modalities, as well. I liked this survey as questions broad enough et
awareness of complimentary therapies: Reiki, accupuncture, meditation, EFT, QiGong Guided imagery
Previos experience with Methadone, HIV/AIDS population and mental health knowledge.
Maybe more supervisory questions.
understand difference in counseling techniques for both addiction counselor and mental health counselor
1. Understanding of alternative avenues of support outside of 12-step groups.; 2. Actively Using Counselors is UNACCEPTABLE; 3. Counselors who are experiencing unstable MH issues/concerns should not be able to provide Direct Client Care.
Establishing rapport and engaging clients is key. The ability to quickly and accuratey assess risk and developing crisis interventions skill is critical. The ability to compose well written clinical documentation is necessary. Organizaional skills are needed.
HIPAA info.; Trust
To me there is no such thing as minimally competent counselor. You are either competent in all areas of job performance or you are not. A counselor must have high standards in all areas to be effective in empowering the client to change.

Effective communication with clients and peers is essential.
administer an assessment and go over results. Make a referral to education, Outpatient or Inpatient.; Coordinate treatment
research and educationthat is culturally competent
I think it is really important for the client to feel as if they are getting help from someone who is competent in their field. It is important for the person being served not to feel judged and not to feel as if they are being "taught" something but to take an active role in their own recovery.
I feel that the job tasks that are important for a minimally competent, entry level Advanced Alcohol and Drug Counselor ; were covered in this survey. However, although I am not currently a supervisor, I believe many advanced ; counselors will likely be hired to supervise others due to their "advanced" certification and, supervision ; was covered only minimally.
Another issues is the payer source and understanding how to request auth, etc. This can be very time consuming and stressful for incoming therapists if they are billing insurances.
Understanding of 12 step recovery for abstinence maintainence
This thing works off a set of assumptions about our work that dont hold up in the field. One of my biggestconcerns is that new clinicians often dont have a grounding in addiction froma brain function standpoint, nor an understanding of how it impacts stages of change and their own assumptions about addicted clients. We also have an over exposure inthis field to cognitively based treatment approaches even though the body of data suggests that other approaches need to be integrated into treatment
communication, case management, education, continued education for counselor, treatment modalities
Self awareness is key specifically when counselors are triggered by a client. Transference/counter-transference is expected. Supervision specific to self awareness. Normalize it, make it safe to talk about will remove barriers to keeping compassion for others in our work.
personality and passion for the work, engaging clients with vitality; emphasizing the therapeutic alliance
Was a good survey of needs
Many of your survey questions are ambiguous. The sections on supervision were out of place. A new addictions counselor should not be concerned about supervision. Using "new" technology is vague. If you are referring to medical technology, it is not an appropriate area to expect new counselors to have working knowledge of these topic. Prevention is important as is advocacy, but it is not as important to a new counselor as things like screening for appropriate level of care.
Learn how the addiction served the client and what factors led up to their addiction. Treat the issues of the addictions that led tot he addiction not the symptoms of the addiction.
Sensitivity and Empathy for recovering individuals and their families
more specificity to substance use disorders, not just generic skills of a counselor. Would be good if the IC&RC AADC exam had clear specialization relating to substance use disorders, drug and alcohol use, abuse, dependency - to distinguish from general counseling practices.
All of tasks are important but I feel the counseling, education and ethics are most important.

Appendix D: Other Credentials

Other Credentials

Licensed Clinical Professional Counselor (KS)
LADC
Liscenced Drug and Alcohol Counselor
Advance Practice Nurse Clinical Specialist
Licensed Clinical Addictions Counselor
Licensed Independent Chemical Dependency Counselor Supervisor (Ohio)
Approved Clinical Supervisor
LPC with substance abuse specialty & Clincal Supervisor
BCPC, LCDC
acsw
Licensed Addictions Counselor
MARS
LCADC
national certified gambling Counselor II/BACC
Licensed clinical addictionsspecialist
Certified Forensic Addictions Specialist
LISAC
Cert Clin Supv
Certified Addiction Specialist
Maryland licsensed addictions counselor
LICDC-CS
LCSW
Licensed Mental Health Counselor
Board Certified Professional Counselor
Licensed Clinical Alcohol and Drug Counselor
Licensed Clinical Addictions Specialist
LMHC
CEAP Certified Employee Assistance Professional
Licensed Chemical Dependency Counselor, ADCIII
LICDC Licensed Independent Chemical Dependency Counselor
licensed cd counselor
Licensed Clinical Addictions Counselor
LifeForce Yoga Practitioner Level 2
BCD in Clinical SW
MAT, KS LAC, KS LPC
SAP
LCAC
LCDC-Tx and SAP
SQP

CGC, PhD
asters human services
MSN
Licensed Clinical Mental health Counselor
Licensed Independent Chemical Dependency Counselor
Certified Criminal Justic Speialist
QMRP, CMHP
Licensed Clinical Social Worker
LAC, CTRS
CHES
PhD
Master of Health Science
Licensed Independent Chemical Dependency Counselor
ccgc
Licensed Clinical Addictions Counselor
LAADC
LAC
pastoral counselor
Licensed Addictions Counselor
Registered Drama Therapist
Licensed Independent Chemiacl Dependency Counselor Clinical Supervisor
LCSW
LSATP (Va)
Licensed alcohol and drug counselor
licensed independent chemical dependency counselor- clinical supervisor
OCPS11 & LICDC-CS
Professional Clinical Counselor, Licenced Independent Chemical Dependency Counselor Substance Abuse Professional
LPCC/ Certified Imago Relationship Therapist
Licensed Independent Chemical Dependency Counselor
Licensed Independent Chemical Dependency Counselor, Clinical Supervisor
LPCC-S, LICDC-S in Ohio
LICDC-CS
Licensed Idenpendent Chemical Dependency Counselor
Licensed Independent Chemical Dependency Counselor
International Clinical Supervisor
Certified Chemical Dependnecy Counselor Assistant
LICDC-CS and Certified NLP Practitioner
Certified Prevention Specialist
LCDC III
Licensed Independent Chemical Dependency Counselor Clinical Supervisor
LICDC-CS

LICDC-CS
LCDCIII
RN andLICDC
Licensed Indepentdent Chimical Dependency Counselor-Clinical Supervisor
Licensed Addiction Counselor
Licenced Clinical Mental Health Counselor/Master Licensed Alcohol and Drug Counselor
LCDCIII
LCDC III
Licensed Independent Chemical Dependency Counselor
Licensed Independent CD Counselor
Reality Therapy Cert
PCC-S, LICDC-CS
Licensed Chemical Dependency Counselor III
ICADC
Licensed Addiction Counselor
Licensed Professional Clinical Counselor-Supervisor
Clergy
Licensed Clinical Professional Counselor
Mental Health Intern
CDCA
Licensed Independent Chemical Dependency Counselor--Clinical Supervisor
Licensed Chemical Dependency Counselor III
LICDC
licdc-cs
Certified Case Manager
Licensed Independent Chemical Dependency Counselor - Clinical Supervisor
Licensed Drug & Alcohol Counselor
Licensed Clinical Addiction Counselor
Masters in Counselling Psychology. Member of CACCF
LASAC- Licensed Associate Substance Abuse Counselor
Licensed Clinical Addiction Specialist
Licensed Mental Health Counselor
SAP, EMDR
LMHC
Board Approved Clinical Consultant, IGCCB
Licensed Clinical Alcohol and Drug Counselor, Licensed Associate Counselor
LCDC
sap
Licensed Independent Chemical Dependency Counselor
LICDC-CS
Licensed Independent Chemical Dependency Counselor

Certified Addiction Professional (CAP)
LLPC
Licensed Independent Chemical Dependency Counselor w Clinical supervision
Licensed Clinical Alcohol and Drug counselor
Licensed Clinical Addictions Counselor
License Clinical Addiction Counselor
Licensed Independent Chemical Dependency Counselor
MFTI - Maariage and Family Therapy Intern
Licensed alcohol and drug counselor
National Certified Gambling Counselor-I
Licensed Drug and Alcohol Counselor
LADC
LADC
Licensed Mental Health Counselor
lic. alcohol & drug abuse counselor
Apprentice Addictions Professional (AAP) certification
Phd - Counseling Psychology (not licensed yet)
Masters in Social Work
Licensed Drug and Alcohol Counselor
Provisional License Professional Counselor
Licensed Alcohol and Drug Counselor
National Certified Gambling Counselor
LMHC, LADC
Certified & Licensed Advance Practice Psych Nurse Practitioner and Clinical Specialist
Licensed Independent Chemical Dependency Counselor
LCDC, SAP,ICRC,ADC-1
Licensed Chemical Dependence Counselor III
Licensed Addictions Counselor
ICADC, HSBCP, CAMS
licensed mental health counselor
ICADC / CSAC III
Licensed Additions Counselor
Licensed Clinical A&D Counselor, CEAP, MAC, CCJS
Licensed alcohol& drug abuse counselor. Licensed clinical mental health counselor
Professional Clinical Counselor; Licensed Independent Chemical Dependency Counselor, Internationally Certified Drug Counselor, Internationally Certified Clinical Supervisor
PCC-S,LICDC-CS, ACS, NCC, ATCS
Licensed Chemincal Dependency Counselor III
limited license psychologist
RN Licensure, BSN degree
Apprentice Addictions Professional
Clinical supervisor in training

Licensed Addictions Counselor
LLMSW
SAP
Temporary Limited Licensed Psychologist
Developmental Plan, Counselor

Appendix E: Practice Regions by State

Practice Regions by State

State	Frequency	Percentage
Alabama	6	1.0
Arizona	3	0.5
Arkansas	3	0.5
California	9	1.5
Connecticut	5	0.8
Delaware	8	1.3
District of Columbia	1	0.2
Florida	18	3.0
Georgia	17	2.8
Idaho	21	3.5
Illinois	13	2.2
Indiana	20	3.3
Iowa	10	1.7
Kansas	3	0.5
Kentucky	4	0.7
Louisiana	16	2.7
Maine	1	0.2
Maryland	1	0.2
Massachusetts	4	0.7
Michigan	83	13.8
Minnesota	2	0.3
Missouri	32	5.3
Nebraska	3	0.5
New Hampshire	4	0.7
New Jersey	6	1.0
New York	7	1.2
North Carolina	8	1.3

Ohio	149	24.8
Oklahoma	1	0.2
Oregon	1	0.2
Pennsylvania	18	3.0
Rhode Island	12	2.0
South Dakota	9	1.5
Tennessee	2	0.3
Texas	19	3.2
Utah	6	1.0
Vermont	42	7.0
Virginia	3	0.5
Washington	1	0.2
West Virginia	14	2.3
Wisconsin	6	1.0
European Union	1	0.2
North America (excluding U.S.)	6	1.0
Oceania	1	0.2
The Caribbean	1	0.2

Appendix F: Other Work Settings

Other Work Settings

Employee Assistance Program
corrections
Independent Practice
self-employed
adolescent health clinic
private practice
Education and Training
EAP
Private for Criminal Justice System
hospital
private practice
Hospital
private practice
Solo Practitioner
Hospital
DUI assessment counselor
hospital
School District
Private Practice
Community Mental Health agency
Private Practice
Private Practice
Private practice
Hospital
University
Hospital Outpatient Alcohol drug treatment program
hospital
Hospital
private practice
Variable
Private practice
EAP
Private Practice
Private Practice
Mental Health Authority
Community Counseling Center, non profit
Community Mental Health
Educator
private practice

Community mental health center
Hospital Setting Employee Assistance Program
Private Practice
Solo Practice
School
Public College Counseling Center
Correctional Facility
private practice
Hospital/Clinic
Non-Profit / Private Practice
community wir
College clinic and private practice
Private practice
Private Practice

Appendix G: Other Levels of Care

Other Levels of Care

on the job
Acdemia
self admitted
Intensive Outpatient AND Inpatient hospital setting as well as Detoxification and Psychiatric Stabilization units.
community (ACT Team)
Hospital - ED
Administration
Community College
private practice
Supervision of Outpatient & Residential
Community Psychiatric Rehabilitation
EAP
Day treatment within the prison setting
Employee Assistance Program
assessment counselor
I do training and assessments
Quality Improvement
liaison
Correctional
Student & Family Education/Support/Consultation
Home Based Level of care
Substance Abuse Liaison
assessment & Screening
primary care
Assessment
Juvenile Detention Center
hospital & out-patient
University setting
Administrative
None I am government
evaluations
Halfway House
Utilization Management
I oversee programs that are at all levels identifed.
Do not provide direct care
Aftercare-private practice
regulatory state government
all levels
Outpatient Prevention

all
intake clinician for residential treatment
Mental Health and Substance Abuse
administrative and policy
intensive outpatient
Program Director
.5 assessments
Working with students
IOP
EAP
Services in the community
administrator
Probation Assessment and Case Managment
Assessment and referral
Screen, assess and refer
working with problem gamblers and their families
ASAM LEVEL .05, I
Levels I/II/III.5/0.7/0.5
Detox, Access to Recovery, Program Consultation, Supervision, Case Consultation, Staff Training
Dual Dx. in Psych.Setting In patient
office
administrator
MH with coordination of SUD care
not Tx but work Pt in residential and outpatinet
Church
all care levels
Recovery House
Utilization Management
CA

Appendix H: Other Primary Roles

Other Primary Roles

I work in two states Kentucky and Ohio Ky as a Therapist (CADC/LPCC), Oh as a Clinical Supervisor (LICDC-CS)
Private Practice Owner and supervisor
private practice/ Consultant
Educating and training future addiction counselors
owner & operator
Independent solo contractor
counselor, intake, site manager
I do it all
Manager therapist
multiple
Director of Quality Assurance
Chief Executive Officer/Counselor
Clinician/Manager
Counselor/Nurse Practioner
exec and therapist
Workforce Development

Appendix I: Tasks in Order of Non-Performance

Tasks in order of Non-Performance

No. Legend: Example – II6

II Domain Number
6 Task Number

Element	Task	Frequency	Percentage
IV15	Adapt clinical supervisory strategies to match the supervisees' needs and scope of practice.	51	8.51
IV14	Establish a clinical supervisory relationship with supervisees that is safe, supports self-exploration, and is conducive to professional development.	43	7.18
IV16	Advocate for public policy and resource development with local, regional and national entities and key policymakers.	42	7.06
IV18	Provide all services in a trauma-informed manner.	28	4.71
IV17	Advocate for and assist the person served in navigating the service delivery system.	20	3.36
I5	Assess for appropriateness of consultation and referral for Medication Assisted Treatment (MAT) for substance use and/or mental health disorders.	18	2.99
III13	Utilize outcome data to continually adapt counseling strategies and update treatment plan to maximize clinical effectiveness.	14	2.34
II8	Determine effectiveness and outcome of referrals through ongoing evaluation and documentation.	13	2.17
III10	Assist families and concerned others in understanding the symptoms of specific disorders, their interactive effects including the relationship between symptoms and stressors, co-occurring substance use and/or mental health disorders, and the use of strategies that sustain recovery and maintain healthy relationships.	12	1.99
I6	Identify screening and assessment tools that are appropriate to the demographics of the person served.	10	1.67
IV9	Protect the integrity of the profession and best interests of persons served by identifying, addressing, and advocating for impaired professionals.	10	1.67
IV8	Understand and utilize technological advances in service delivery.	9	1.5
I10	Utilize the appropriate placement criteria to determine the level of care.	8	1.34

III9	Educate the person served and concerned others about pharmacotherapies for substance use and mental health disorders.	7	1.17
II3	Identify and facilitate access to community resources to support ongoing recovery.	6	1
II4	Collaborate with the person served in reviewing and modifying the treatment plan based on an assessment of progress and the level of readiness to address substance use and/or mental health goals.	6	1
IV7	Understand and apply current relevant research literature to improve the care of the person served and enhance the counselor's professional development.	6	1
I11	Develop a comprehensive written summary based on the results of screening and bio/psycho/social/spiritual assessment to support the diagnosis(es) and treatment recommendations.	5	0.84
IV6	Identify and evaluate the needs of the person served that are outside of the counselor's scope of practice and refer to other professionals as appropriate.	5	0.83
I9	Formulate diagnosis(es) based on the signs and symptoms of co-occurring substance use and/or mental health disorders by interpreting observable behavior, objective data, and results of interviews and assessment.	4	0.67
II9	Document all collaboration, consultation and referrals.	4	0.67
IV10	Protect the integrity of the profession and best interests of persons served by identifying and addressing unethical practices.	4	0.67
I2	Discuss with persons served the rationale, purpose, and procedures associated with the screening and assessment process to facilitate understanding and cooperation.	3	0.5
I7	Use clinical interviews and assessment instruments to obtain and document relevant bio/psycho/social/spiritual information from the person served and/or concerned others.	3	0.5
II1	Discuss diagnostic assessment, findings, and recommendations with the person served and concerned others.	3	0.5
II2	Formulate and prioritize mutually agreed upon specific and reasonable short and long-term goals, measurable objectives, treatment methods, and resources based upon ongoing assessment findings that address the interactive relationship of each disorder identified.	3	0.5

II6	Document treatment progress, outcomes, and continuing care plans.	3	0.5
III2	Continually evaluate the safety and relapse potential of the person served, and develop strategies to anticipate as well as respond to crises.	3	0.5
III6	Utilize individual and group counseling strategies and modalities to match the interventions with the level of readiness of the person served to address substance use and/or mental health goals.	3	0.5
III8	Educate the person served and concerned others about the biological and psychiatric effects of substance use and misuse.	3	0.5
III11	Identify and adapt education strategies to the unique needs of the person served and concerned others	3	0.5
IV12	Obtain required written consent to release information from the person served and/or legal guardian.	3	0.5
IV13	Prepare timely, concise, clinically accurate, and objective reports and records.	3	0.5
III4	Document services provided and progress toward goals and objectives.	2	0.34
III14	Educate the person served and support system about self-efficacy and empowerment.	2	0.34
I8	Screen for risk of harm to person served and/or others.	2	0.33
II5	Develop a plan with the person served to strengthen ongoing recovery outside of primary treatment.	2	0.33
II7	Adapt intervention strategies to the unique needs of the person served, recognizing multiple pathways of recovery.	2	0.33
III3	Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.	2	0.33
III5	Educate the person served regarding the structure, expectations, and limitations of the counseling process.	2	0.33
III7	Adapt counseling strategies to match the unique characteristics and choices of the person served.	2	0.33
III12	Communicate needed subject matter in a clear, understandable, culturally, and developmentally appropriate manner.	2	0.33
IV2	Adhere to jurisdictionally specific rules and regulations regarding best practices in coordinating and/or providing co-occurring substance use, mental health, and health services.	2	0.33

IV11	Uphold the rights of the person served to privacy and confidentiality according to jurisdictionally specific rules and regulations.	2	0.33
I1	Demonstrate verbal and non-verbal skills to establish rapport and promote engagement with persons served presenting at all levels of severity.	1	0.17
I3	Assess the immediate needs and readiness for change of the person served through evaluation of observed behavior and other relevant signs and symptoms of co-occurring substance use and/or mental health disorders.	1	0.17
I4	Recognize the interactions between co-occurring substance use, mental health and/or other health conditions.	1	0.17
III1	Develop a therapeutic relationship with persons served, families, and concerned others.	1	0.17
IV1	Adhere to established professional codes of ethics and standards of practice.	1	0.17
IV3	Demonstrate cultural competence.	1	0.17
IV4	Recognize personal biases, including feelings, concerns, and other issues to minimize impact of these variables in the counseling process.	1	0.17
IV5	Continue professional development through education, self-evaluation, clinical supervision, and consultation.	1	0.17

Appendix J: Tasks in Order of Mean Importance

Tasks in order of Mean Importance

No. Legend: Example – II6

II Domain Number
6 Task Number

Element	Task	Frequency	Mean	SD
IV1	Adhere to established professional codes of ethics and standards of practice.	600	4.91	0.31
IV12	Obtain required written consent to release information from the person served and/or legal guardian.	596	4.84	0.41
IV11	Uphold the rights of the person served to privacy and confidentiality according to jurisdictionally specific rules and regulations.	597	4.82	0.41
I1	Demonstrate verbal and non-verbal skills to establish rapport and promote engagement with persons served presenting at all levels of severity.	603	4.8	0.43
I8	Screen for risk of harm to person served and/or others.	597	4.75	0.48
III1	Develop a therapeutic relationship with persons served, families, and concerned others.	600	4.71	0.51
IV10	Protect the integrity of the profession and best interests of persons served by identifying and addressing unethical practices.	597	4.7	0.59
IV4	Recognize personal biases, including feelings, concerns, and other issues to minimize impact of these variables in the counseling process.	601	4.69	0.52
IV5	Continue professional development through education, self-evaluation, clinical supervision, and consultation.	602	4.68	0.53
IV2	Adhere to jurisdictionally specific rules and regulations regarding best practices in coordinating and/or providing co-occurring substance use, mental health, and health services.	600	4.67	0.54
IV6	Identify and evaluate the needs of the person served that are outside of the counselor's scope of practice and refer to other professionals as appropriate.	595	4.63	0.58
IV14	Establish a clinical supervisory relationship with supervisees that is safe, supports self-exploration, and is conducive to professional development.	556	4.6	0.6
I4	Recognize the interactions between co-occurring substance use, mental health and/or other health conditions.	601	4.58	0.61

III2	Continually evaluate the safety and relapse potential of the person served, and develop strategies to anticipate as well as respond to crises.	597	4.55	0.63
IV3	Demonstrate cultural competence.	600	4.55	0.63
III12	Communicate needed subject matter in a clear, understandable, culturally, and developmentally appropriate manner.	596	4.54	0.62
II5	Develop a plan with the person served to strengthen ongoing recovery outside of primary treatment.	600	4.52	0.63
I3	Assess the immediate needs and readiness for change of the person served through evaluation of observed behavior and other relevant signs and symptoms of co-occurring substance use and/or mental health disorders.	602	4.52	0.61
II7	Adapt intervention strategies to the unique needs of the person served, recognizing multiple pathways of recovery.	596	4.51	0.62
III7	Adapt counseling strategies to match the unique characteristics and choices of the person served.	597	4.51	0.64
I7	Use clinical interviews and assessment instruments to obtain and document relevant bio/psycho/social/spiritual information from the person served and/or concerned others.	600	4.5	0.67
IV13	Prepare timely, concise, clinically accurate, and objective reports and records.	599	4.49	0.66
II2	Formulate and prioritize mutually agreed upon specific and reasonable short and long-term goals, measurable objectives, treatment methods, and resources based upon ongoing assessment findings that address the interactive relationship of each disorder identified.	599	4.47	0.66
IV15	Adapt clinical supervisory strategies to match the supervisees' needs and scope of practice.	548	4.45	0.69
III6	Utilize individual and group counseling strategies and modalities to match the interventions with the level of readiness of the person served to address substance use and/or mental health goals.	597	4.45	0.65
IV9	Protect the integrity of the profession and best interests of persons served by identifying, addressing, and advocating for impaired professionals.	589	4.44	0.8

I9	Formulate diagnosis(es) based on the signs and symptoms of co-occurring substance use and/or mental health disorders by interpreting observable behavior, objective data, and results of interviews and assessment.	596	4.44	0.69
II1	Discuss diagnostic assessment, findings, and recommendations with the person served and concerned others.	597	4.44	0.66
II4	Collaborate with the person served in reviewing and modifying the treatment plan based on an assessment of progress and the level of readiness to address substance use and/or mental health goals.	597	4.43	0.67
II6	Document treatment progress, outcomes, and continuing care plans.	597	4.43	0.69
I2	Discuss with persons served the rationale, purpose, and procedures associated with the screening and assessment process to facilitate understanding and cooperation.	599	4.4	0.7
I10	Utilize the appropriate placement criteria to determine the level of care.	591	4.38	0.74
III4	Document services provided and progress toward goals and objectives.	595	4.37	0.73
III3	Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.	598	4.37	0.72
II3	Identify and facilitate access to community resources to support ongoing recovery.	596	4.36	0.71
II9	Document all collaboration, consultation and referrals.	593	4.36	0.76
I11	Develop a comprehensive written summary based on the results of screening and bio/psycho/social/spiritual assessment to support the diagnosis(es) and treatment recommendations.	592	4.35	0.74
III8	Educate the person served and concerned others about the biological and psychiatric effects of substance use and misuse.	594	4.35	0.72
III14	Educate the person served and support system about self-efficacy and empowerment.	592	4.34	0.74
IV18	Provide all services in a trauma-informed manner.	567	4.33	0.8
III11	Identify and adapt education strategies to the unique needs of the person served and concerned others	597	4.33	0.71

III10	Assist families and concerned others in understanding the symptoms of specific disorders, their interactive effects including the relationship between symptoms and stressors, co-occurring substance use and/or mental health disorders, and the use of strategies that sustain recovery and maintain healthy relationships.	590	4.3	0.74
IV7	Understand and apply current relevant research literature to improve the care of the person served and enhance the counselor's professional development.	595	4.28	0.77
IV17	Advocate for and assist the person served in navigating the service delivery system.	576	4.26	0.75
III5	Educate the person served regarding the structure, expectations, and limitations of the counseling process.	598	4.24	0.78
I5	Assess for appropriateness of consultation and referral for Medication Assisted Treatment (MAT) for substance use and/or mental health disorders.	584	4.18	0.81
III9	Educate the person served and concerned others about pharmacotherapies for substance use and mental health disorders.	593	4.18	0.81
II8	Determine effectiveness and outcome of referrals through ongoing evaluation and documentation.	585	4.16	0.8
III13	Utilize outcome data to continually adapt counseling strategies and update treatment plan to maximize clinical effectiveness.	585	4.08	0.86
I6	Identify screening and assessment tools that are appropriate to the demographics of the person served.	588	4.07	0.86
IV8	Understand and utilize technological advances in service delivery.	591	4.04	0.91
IV16	Advocate for public policy and resource development with local, regional and national entities and key policymakers.	553	3.92	0.98

Appendix K: Final AADC Exam Content Outline

Final AADC Exam Content Outline

DOMAIN I: Screening, Assessment, and Engagement (23%)

1. Demonstrate verbal and non-verbal skills to establish rapport and promote engagement with persons served presenting at all levels of severity.
2. Discuss with persons served the rationale, purpose, and procedures associated with the screening and assessment process to facilitate understanding and cooperation.
3. Assess the immediate needs and readiness for change of the person served through evaluation of observed behavior and other relevant signs and symptoms of co-occurring substance use and/or mental health disorders.
4. Recognize the interactions between co-occurring substance use, mental health and/or other health conditions.
5. Assess for appropriateness of consultation and referral for Medication Assisted Treatment (MAT) for substance use and/or mental health disorders.
6. Identify screening and assessment tools that are appropriate to the demographics of the person served.
7. Use clinical interviews and assessment instruments to obtain and document relevant bio/psycho/social/spiritual information from the person served and/or concerned others.
8. Screen for risk of harm to person served and/or others.
9. Formulate diagnosis(es) based on the signs and symptoms of co-occurring substance use and/or mental health disorders by interpreting observable behavior, objective data, and results of interviews and assessment.
10. Utilize the appropriate placement criteria to determine the level of care.
11. Develop a comprehensive written summary based on the results of screening and bio/psycho/social/spiritual assessment to support the diagnosis(es) and treatment recommendations.

DOMAIN II: Treatment Planning, Collaboration, and Referral (18%)

1. Discuss diagnostic assessment, findings, and recommendations with the person served and concerned others.
2. Formulate and prioritize mutually agreed upon specific and reasonable short and long-term goals, measurable objectives, treatment methods, and resources based upon ongoing assessment findings that address the interactive relationship of each disorder identified.
3. Identify and facilitate access to community resources to support ongoing recovery.
4. Collaborate with the person served in reviewing and modifying the treatment plan based on an assessment of progress and the level of readiness to address substance use and/or mental health goals.
5. Develop a plan with the person served to strengthen ongoing recovery outside of primary treatment.
6. Document treatment progress, outcomes, and continuing care plans.
7. Adapt intervention strategies to the unique needs of the person served, recognizing multiple pathways of recovery.
8. Determine effectiveness and outcome of referrals through ongoing evaluation and documentation.
9. Document all collaboration, consultation and referrals.
10. Collaborate with other professionals.

DOMAIN III: Counseling and Education (28%)

1. Develop a therapeutic relationship with persons served, families, and concerned others.
2. Continually evaluate the safety and relapse potential of the person served, and develop strategies to anticipate as well as respond to crises.
3. Apply evidence-based, culturally competent counseling strategies and modalities to facilitate progress towards completion of treatment objectives.
4. Document services provided and progress toward goals and objectives.
5. Educate the person served regarding the structure, expectations, and limitations of the counseling process.
6. Utilize individual and group counseling strategies and modalities to match the interventions with the level of readiness of the person served to address substance use and/or mental health goals.
7. Adapt counseling strategies to match the unique characteristics and choices of the person served.
8. Educate the person served and concerned others about the biological and psychiatric effects of substance use and misuse.
9. Educate the person served and concerned others about pharmacotherapies for substance use and mental health disorders.
10. Assist families and concerned others in understanding the symptoms of specific disorders, their interactive effects including the relationship between symptoms and stressors, co-occurring substance use and/or mental health disorders, and the use of strategies that sustain recovery and maintain healthy relationships.
11. Identify and adapt education strategies to the unique needs of the person served and concerned others
12. Communicate needed subject matter in a clear, understandable, culturally, and developmentally appropriate manner.
13. Utilize outcome data to continually adapt counseling strategies and update treatment plan to maximize clinical effectiveness.
14. Educate the person served and support system about self-efficacy and empowerment.

DOMAIN IV: Professional and Ethical Responsibilities (31%)

1. Adhere to established professional codes of ethics and standards of practice.
2. Adhere to jurisdictionally specific rules and regulations regarding best practices in coordinating and/or providing co-occurring substance use, mental health, and health services.
3. Demonstrate cultural competence.
4. Recognize personal biases, including feelings, concerns, and other issues to minimize impact of these variables in the counseling process.
5. Continue professional development through education, self-evaluation, clinical supervision, and consultation.
6. Identify and evaluate the needs of the person served that are outside of the counselor's scope of practice and refer to other professionals as appropriate.
7. Understand and apply current relevant research literature to improve the care of the person served and enhance the counselor’s professional development.
8. Understand and utilize technological advances in service delivery.

9. Protect the integrity of the profession and best interests of persons served by identifying, addressing, and advocating for impaired professionals.
10. Protect the integrity of the profession and best interests of persons served by identifying and addressing unethical practices.
11. Uphold the rights of the person served to privacy and confidentiality according to jurisdictionally specific rules and regulations.
12. Obtain required written consent to release information from the person served and/or legal guardian.
13. Prepare timely, concise, clinically accurate, and objective reports and records.
14. Advocate for and assist the person served in navigating the service delivery system.
15. Provide all services in a trauma-informed manner.