

CHICAGO STATE UNIVERSITY

## Advanced Training Program AODA Field Experience Manual

- Minor: Psychology
- Certificate: Chicago State University Post Baccalaureate

PROGRAM MANUAL

2016 - 2017

# **ADVANCED TRAINING PROGRAM FOR ALCOHOL & DRUG ABUSE COUNSELORS Field Experience Manual**

## **Chicago State University Psychology Department**

The need for effective, dedicated professionals trained in the field of chemical dependency is rapidly increasing in America. Alcohol and drug dependency coupled with mental illnesses are affecting families and communities across the country.

Chicago State University is aware of this crisis and offers a comprehensive accredited Alcohol and other Drug Addiction (AODA) counselor training program, which will prepare students to work in the field of addictions. Specifically, the student will be trained not only to treat the disease, but the person and his/her family holistically as well.

The Advanced Training Program (ATP) for Alcohol and Other Drug Abuse (AODA) counselors at Chicago State University (CSU) is under the administrative umbrella of the Chicago State University Psychology Department. The mission of the program is to give students the highest standard of knowledge, education, and skills to successfully work in the field of alcohol and other drug abuse counseling. This mission is generated from a belief that AODA clients, their families and their communities deserve to receive the highest quality of services. To accomplish its mission, the program is committed to:

- Providing students with the opportunity to acquire the skills, knowledge and ethical understanding to reach and maintain the highest level of professional competence;
- Employing a dedicated, caring, and culturally diverse faculty whose teaching is informed by research and clinical expertise;
- Providing a curriculum that is infused with evidenced-based theories and practices in the AODA field;
- Providing students with a strong preparation in 12 core functions, counseling interventions and models of prevention directed toward meeting the complex counseling needs within the AODA field.
- Providing opportunities for practical counseling experiences within urban schools and communities;
- Teaching students how to access resources, advocate for their clients and their families and their profession, and serve as chemical dependency counselor activists when needed; and

- Working in partnership with local institutions and agencies in the region to assist in the development of socially and economically viable and sustainable communities.

The Illinois Certification Board, Inc. – Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc., (IAODAPCA), the Illinois accrediting body for professionals in the addictions field has granted accreditation for the Chicago State University Advanced Training Program for Alcohol Other Drug of Abuse Counselors until 2015.

For general University policies and procedures, as well as course descriptions and registration information, students consult the University Catalog and the University Student Handbook. Part of each student's responsibility is to read and understand the Handbook, the Class Schedule Bulletin, and the University Catalog. The program description and requirements are listed on pages 87 – 88 of the Chicago State University Graduate Catalog.

The Advanced Training Program for AODA counselors is designed to train students as alcohol and other drug abuse counselors so they can work in a variety of settings. The program currently qualifies students to sit for examinations for the Certified Alcohol and Other Drug Counselor (CADC) Certificate. The curriculum focuses on all aspects of addiction, including counseling techniques, the function and responsibilities of a case manager, family needs and recovery issues, training in intervention techniques and facilitation, dual diagnosis treatment, adolescent and women drug abuse services and counseling, adult children of alcoholics needs and services, relapse prevention and ethics. Students must take 9 credit-hours of program prerequisites and 27 credit hours of required coursework.

### **About Certification**

Students completing the AODA training program will be eligible to take the Illinois State Certification Examination administered by the Illinois Alcohol and Other Drug Abuse Professional Certification Association (IAODAPCA). The goal of the program is to lead to employment in facilities such as:

- Hospitals & clinics
- Schools, colleges, & universities
- Community agencies & organizations

The two-year work experience requirement will be waived for students who complete an IAODAPCA accredited program.

### **Employment Outlook**

According to the U.S. Department of Labor, the demand is expected to be strong for substance abuse counselors because they help people who have problems with

alcohol, drugs, gambling, and eating disorders. These counselors conduct sessions for individuals, families, and groups to provide case management and referral services.

## **Post– Baccalaureate**

### **Certification**

Students wishing to enroll in the program must complete prerequisite coursework: Introduction to Psychology, Abnormal Psychology and a course in developmental (lifespan or child and adolescent) psychology. Students must take the required courses, as well as, one **Master’s** level elective. Students with a bachelor’s degree are exempt from university placement exams, but must have a GPA of 3.0 or higher. Twenty-seven (27) Total Credit hours are required, not including the program prerequisites.

***Students with GPA between 2.75—2.99 may qualify for conditional admission.***

Post Baccalaureate students take elective courses in Social Work, Criminal Justice or Counseling, which can later be transferred to the respective Master of Arts degree program.

### **Prerequisites**

CSU course numbers are given in parentheses:

- Intro to Psychology (1100)
- Psychology of Childhood and Adolescence (2040), **or** Life Span Development (2000)
- Abnormal Psychology (2155)

### **Required Courses**

- Pharmacology for Addictions (4200 / 5200)
- Ethics for Addictions (4201 / 5201)
- Psychology of Drug Addiction (4205 / 5205)
- Community, Domestic Violence, Addictions (4203/ 5203)
- Chemical Dependency Counseling (4202 / 5202)
- Addiction Assessment / Case Management  
(4206 / 5206)
- AODA Internship (4204 / 5204) 6 semester hours ( 500 Clock Hours )

### **Electives**

- Group Work in Addictions (4207 / 5207) or other approved elective***
- Certification Exam Review Seminar (non-credit)**



## Catalog Program Description

### Certificate in Alcohol and Other Drugs of Addiction Counselor Training

Chicago State University offers a comprehensive, advanced, accredited post-baccalaureate Alcohol and Other Drugs of Addiction (AODA) Counselor Training Program certificate, which prepares students to work in the field of addictions. The certificate is accredited by the Illinois Alcohol and Other Drug Abuse Professional Certification Association (IAODAPCA). Upon completion, students are qualified to sit for the Certified Alcohol and Other Drugs of Abuse Counselor (CADC) Examination. Work experience required for certification is waived for graduates of AODA. The certificate is the ideal complement to any graduate degree in counseling, social work, criminal justice, and other disciplines, and offers graduates a wide range of professional possibilities. The program requires 27 credit hours, three of which are electives that can be transferred to relevant master's degree programs at CSU.

#### Application and Admission

- Must have a bachelor's degree in psychology or a related field.
- An application and official transcripts must be submitted to the Graduate School by
- October 1 (spring admission) or April 1 (fall admission). New students can begin any
- semester.
- A minimum GPA of 3.0 (on a 4.0 scale) for the final 60 hours of undergraduate work.
- Applicants whose grade point average is between 2.75 and 2.99 may qualify for
- conditional admission.
- Nine hours of prerequisite courses must be completed with a grade of B or better for six
- hours. Conditional admission may be granted until prerequisites are met, which must
- occur in the first year of the program.
- The program coordinator must approve transfer courses from other institutions before
- credit can be applied to AODA.
- A personal interview is required to assess oral communication, interpersonal skills, and
- the applicant's potential for the counseling field.

#### Requirements

Completion of all coursework with a grade point average of 3.0 or higher. Internship of 500 clock hours, which must be completed in one year. Completion of all program requirements within five years.

#### Prerequisites

PSYC 1100 (Introduction to Psychology), 2040 (Childhood and Adolescence), and 2155 (Abnormal Psychology).

#### Required Courses (24 credit hours)

The following courses (in the order taken): PSYC 5200, 5201, 5202, 5203, 5204 (6 hrs), 5205 and 5206.

#### Elective Courses (3 credit hours)

Three credit hours of master's-level courses selected with program coordinator consent.

## Alcohol and Other Drugs of Abuse (Program Code – AODA)

### AODA ADVISING AND PROGRAM PLAN

**I Graduate Filing Information:** Term Completing Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ UID # \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

**II Prerequisites:**

Requirement (min 1 B and 1 C)	Course No.	Sem Hrs	Course Title	Institution	Grade	Term/Year	Adv Initials
Introduction to Psychology		3		CSU			
Abnormal Psychology		3		CSU			
Psychology of Drug Addiction		3		CSU			

**III Admission Decision:** Admitted (Term/Yr) \_\_\_\_ Internship Applied (Term/yr) \_\_\_\_ Internship Accepted (Term/Yr) \_\_\_\_

**IV AODA Certification Only Requirements:** semester hours

Course No.	Pre-Req	Course Title/Sem Hrs/Field hrs	Course No. (& Title if Transfer* or Substitution)	Institution	Sem Hrs	Instructor	Grade	Term/Year	Adv Init
PSYC 5200	Full Adm	Pharmacology for Addictions	5200	CSU	3				
PSYC 5201	PSYC 5200	Ethics for Addictions	5201	CSU	3				
PSYC 5205	PSYC 5201	Psychology of drug Addiction		CSU	3				
PSYC 5203	PSYC 5205	Community, domestic violence & Addictions	5203	CSU	3				
PSYC 5202	PSYC 5203	Chemical Dependency Counseling	5202	CSU	3				
PSYC 5206	PSYC 5202	Addiction Assessment & Case Management	5206	CSU	3				
PSYC 5204	PSYC 5206	AODA Internship	5204	CSU	3				
			5204	CSU	3				
Elective		5207 Group Work In Addictions	5207	CSU	3				
					Total	27			

\*Attach original transcripts for transfer courses.

**Special competence has been demonstrated by** (circle one): *research, thesis, teaching, internship, scholarship, special project:*  
**Title and Competence Date:** \_\_\_\_\_

**V Additional graduate credits earned at CSU not counted towards the AODA Certificate:**

Course No.	Sem Hrs	Grade	Mo/Yr	Course No.	Sem Hrs	Grade	Mo/Yr	Course No.	Sem Hrs	Grade	Mo/Yr

**Other Degrees** \_\_\_\_\_ **Institution Earned** \_\_\_\_\_ **Date** \_\_\_\_\_

The student named above has been reviewed and is expected to complete all requirements by the end of this term and is in the program eligible to receive the Post Baccalaureate Certification in Substance Abuse.

## Catalog Course Descriptions

Course	Course Description	Credit Hours	Contact Hours
Program Prerequisites			
PSYC 1100  INTRODUCTION TO PSYCHOLOGY	The scientific method, fundamental principles of sensory and thought processes, biological bases of behaviors, learning and language development, human development, mental health, exceptionality, emotion and motivation, personality and group processes. (Enrichment core course.) IAI: S6 900 SPE 912  Note: PSYC 1100/141 is a prerequisite for all undergraduate psychology courses.	(3)	(3)
PSYC 2000  LIFE SPAN DEVELOPMENT	The study of physical, mental, psychosocial development and health considerations throughout the life span. Credit given for only one of the following: Psychology 2000/217 or 3020/308. (Enrichment core course.) IAI: S6 902, SED 903. Prerequisite: PSYC 1100/141.	(3)	(3)
PSYC 2155  ABNORMAL PSYCHOLOGY	The course examines a scientific theories, concepts, definitions, research and applications in psycho pathology. Includes the identification, classification, diagnosis and therapeutic models of major psychological disorders. The course introduces the underlying diagnostic and treatment methodologies in the DSM-IV. IAI: PSY 905 Prerequisites: PSYC 1100/141	(3)	(3)
Program Requirements			
PSYC 4200/5200  PHARMACOLOGY FOR ADDICTIONS	Classification of alcohol and other drugs' physical and psychological effects, medical complications, assessment an diagnostic techniques, treatment settings and modalities. Prerequisites: PSYC 1100/141 and PSYC 4155/336.	(3)	(3)
PSYC 4201/5201  ETHICS AND ADDICTION	Prepares students to develop ethical standards and apply them in alcohol and drug dependency counseling. Prerequisite: PSYC 1100/141 and PSYC 4155/336.	(3)	(3)
PSYC 4202/5202  CHEMICAL DEPENDENCY COUNSELING	Theory and practice of counseling addictions. Individual, family, group approaches. Screening, intake, treatment delivery models. Prerequisite: PSYC 1100/141, 4155/336 and 4205/363.	(3)	(3)
PSYC 4203/5203  COMMUNITY AND DOMESTIC VIOLENCE/ADDICTIONS	Influence of drugs, alcohol on family, community violence. Incidence, prevalence, theories, causation, risk factors, long term effects. Prevention strategies. Prerequisites: PSYC 1100/141. 2040/204 or 2000/217.	(3)	(3)
PSYC 4204/5204  AODA INTERNSHIP	Focuses on demonstrating competency in the 12 core functions and 8 practice dimensions of substance use disorder counseling. Supervised field experience using knowledge and practicing skills learned in the classroom. Prerequisites: Formal admission to the AODA Program, PSYC 1100/141, 4202/313 and PSYC 4206/370. Requires departmental approval of internship site.	(3-6)	(3-6)
PSYC 4205/5205  PSYCHOLOGY OF DRUG ADDICTION	Introductory course in the chemical, psychological, social, and treatment aspects of drug use, abuse, and dependency. Drug abuse prevention will be introduced through elementary	(3)	(3)

	<p>theories of open communication.  Prerequisite: PSYC 1100/141. Successful completion of the English, reading, and mathematics qualifying examinations.</p>		
<p>PSYC 4206/5206  ADDICTION  ASSESSMENT/CASE  MANAGEMENT</p>	<p>Introduction to and training in basic intake, assessment, diagnosis, treatment planning, referral, insurance and other aspects of effective case management.  Prerequisites: Formal admission to the AODA Program, PSYC 1100/141, 4155/2155/336 and PSYC 4205/363. Requires departmental approval.</p>	(3)	(3)
<p>PSYC 4207/5207  GROUP WORK IN  ADDICTIONS  COUNSELING</p>	<p>Overview of group counseling with substance abusers in a variety of rehabilitation programs. Experiential group counseling focus. Participation in a counseling group with a personal growth focus followed by a period of didactic processing.  Prerequisites: PSYC 1100/141, 4205/363.</p>	(3)	(3)



## **Internship**

All students must complete at least 500 hours of Internship at an approved site. Each site must have an affiliation agreement with the university and be licensed within the state of Illinois by IAODAPCA. All supervisors must provide at least one hour of supervision weekly. Each supervisor must have current CADC certification.

### **a) Goals and objectives of the internship experience**

The objectives of the internship experience are for student to have the opportunity to:

1. Mesh helping theory and practice via actual work experience in a social services agency or program providing substance abuse and addiction treatment (500 hours of Field Experience).
2. Compare and contrast professional helping role models via observation, interaction, and supervision through the Field Experience.
3. Gain additional knowledge through possible participation in agency training opportunities.
4. Develop attitudes and values related specifically to the helping professions.
5. Utilize the seminar to summarize and assess his/her learning experiences gained at the agency placement site by completing weekly journals.
6. Assess his or her employment readiness for the human service/social service career field by completing a portfolio.
7. Create an initial career network system of social service professionals and paraprofessionals by completing the referral folder.
8. Design his/her unique learning goals/objectives that will lead to AODA work skill enhancement by completing the Goals and Objectives assignment.
9. Understanding and apply the core functions of a chemical dependency counselor.
10. Outline the State of Illinois law governing the practice of addiction counselors, and case managers, and the procedures for seeking certification as a CADC in Illinois by completing the application for the CADC exam.
11. Classify local community resources; explain the patterns whereby these agencies interface in providing services to clients.
12. Integrate knowledge, concepts and skills by completing a portfolio and case study.
13. Demonstrate skills as a professional counselor in an approved clinical setting by completing 500 hours of field experience and receiving a final evaluation from site supervisors.

### **b) Description of minimal level of clinical supervision student will receive at field service site**

Sites agree to provide a minimum of one-hour of clinical supervision per week during the field service component experience. This includes face-to-face supervisory

sessions (individual or group), orientation in-services, observation, or clinical staffing. The purpose of supervision/training is to assist the student in integrating knowledge, skills, and experience in the AODA field. Hours that the student spends providing AODA counseling services are NOT counted as supervision.

Chicago State University Advanced Training program comply with the following guidelines as specified by Illinois Certification Board:

- We have a formal working agreement with each field service internship site (agency) specifying the conditions of internship placement.
- We ensure that the internship site provides our students with an opportunity to demonstrate entry level competence in the core functions.
- Our internship sites are facilities that offer direct care related to alcohol and other drug abuse and a primary focus on that care in the treatment of alcohol and other drug abuse.
- At least 80% of the internship must be done in the following setting:

*Field service internship sites (agencies) licensed by the Department of Human Services-Division of Alcoholism and Substance Abuse or by the Illinois Department of Public Health for hospital-based substance abuse treatment programs.*

- The internship does not occur at the student's place of employment. In rare circumstances the program has petitioned ICB for special consideration.
- Students are directly supervised by an AODA professional. It is preferred that this be a certified senior or master AODA counselor.
- We ask that agencies document supervision of the student, and we include these records in the student's file, following the completion of the field service experience.

We include the following statements in our Student Field Experience Agreement to ensure that we are compliant:

**The Field Experience/Field experience Site agrees**

1. To assign a field experience site supervisor who is currently or previously practitioners who possess an understanding of the basic principles of the AODA field. IAODAPCA Certified Supervisor or Master AODA Counselors are preferred; can meet with the trainee for at least one hour of face-to-face supervision weekly; and has an interest in training;
2. To cooperate with training program in planning, supervising, and evaluating the student intern;
3. To assist the student intern in developing a learning contract or schedule of learning experiences that will enable him or her to practice skills and competencies as indicated in school objectives;
4. To assure that State and Federal laws of confidentiality are communicated and followed;

5. To provide the student with an opportunity to demonstrate entry level competence in the core functions;
6. To review with the student intern his or her rights and responsibilities;
7. To submit a written evaluation of the student intern's performance to the training program and the intern, identifying strengths, limitations, and potential as an AODA counselor;
8. To provide the training program coordinator with necessary information about problems, concerns and/or incidents with the field experience as they arise;
9. To provide the student with adequate work space, telephone, computer access, office supplies, and staff to conduct professional activities;
10. The Field Experience site reserves the right to terminate a student's field experience at the Field Experience site prior to completion if it is determined by the site representative at the Field Experience site in consultation with Chicago State University Program Coordinator that the student is in violation of any local, state or federal law, Field Experience site or University rules or policy, or demonstrates unsatisfactory clinical progress as set forth in the course requirements.

Within the specified time frame, the training activities will be provided for the student in sufficient amounts to allow an adequate evaluation of the student' level of competence in each activity. The student must obtain at least 500 total hours of which 150 clock hours of supervision in the 12 core skill areas of counseling. Supervised hours are understood to be face-to-face supervision. Hours that the counselor spends providing AODA counseling services are NOT counted as supervision. The applicant will document supervision in the following Core Skill Areas. No single core skill function is to be performed for fewer than **ten (10) clock hours**.

- Screening
- Intake
- Orientation
- Assessment
- Treatment Planning
- Counseling
- Case Management
- Crisis Intervention
- Client Education
- Referral
- Reports and Record Keeping
- Consultation with Other Professionals in Regard to Client Treatment/Services

The total combined minimums must add up to a **150 clock hours**. For each core skill function a minimum of 10 hours needs to be documented. To meet the total of 150 hours, more than 10 hours will need to be documented in some areas.

## **The Twelve Core Functions:**

As part of the field experience, it is expected that site supervisors will provide students with sufficient time to work in each of 12 core functions area. The student must obtain at least 500 total hours of which 150 clock hours of work in the 12 core skill areas of chemical dependency counseling. Two forms (Supervised Practical Experience and the Intern Twelve Core Functions Evaluation Form).

Throughout the curriculum students are required to complete assignments that cover the twelve core functions.

1. In the Assessment/Case Management Course students review the components of screening, intake, orientation, case management, reports and record keeping. They complete two case files which requires them to conduct two assessments and treatment plans for two real individuals who struggle with substance abuse issues. Students put together an entire case file as would be seen in the field. The case file must contain the following: assessment of the client, a treatment plan, two progress notes, a treatment plan review and a discharge summary. The case file must be presented in a folder, as it is customary in a treatment program. They also write a session for a client education group and present that to their peers.
2. In the Chemical Dependency Counseling course students learn counseling and crisis intervention skills and the components of the twelve core functions. They are also required to turn in an assessment and treatment plan on a real individual.
3. In the AODA internship seminar, they are required to put together a referral folder. They have case presentation of actual clients at their internship sites and consult with their colleagues about those cases or others that they have at their internship site.

In addition, students are required to write a paper critically discussing the core functions of a chemical dependency counselor. Students evaluate how they have been able to apply these core functions in their internship experience.

## **Program Assessment and Evaluation:**

The overall goal of the program is to ensure that students have the knowledge and skill base of the alcohol and other drug counselor. In addition to the overall goals and objectives of the program, each course has specific objectives that meet the Illinois Certification Board (ICB) standards specifically for correlation to the counselor core functions and the associated knowledge and skills. In addition, the program maintains also Chicago State University (CSU) requirements as set by the Higher Learning Commission.

Yearly, the program conducts an assessment of its entire curriculum by using direct and indirect measures such as performance on course exams and assignments, completion rate, and exit and alumni surveys. These yearly assessments inform the program of areas needing improvement and enhances needed for optimal student learning. Minor changes to the course are made as needed. Major changes to courses must be submitted to ICB and CSU for approval prior to implementation.

In addition, students complete course evaluations for each course. The student course evaluations help the program coordinator evaluate the consistency with which core concepts are being covered across instructors. This helps maintain the integrity of the curriculum and the long-term stability of the program. Students are also asked to evaluate field work supervisors and field work experience. The course evaluations are used also as part of the faculty retention process at CSU. Repeated negative feedback from students is a cause of great concern. Corrective actions are put in play and continual violations may result in a faculty member not being retained for the following academic year.

The exit and alumni surveys are strong evidence of the effectiveness of the teaching and learning. In the last three years students in those surveys have expressed very high satisfaction levels. Students have indicated that they feel well prepared when they go out on their field experience or in the workplace. The program monitors also the completion level. Our completion level is higher-than-average.

## **Program Forms:**

# CHICAGO STATE UNIVERSITY

## AODA Program Internship Application

Name \_\_\_\_\_ UID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_

I anticipate starting my internship FALL 20\_\_ or Spring 20\_\_

I would like to work in the following setting:

- Agency
- EAP
- College or University
- School K-12
- Hospital
- Other (Specify \_\_\_\_\_)

I am interested in the following site (if any): \_\_\_\_\_

I entered the AODA Program on \_\_\_\_\_

I plan to devote about \_\_\_\_\_ hours/weeks to my internship.

I intend to complete the 500 Hour minimum in \_\_\_one or \_\_\_two semesters (Internship students only).

Describe preferred setting and type of clients:

**For student insurance, please log on to [www.HPSO.com](http://www.HPSO.com) and complete application.**

Please Enclose Proof of Liability Insurance With Application Unless Submitted Within The Present Semester For Another Course.

### **SUBMISSION DEADLINE:**

**July 15<sup>th</sup> for Fall Semester**

**November 15<sup>th</sup> for Spring Semester**

**April 15<sup>th</sup> for Summer Semester**

Acceptance is conditional upon interviewing with Dr. Maryse Nazon. Field Experience requires permission and is conditional upon completion with Dr. Maryse Nazon.

Revised 6/12

CHICAGO STATE UNIVERSITY  
ATP AODA CERTIFICATION PROGRAM

FIELD EXPERIENCE SITE INFORMATION  
(To be completed by Site Supervisor)

Agency \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Degree \_\_\_\_\_ Area \_\_\_\_\_

License or Certification \_\_\_\_\_

Other Contact \_\_\_\_\_ Phone \_\_\_\_\_

POPULATION SERVED    Age range \_\_\_\_\_

TYPICAL PRESENTING PROBLEMS \_\_\_\_\_

\_\_\_\_\_

TRAINING EXPERIENCES AVAILABLE (check all that applies)

- Individual     Group     Case Management     Adults     Adolescents     Women     Corrections  
 Other \_\_\_\_\_,

Counseling Special Populations (*Please Specify*) \_\_\_\_\_

\_\_\_\_\_

Other Training Opportunities \_\_\_\_\_

Date Information was Obtained or Updated \_\_\_\_\_

Semesters that Students are Placed at the Site \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes or Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# FIELD EXPERIENCE AGREEMENT

## AODA Certification Program at Chicago State University

**Student's Name:** \_\_\_\_\_ **Student #** \_\_\_\_\_

**Field Experience Site:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_

### Introduction

The faculty of the AODA Certification Program at Chicago State University fosters the development of the clinical acumen of its students through practical experiences in the community that are specialized in the field of addictions. The objective of the field experience in these sites is to provide varied experiences. Further, through these experiences, the student may tailor the site selection to best fit his/her professional interests and career goals.

The purpose of this agreement is twofold. It serves as documentation for the AODA Certification Program to describe the nature of training this student is receiving (and later as reference on certification application). It is also used to establish initial consensus between the field experience placement supervisor and student about responsibilities toward meeting the goals of the field experience. This agreement should be created jointly, ideally prior to beginning the actual field experience, but definitely within the first two weeks of the placement. The student is responsible for ensuring that this agreement is finalized, with the original sent to the AODA Certification Program Coordinator.

### The Field Experience/Field experience Site agrees

1. To assign a field experience site supervisor who is currently or previously practitioners who possess an understanding of the basic principles of the AODA field. IAODAPCA Certified Supervisor or Master AODA Counselors are preferred; can meet with the trainee for at least one hour of face-to-face supervision weekly; and has an interest in training;
2. To cooperate with training program in planning, supervising, and evaluating the student intern;
3. To assist the student intern in developing a learning contract or schedule of learning experiences that will enable him or her to practice skills and competencies as indicated in school objectives;
4. To assure that State and Federal laws of confidentiality are communicated and followed;
5. To provide the student with an opportunity to demonstrate entry level competence in the core functions;
6. To review with the student intern his or her rights and responsibilities;
7. To submit a written evaluation of the student intern's performance to the training program and the intern, identifying strengths, limitations, and potential as an AODA counselor;
8. To provide the training program coordinator with necessary information about problems, concerns and/or incidents with the field experience as they arise;
9. To provide the student with adequate work space, telephone, computer access, office supplies, and staff to conduct professional activities;
10. The Field Experience site reserves the right to terminate a student's field experience at the Field Experience site prior to completion if it is determined by the site representative at the Field Experience site in consultation with Chicago State University Program Coordinator that the student is in violation of any local, state or federal law, Field Experience site or University rules or policy, or demonstrates unsatisfactory clinical progress as set forth in the course requirements.

Within the specified time frame, the training activities will be provided for the student in sufficient amounts to allow an adequate evaluation of the student' level of competence in each activity. The student must

obtain at least 500 total hours of which 150 clock hours of supervision in the 12 core skill areas of counseling. Supervised hours are understood to be face-to-face supervision. Hours that the counselor spends providing AODA counseling services are NOT counted as supervision. The applicant will document supervision in the following Core Skill Areas. No single core skill function is to be performed for fewer than **ten (10) clock hours**.

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- Orientation
- Assessment
- Treatment Planning
- Counseling
- Case Management
- Crisis Intervention
- Client Education
- Referral
- Reports and Record Keeping
- Consultation with Other Professionals in Regard to Client Treatment/Services

The total combined minimums must add up to a **150 clock hours**. For each core skill function a minimum of 10 hours needs to be documented. To meet the total of 150 hours, more than 10 hours will need to be documented in some areas.

**Intended Activities**

It is required that the student complete 500 hours (some students may split their hours between different sites) of supervised experience within the twelve core functions of a Chemical Dependency Counselor. Some of the time may be spent, but not limited to, report writing, case conferences, supervision, and other related indirect services related to the treatment of addictions. IAODAPCA Supervised

Anticipated Experiences:

- Screening
- Intake Assessment
- Orientation
- Case Management
- Treatment Planning
- Chemical Dependency Counseling
- Group
- Crisis Intervention
- Consultation
- Vocational/Career Assessment

Anticipated Populations:

- Adults
- Adolescents
- Children
- Geriatric
- Minority/Diverse Populations  
(specify \_\_\_\_\_)
- Outpatient
- Residential
- Inpatient
- Criminal Justice
- Other (Specify \_\_\_\_\_)

Days and hours of work will be as follows:

Day of the Week \_\_\_\_\_ Hours \_\_\_\_\_

Day of the Week \_\_\_\_\_ Hours \_\_\_\_\_

Day of the Week \_\_\_\_\_ Hours \_\_\_\_\_

### **Supervision**

The field experience supervisor must be committed to work closely with students to ensure mastery of skills, ethical practice, and quality service delivery to clients. This demands that the supervisor have direct knowledge of the practical work of the student, and must be available in situations in which the quality of service or ethical issues may arise. The agency supervisor (CADC) agrees to provide face-to-face supervision each week to the field experience student.

Day and time of individual supervision will be as follows:

Day of the Week \_\_\_\_\_ Time \_\_\_\_\_

Methods of supervision (e.g., observation, case presentation, audio, video, etc.)

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The field experience supervisor agrees to receive regular telephone contacts and at least one site visit per field experience rotation, by the student's faculty supervisor, to ensure the quality of the field experience rotation, by the student's faculty

### **Evaluation**

The field experience supervisor agrees to participate in the evaluation of student progress toward becoming a Chemical Dependency Counselor. The field experience supervisor agrees to complete an evaluation of the student's progress at the end of the field experience. He/she agrees to meet with the student to provide the feedback and will send the original, written evaluation to Dr. Maryse Nazon, AODA Program Coordinator, at the university. Specific information is included on the evaluation form that will be useful to the student and the faculty in terms of assisting the student in focused skill development.

### **Ethical/Legal Standards, Policy, Codes of Conduct**

The agency agrees to provide a learning experience that conforms to all ethical and legal standards set forth by the Illinois Alcohol and Other Drug Abuse Professional Certification Association and the appropriate licensing agencies. The agency will provide orientation to the field experience site and will provide training on any policies or procedures that may guide to student's conduct.

The field experience student will adhere to all ethical and legal standards set forth by the Illinois Alcohol and Other Drug Abuse Professional Certification Association and the appropriate licensing agency, as well as the field experience site. He/she will adhere to all applicable agency policies and procedures

including guidelines regarding confidentiality. The student will interact with clients and staff in a professional manner.

**Problem Resolution**

Student concerns about agency-related aspects of the field experience should be discussed with the onsite supervisor immediately. Any concerns that cannot be resolved by the two parties or concerns of a more serious nature (e.g., unethical conduct, non-adherence to the terms of the Field experience Agreement, etc.) should be reported immediately to the student's immediate faculty supervisor and AODA Program Coordinator, Dr. Maryse Nazon (Office: 773-995-2128 or Cell: 708-717-1546)

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Field experience student and date

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Field experience supervisor and date

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CSU Field experience coordinator and date

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CSU Program coordinator and date

The student must return this form to Dr. Maryse Nazon no later than two weeks after the commencement of their placement. Failure to do so will result in the student's suspension from field experience activities.

## STUDENT GOALS AND OBJECTIVES

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(To be completed by the student and approved by the faculty member and the agency supervisor. Use additional sheets if necessary). Student should identify the major competencies, skills and values that the student hopes to acquire or develop during this field experience. To the fullest extent possible, relate the goals to the 12 Core Functions of the Chemical Dependency Counselor (see attached 12 core functions). It is not expected that all students will establish goals in all areas; it will depend on the setting, supervisor, and student interests.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Goal #1.
Goal #2.
Goal #3.
Goal #4.
Goal #5.

**Approved by:**

Faculty Member (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Agency Supervisor (Signature) \_\_\_\_\_ Date \_\_\_\_\_

# SUPERVISED PRACTICAL EXPERIENCE

**To Supervisor:** Please complete this form indicating student's supervised practical training. This form is intended to document student's total number of hours of field experience as indicated in the Affiliation Agreement and the Field Agreement forms. Of the total number of hours completed by the student, thirty (30) hours should be face-to-face supervision you have provided the student.

**Name of Student** \_\_\_\_\_ (LAST)

**I hereby attest to the fact that I have provided the student supervision for the number of hours noted below.**

Clinical supervision is the process of assuring the AODA counselor is provided monitoring and feedback to assure quality AODA services are being delivered.

***Realizing that supervision may take place in a variety of settings and have many faces, IAODAPCA determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration's Technical Assistance Publication Number 21. TAP 21 defines supervision/clinical supervision as: the administrative, clinical and evaluative process of monitoring, assessing and enhancing counselor performance.***

*Each core skill area must have at least 10 hours documented.*

<u>Core Skill Areas</u>	<b>Number of Hours Received in Each</b>
Screening .....	_____ (minimum 10)
Intake .....	_____ (minimum 10)
Orientation .....	_____ (minimum 10)
Assessment .....	_____ (minimum 10)
Treatment Planning .....	_____ (minimum 10)
Counseling .....	_____ (minimum 10)
Case Management .....	_____ (minimum 10)
Crisis Intervention .....	_____ (minimum 10)
Client Education .....	_____ (minimum 10)
Referral .....	_____ (minimum 10)
Reports and Record Keeping .....	_____ (minimum 10)
Consultation with other professionals in regard to client treatment/services...	_____ (minimum 10)
Other.....	_____
<b>Hours of face-to-face supervision I have provided the student (#)</b>	<b>_____ (minimum 30)</b>

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Name of Supervisor (Printed)**

\_\_\_\_\_  
**Title of Supervisor**

\_\_\_\_\_  
**Agency/Facility**

**Chicago State University**  
**AODA ATP Certificate Program**

**12 Core Functions Midterm and Final Evaluation Instrument**

Student: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

Type of Evaluation \_\_\_\_\_ Midterm \_\_\_\_\_ Final

**Instructions: Please evaluate the intern's performance in each core functions using the following scale. In addition use the last section of each core function to make a summary comment about the intern's performance.**

- 4 = perform consistently in an excellent manner**
- 3 = usually performs in a superior manner**
- 2 = usually performs in an adequate manner but still needs some work**
- 1 = performs consistently in an excellent manner, needs extensive work**
- N/A = data not available to evaluate**

		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>
<b>1</b>	<b>Screening</b> - The process by which the client is determined appropriate and eligible for admission to a particular program.					
	A. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.					
	B. Determine the client's appropriateness for admission or referral.					
	C. Determine the client's eligibility for admission or referral.					
	D. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.					
	E. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.					
	<b>Comments:</b>					
<b>2</b>	<b>Intake</b> - The administrative and initial assessment procedures for admission to a program.					
	A. Complete required documents for admission to the program.					
	B. Complete required documents for eligibility and appropriateness.					
	C. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect confidentiality and right.					
	<b>Comments:</b>					
<b>3</b>	<b>Orientation</b> - Describing to the client the following; general nature and goals of the program, rules governing client conduct and infractions that can lead to a disciplinary action or discharge from the program; in a non-residential program, the hours during					

	which services are available; treatment costs to be borne by the client, if any; and client rights.					
		1	2	3	4	NA
	A. Provide an overview to the client by describing program goals and objectives for client care.					
	B. Provide an overview to the client by describing program rules, and client obligations and rights.					
	C. Provide an overview to the client program operations.					
	<b>Comments:</b>					
<b>4</b>	<b>Assessment</b> – Those procedures by which a counselor/program identifies and evaluates an individual’s strengths, weaknesses, problems, and needs for the development of the treatment plan.					
	A. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.					
	B. Identify methods and procedures for obtaining corroborative information from significant secondary source regarding client’s alcohol and other drug abuse and psycho-social history.					
	C. Identify appropriate assessment tools.					
	D. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.					
	E. Develop a diagnostic evaluation of the client’s substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client’s strengths, weaknesses, and identified problems and needs.					
	<b>Comments:</b>					
<b>5</b>	<b>Treatment Planning</b> – Process by which one counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long term goals; and decide on a treatment process and the resources to be utilized.					
	A. Explain assessment results to client in an understandable manner.					
	B. Identify and rank problems based on individual client needs in the written treatment plan.					
	C. Formulate agreed upon immediate and long term goals using behavioral terms in the written treatment plan.					
	D. Identify the treatment methods and resources to be utilized as appropriate for the individual client.					
	<b>Comments:</b>					
<b>6</b>	<b>Counseling</b> – (Individual, Group, and Significant Others) The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.					
	A. Select the counseling theory (ies) that applies(y).					



	B. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.					
	C. Apply technique(s) to assist the client, group and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.					
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>
	D. Individualize counseling in accordance with cultural, gender, and lifestyle differences. E. Interact with the client in an appropriate therapeutic manner.					
	E. Elicit solutions and decisions for the client.					
	F. Implement the treatment plan.					
	<b>Comments:</b>					
<b>7</b>	<b>Case Management</b> – Activities which bring services, agencies, resources, or people together within a planned framework of action towards the achievement of established goals. It may involve liaison activities and collateral contacts.					
	A. Coordinate services for client cases.					
	B. Explain the rationale of case management activities to the client.					
	<b>Comments:</b>					
<b>8</b>	<b>Crisis Intervention</b> - Those services which correspond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.					
	A. Recognize the elements of the client crisis.					
	B. Implement an immediate course of action appropriate to the crisis.					
	C. Enhance overall treatment by utilizing crisis events.					
	<b>Comments:</b>					
<b>9</b>	<b>Client Education</b> - Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources					
	A. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.					
	B. Present information about available alcohol and other drug services and resources.					
	<b>Comments:</b>					
<b>10</b>	<b>Referral</b> - Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.					
	A. Identify need(s) and/or problems(s) that the agency and/or counselor cannot meet.					
	B. Explain the rationale for the referral to the client.					

	C. Attach client's needs and/or problems to appropriate resources.					
	D. Adhere to applicable laws, regulations, and agency policies governing procedures related to the protection of the client's confidentiality.					
	E. Assist the client in utilizing the support systems and community resources available.					
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>NA</b>
	<b>Comments:</b>					
<b>11</b>	<b>Reports and record keeping</b> - Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.					
	A. Prepare reports and relevant records integrating available information to facilitate the continuum of care.					
	B. Chart pertinent on-going information pertaining to the client.					
	C. Utilize relevant information from written documents for client care.					
	<b>Comments:</b>					
<b>12</b>	<b>Consultation with other professionals in regard to client treatment/services</b> - Relating with our own and other professionals to assure comprehensive, quality care for the client.					
	Recognize issues that are beyond the counselor's base of knowledge and/or skill.					
	Consult with appropriate resources to ensure the provision of effective treatment services.					
	Adhere to applicable laws, regulations, and agency policies governing the disclosure of client-identifying data.					
	Explain the rationale for the consultation to the client, if appropriate.					
	<b>Comments:</b>					

**STUDENT FIELD EXPERIENCE EVALUATION FORM**

**Student Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Field Experience Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

EVALUATION AREA	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
<b>ANALYTICAL ABILITY</b>					
Understanding of agency					
Understanding of community					
Understanding of clients					
Use of Knowledge sources					
Use of evaluation					
Understanding of substance abuse					
<b>ADMINISTRATION</b>					
Use of supervision					
Documentation					
Recording					
Referral					
<b>INTERPROFESSIONAL RELATIONS</b>					
With clients					
With Peers					
With supervisors					
With community groups					
Ethical Practices					
<b>PRACTICUM SKILLS</b>					
Screening					
Orientation					
Assessment					
Treatment Planning					
Counseling					
Case Management					
Crisis Intervention					
Client Education					
Referral					
Reports and Record keeping					
Consultation					
<b>KNOWLEDGE</b>					
Human behavior					
Signs/symptoms of chemical dependency					
Counseling approaches					
Continuum of care					
Federal/State/local regulations/statutes					
State Alcohol/Drug Program System					
Cultural competence					
<b>WORK HABITS</b>					
Initiative					
Organization Skills					
Quality of Work					
Integrity					
Responsibility/accountability					
Self Discipline					
Sensitivity to others					

**RECOMMENDATION: (Please attach additional comments.)**

\_\_\_\_\_ Yes, I highly recommend \_\_\_\_\_ Yes, I recommend, with reservations

\_\_\_\_\_ No, I do not recommend.

Supervisors Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Evaluation of Field Experience Site**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

University Supervisor: \_\_\_\_\_

Field Experience Supervisor: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

**Directions:** Mid-way through the internship (approximately after completing 250 hours of internship), schedule an appointment and submit this form to your university supervisor. Your progress will be evaluated and plans will be finalized for the completion of your internship. Emphasize what you have learned.

1. The following internship goals have been achieved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List the academic goals which will receive major attention before the internship ends: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List the strategies for attaining the academic goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The strengths of my internship are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The weaknesses of my internship are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If I could change my internship, I would implement these ideas: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature: \_\_\_\_\_

**Reminder: Please call your University Supervisor to make an appointment to talk over your Field Experience.**

**PSYC 4204/5204 – Field Experience  
BIWEEKLY JOURNAL ENTRIES**

**NAME:** \_\_\_\_\_ **AGENCY:** \_\_\_\_\_

*The weekly journal entry records your feelings, discoveries, and knowledge gained during that week.*

WEEK #	JOURNAL ENTRY

# STUDENT'S WEEKLY ACTIVITY LOG

STUDENT NAME: \_\_\_\_\_ AGENCY: \_\_\_\_\_

WEEK BEGINNING DATE: \_\_\_\_\_ ENDING: \_\_\_\_\_

DATE	HOURS	FIELD EXPERIENCE ACTIVITY

TOTAL WEEKLY HOURS \_\_\_\_\_ CUMMULATIVE HOURS TO DATE \_\_\_\_\_

HOURS VERIFIED BY: \_\_\_\_\_  
Supervisor's Signature

### Disposition and Personal Conduct Indicators

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Disposition and Professional Conduct Indicators	Rating	1 Deficient	2 Developing	3 Proficient	4 Above Average	5 Outstanding
<b>Attendance and Punctuality</b>		Absent often: rarely on time.	Occasionally late or absent.	Usually Present and on time.	Rarely absent or late.	Never absent or late: always on time or early.
<b>Cooperativeness: Positive View of Others</b>		Seldom works well with others.	Occasionally does less and cooperates less than desirable.	Generally works well with others: does own work well.	Frequently exceeds expected standards of cooperativeness.	Always cooperates fully: Views self and others as a resource.
<b>General Attitude - Enthusiasm and Excitement</b>		Shows no enthusiasm or interest in topic.	Shows little enthusiasm or interest in topic.	Displays minimal enthusiasm or interest in topic.	Displays expected levels or enthusiasm and interest in topic.	Displays a high interest in the topic: and is exceptionally enthusiastic.
<b>Dependability and Responsibility</b>		Can seldom be counted on.	Frequently unreliable.	Responsible although needs some direction.	Very dependable and responsible: requires little supervision.	Totally dependable and responsible: needs little or no direct supervision.
<b>Personal Appearance - Professional Demeanor</b>		Appearance is totally unacceptable.	Appearance needs improvement.	Usually neat and reasonably well groomed.		Neat and appropriately groomed: a good role model, sets a good example.
<b>Physical Stamina</b>		Seldom has strength or energy to participate in assignments.	Sometimes lacks strength and energy to participate in assignments.	Has strength and energy to attend to immediate assignments.	Strength and energy exceeds standards.	Never fatigued, always capable of doing more.
<b>Critically evaluates self</b>		Unable to identify own strengths and weaknesses.	Minimally able to identify strengths and weaknesses.	Adequately able to identify strengths and weaknesses.	Good ability to identify strengths and weaknesses.	Excellent ability to identify strengths and weaknesses.
<b>Accepts and uses suggestions for improvement</b>		Unwilling or unable to accept and act on feedback and suggestions.	Minimally able to accept and act on feedback and suggestions.	Adequately able to accept and act on feedback and suggestions.	Willing to accept and act on feedback and suggestions.	Very positive about accepting and acting on feedback and suggestions.
<b>Understands and demonstrates the importance of confidentiality</b>		Violates confidentiality in the classroom or workplace.				Never violates confidentiality in the classroom or workplace, and can explain it to others: demonstrates a true understanding.

Disposition and Professional Conduct Indicators	Rating	1 Deficient	2 Developing	3 Proficient	4 Above Average	5 Outstanding
Demonstrates lifelong learning skills		Has no skill at developing and carrying through self generated learning experiences.	Demonstrates some skill at developing and carrying through self generated learning experiences.	Demonstrates adequate skill at developing and carrying through self generated learning experiences.	Has good skills at skill at developing and carrying through self generated learning experiences.	Has superior skills at developing and carrying through self generated learning experiences.
Demonstrates cultural competency and gender equity		Fails to demonstrate and understanding of cultural or gender equity.	Shows little understanding of cultural or gender equity.	Adequate ability to demonstrate an understanding of cultural or gender equity.	Good ability to demonstrate understanding of cultural or gender equity and act on that knowledge in a meaningful manner.	Excellent ability to demonstrate understanding of cultural or gender equity and act on that knowledge in a meaningful manner.
Language		Uses stigmatizing or demeaning language regarding persons in need.	Occasionally uses stigmatizing or demeaning language regarding persons in need.	Does not use stigmatizing or demeaning language regarding persons in need.	Shows an understanding of the reasons for non-stigmatizing language and always uses it.	Shows an understanding of the reasons for non-stigmatizing language and always uses it. Appropriately confronts such practices in others.
Values		Is judgmental regarding clients' lifestyles or actions.	Is occasionally judgmental regarding clients' lifestyles or actions.	Does not vocalize a judgmental attitude regarding clients' lifestyles or actions.	Demonstrates acceptance if not approval of the choices clients make regarding lifestyle or behavior.	Demonstrates acceptance if not approval of the choices clients make regarding lifestyle or behavior, and confronts other counselors about their judgmental behavior.
Self-Disclosure and Boundaries		Poor or non-existent boundaries and failure to respond to instructor remediation.	Occasional boundary violations with some responsiveness to instructor remediation.	Occasional boundary violations with adequate responsiveness to instructor remediation.	Few if any boundary violations, disclosures with good responsiveness to instructor remediation.	No boundary violations and can articulate the necessity of such boundaries in clinical as well as classroom settings.
Personal Behavior		Engages in activities that are contrary to those specified in the Ethics Code of <i>ICB</i> .	Occasionally engages in activities that are contrary to those specified in the Ethics Code of <i>ICB</i> .	Does not engage in activities that are contrary to those specified in the Ethics Code of <i>ICB</i> .	Does not engage in activities that are contrary to those specified in the Ethics Code of <i>ICB</i> and can explain the importance of the Ethics Code for the profession and the clients.	Does not engage in activities that are contrary to those specified in the Ethics Code of <i>ICB</i> , and advocates for the codes within and outside of the profession.



**ILLINOIS CERTIFICATION BOARD  
ADVANCED ACCREDITED TRAINING PROGRAM APPLICATION**

# AODA COUNSELOR APPLICATION INSTRUCTIONS

## Advanced Accredited Training Program Applicants

The application is a brief sketch of the professional's qualifications and is meant to be an assessment for review purposes. The manual is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of an alcohol and other drug abuse (AODA) counselor. This process includes validation from instructors and supervisors.

1. Application forms must be neatly printed or typewritten.
2. The application must be stapled or paper clipped to keep them together. Application materials should not be put in binders, folders, report covers, etc.
3. The check or money order for the application fee of \$75.00 should be made payable to ICB. All fees are non-refundable.
4. Applicants should make a photocopy of the entire completed application, including all attachments for their records. The original copy of the application and copies of all other documents must be mailed to ICB. (FAXED applications will not be accepted!)
5. Applications will be reviewed when they are received by ICB. Within 30 days, a letter will be e-mailed to applicants notifying them of any problems or missing parts of the application. A valid e-mail address must be provided. Special considerations for lack of e-mail will be considered on a case by case basis.
6. Applicants have the responsibility to notify ICB, in writing, of any changes to their names, work/home addresses and work/home telephone numbers.
7. Applicants who have not completed their applications after one year will be required to reapply and start over with the application process.
8. ICB reserves the right to request further information from employers and other persons listed on the application forms.
9. Accredited Training Program Applicants have the responsibility to read The Illinois Model for the Certification of Alcohol and Other Drug Abuse Counselors and to sign the Assurance and Release form which verifies they have read it. The program coordinator will have provided this information to the applicant during the program.
10. Applicants who want to take the written examination before the application is completed, i.e., before requirements are fulfilled, must submit the following parts of the application:
  - a. General Information - Pages 2 and 3 (Mark Yes to Test on Page 2)
  - b. Assurance and Release – signed and dated – Page 4
  - c. Code of Ethics – signed, dated and notarized – Page 10
11. Send completed application to:  
Illinois Certification Board  
401 East Sangamon Avenue  
Springfield, IL 62702

# APPLICATION FOR AODA COUNSELOR CERTIFICATION (CADC)

## Advanced Accredited Training Program Applicants

PLEASE PRINT OR TYPE

Name _____ / /			
Last	First	Middle	Date of Birth
Home Address _____			
Apartment number (if applicable) _____			
City _____	State _____	Zip Code _____	
Home Telephone _____		Home Fax _____	
Email _____			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Name of Accredited Training Program _____ CHICAGO STATE UNIVERSITY ATP AODA			
(College attending or attended)			
_____ Enrolled		_____ Completed Date Completed _____	
Letter of Completion: (signed by Accredited Training Program Coordinator upon the completion of the program)			
Submitted by <input type="checkbox"/> Student <input type="checkbox"/> Program Coordinator			
I would like my mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Work			
I would like to test before my application is complete: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please check one selection from each of the following areas:

**Ethnic Origin**

- Caucasian
- Black/African-American
- Native American or Alaskan Native
- Asian or Pacific Islander
- Hispanic
- Latino
- Other

**Highest Education Level Completed**

- High School Diploma or GED
- Vocational Certification
- Associate of Art
- Associate of Science

- Bachelor of Arts
- Bachelor of Science
- Master's Degree
- Doctorate

**Primary Work Setting**

- Mental Health
- Substance Abuse
- Developmental Disabilities
- MISA

- Inpatient Treatment
- Outpatient Treatment
- Crisis Intervention
- Case Management & Referral

- Residential
- Intensive Outpatient
- CILA
- Other \_\_\_\_\_
- Not Applicable

**Primary Population Served**

- Adults
- Adolescent
- Children
- Geriatrics
- Mixed
- Not Applicable

Please list any certifications, board registrations or licenses you hold:

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**Please note: ICB reserves the right to request further information from all employers and other persons listed on the application form. ICB and its review committee reserve the option to request an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of a counselor and will be kept confidential by ICB. Further information may be requested in order to verify training, employment, etc. This information is not available to other persons without the written consent of the applicant.**

# **ASSURANCE AND RELEASE**

## **Advanced Accredited Training Program Applicants**

The Illinois Certification Board (ICB) may request further information from all persons listed on the application form, in order to verify education and supervision, and accredited training program completion, etc. This information is not available to others outside the certification process without the written consent of the applicant.

“I give my permission for the ICB and staff to investigate my background as it relates to information contained in this application for certification as a Certified AODA Counselor. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification.”

“I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the ICB, to officers, members and staff of the aforementioned board.”

“I further agree to hold the ICB, it’s officers, board members, employees and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of ICB to issue certification.”

“I certify that I have read and subscribe to ICB, Inc.’s Code of Ethics for Certified AODA Professionals and The Illinois Model for the Certification of Alcohol and Other Drug Abuse Counselors.”

“I further certify that my AODA Counselor Certification classification and status is public knowledge.”

“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# ICB CODE OF ETHICS FOR CERTIFIED ALCOHOL AND OTHER DRUG ABUSE PROFESSIONALS

## SECTION 1 – NAME AND PURPOSE.

1.01: Name: This Code shall be known and may be cited as the Illinois Certification Board (“ICB”) Code of Ethics for Certified Alcohol and other Drug Abuse (AODA) Professionals (“Code of Ethics”), and it shall supersede any and all prior ethics codes.

1.02: Purpose: The ICB’s mission is to protect the public by providing competency based credentialing of human service professionals. An essential element of this protection is the requirement that Certified AODA Professionals maintain high ethical standards based on the principles of integrity, objectivity, professionalism, and respect. Consistent application of these standards protects the welfare and dignity of AODA clients, improves the outcome of AODA services, and advances the public standing of the AODA profession.

1.03: ICB Code of Procedure: The ICB Code of Procedure (“Code of Procedure”), supplements this Code of Ethics as described in Section 3, below.

## SECTION 2 – ETHICAL STANDARDS OF CONDUCT.

Certified AODA Professionals shall adhere to the following ethical standards as a condition of attaining and maintaining ICB Certification:

### 2.01: Personal Conduct Standards:

2.01.01: Certified AODA Professionals shall not abuse alcohol or legal drugs. This includes but is not limited to alcohol or drug related legal problems or any other alcohol or drug related conduct that reflects poorly on them or the AODA profession.

2.01.02: Certified AODA Professionals shall not possess or use illegal drugs.

2.01.03: Certified AODA Professionals who become aware that their personal use of alcohol or drugs may be problematic shall seek appropriate assistance and promptly notify the Illinois Certification’s Executive Director (“Director”) of that decision. Certified AODA Professionals shall cease their involvement in the provision of AODA services until any problematic use of alcohol or drugs is stable or resolved and does not affect their professional competency.

2.01.04: Certified AODA Professionals who become aware that serious personal issues may be problematic shall seek appropriate assistance and promptly notify the Director of that decision. Serious personal issues include but are not limited to physical or mental health concerns, process addictions, active legal charges, or any other issue that reflects poorly on them or the AODA profession. Certified AODA Professionals shall

cease their involvement in the provision of AODA services until their personal issues are stable or resolved and do not affect their professional competency.

2.01.05: Certified AODA Professionals must inform the ICB if convicted of a felony, or any sexual or drug related offense, in any court of competent jurisdiction in this or any other state, district, or territory of the United States or of a foreign country and cease their direct provision of any AODA clinical or intervention services in Illinois for two (2) years from the date of conviction or any related subsequent incarceration, whichever occurred first. The provisions of this Section shall in no way be deemed to waive or limit any right or remedy of the ICB under any other provision of the Code of Ethics and/or the Procedure Code.

2.01.06: Certified AODA Professionals must inform the ICB if they have a suspension or revocation of driving privileges for any alcohol or drug related driving offense and cease their direct provision of DUI evaluation or Risk Education in Illinois for two (2) years from the date of conviction or DUI summary suspension. The provisions of this Section shall in no way be deemed to waive or limit any right or remedy of the ICB under any other provision of the Code of Ethics and/or the Procedure Code.

## 2.02: Professional Conduct Standards:

2.02.01: Certified AODA Professionals shall not misrepresent their professional qualifications.

2.02.02: Certified AODA Professionals shall submit accurate information to ICB for the purposes of obtaining and maintaining certification.

2.02.03: Certified AODA Professionals shall consider the welfare of the public and the profession when making recommendations for positions, advancement, and certification.

2.02.04: Certified AODA Professionals who teach AODA counseling or supervise AODA counselors shall discharge these responsibilities with the same regard for standards required for all Certified AODA Professional activities.

2.02.05: Certified AODA Professionals shall adhere to high standards and follow appropriate scientific procedures when conducting research, including but not limited to adhering to current evidence informed practice and be in compliance with Institutional Review Board requirements.

2.02.06: Certified AODA Professionals shall not take credit for professional substance abuse services done by others. This includes services done by other Certified AODA Professionals, non-certified staff, or interns.

2.02.07: Certified AODA Professionals shall not charge or collect a private fee or other form of compensation for services to a client who is charged for those same services through the counselor's organization. Certified AODA Professionals shall not engage in fee-splitting.

2.02.08: Certified AODA Professionals shall not use their relationship with their clients to promote personal gain, profit for an organization, or commercial enterprise of any kind for at least three (3) years after termination of services.

2.02.09: Certified AODA Professionals shall not engage in any sexual relationship, conduct, contact, exploitation, or harassment with clients, former clients, clients'

partners, clients' relatives, or any active client of any Office as defined in Section 2.20 of the Code of Procedure. This prohibition is in effect during the time of any active counseling relationship and in perpetuity once the counseling relationship has ended.

2.02.10: Certified AODA Professionals shall not engage in any sexual relationship, conduct, contact, exploitation, or harassment with students or supervisees.

2.02.11: Certified AODA Professionals shall not practice or condone discrimination against clients, clients' partners, clients' family, or other professionals based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, social economic status, or any basis prescribed by law.

2.02.12: Certified AODA Professionals shall not knowingly solicit the clients of other colleagues/professionals or accept for treatment a person who is receiving services from another professional except by mutual agreement or after termination of services.

2.02.13: Certified AODA Professionals shall fully cooperate with all local, state, and federal authorities having jurisdiction in regard to routine onsite compliance inspections, investigations for cause, and requests for information.

2.02.14: Certified AODA Professionals may use social media (e.g. Facebook, Twitter, internet web pages or website, etc.) to advertise the offering of "Certified AODA Professional Services" as defined in Section 2.04 of the Code of Procedure, to promote human service professional work in general or the AODA profession in particular, or for any educational purposes relating to the foregoing. Certified AODA professionals may not use any social media for the making of any misleading or false claims, other improper advertising relating to Certified AODA Professional Services, or for any other purpose prohibited by (or that is otherwise in violation of) this Code of Ethics, the Code of Procedure, or any other canon, rule or regulation promulgated by the Director from time-to-time.

2.02.15: Certified AODA Professionals shall not engage in any other conduct or behavior which would bring the ICB and/or AODA profession into disrepute.

2.03: Confidentiality Standards:

2.03.01: Certified AODA Professionals shall be familiar and comply with all federal and state laws regarding confidentiality.

2.03.02: Certified AODA Professionals shall inform clients at the beginning of the counseling relationship the limits of confidentiality laws and the foreseeable uses of information generated through counseling services.

2.03.03: Certified AODA Professionals shall maintain confidentiality unless it is in the best interest of the clients, the welfare of others, an obligation to society, or legal requirements demand that confidential material be revealed. Certified AODA Professionals shall consult with his or her Managing AODA Professional as defined in Section 2.19 of the Code of Procedure and/or legal counsel, when unsure if an exception to confidentiality exists.

2.03.04: Certified AODA Professionals shall only reveal essential information when circumstances require the disclosure of confidential material. To the extent possible, clients will be informed before confidential material is disclosed.



2.03.05: Certified AODA Professionals shall accurately document all AODA services and safely store client records according to state and federal confidentiality laws.

2.04 Service Delivery Standards:

2.04.01: Certified AODA Professionals must exercise clinical discretion when prescribing substances with abuse potential to clients with known or suspected substance related and addictive disorders.

2.04.02: Certified AODA Professionals shall not enter into counseling relationships with members of their own family, close friends, persons closely connected to them, or others whose welfare might be jeopardized by such a dual relationship.

2.04.03: Certified AODA Professionals shall not initiate a counseling relationship and shall terminate any active counseling relationship when the client no longer needs services, the client is not benefiting from services, other services are more appropriate, the client does not pay agreed upon fees, or the Certified AODA Professional has personal issues preventing the effective delivery of services. Certified AODA Professionals shall be knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referrals, Certified AODA Professionals are not obligated to continue the relationship.

2.04.04: Certified AODA Professionals shall not abandon or neglect clients in treatment and shall assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination of treatment.

2.04.05: Certified AODA Professionals shall ensure that services are offered in a respectful environment that meets all local, state, and Federal safety and accessibility requirements.

2.04.06: Certified AODA Professionals shall not physically, emotionally, financially or verbally abuse their clients.

2.04.07: Certified AODA Professionals shall not offer services outside their range of competency.

2.04.08: Certified AODA Professionals shall not offer services outside the boundaries of the AODA profession unless otherwise qualified through education, training, licensure, or certification.

2.05: Ethics Violation Reporting Standards:

2.05.01: Certified AODA Professionals with personal knowledge of another Certified AODA Professional's possible violation of ethical standards shall attempt to clarify or rectify the situation if practical. If such attempts fail and they possess information that raises doubts as to whether another Certified AODA Professional is acting in an ethical manner, Certified AODA Professionals shall promptly submit an ethics Complaint to the ICB Executive Director.

2.05.02: Certified AODA Professionals shall not initiate, participate in, or encourage the filings of ethics complaints that are frivolous or intended to harm a Certified AODA Professional rather than to protect clients or the public.

2.05.03: Certified AODA Professionals shall fully and completely cooperate with investigations, proceedings, and requirements of any ICB ethics investigation or any other investigations of any ethics committees of other duly constituted associations or boards having jurisdiction over matters under this Code of Ethics or the Code of Procedure.

### **SECTION 3 – VIOLATIONS-CODE OF PROCEDURE**

3.01: Code of Procedure: All alleged violations of this Code of Ethics and any complaints filed there under shall be administered pursuant to the Code of Procedure, as amended from time-to-time.

3.02: Conflict: The provisions of the Code of Procedure (including any definitions therein) are incorporated into this Code of Ethics by reference. The intent of the Code of Procedure is to supplement this Code of Ethics and in the event of any direct conflict between the terms of this Code of Ethics with any provisions of the Code of Procedure, the provisions of this Code of Ethics shall control.

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PERSONAL STATEMENT

***As a Certified Alcohol and Other Drug Abuse Counselor, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established standards. I shall always recognize that I have assumed a heavy social and vocational responsibility due to the intimate nature of my work, which touches the lives of other human beings.***

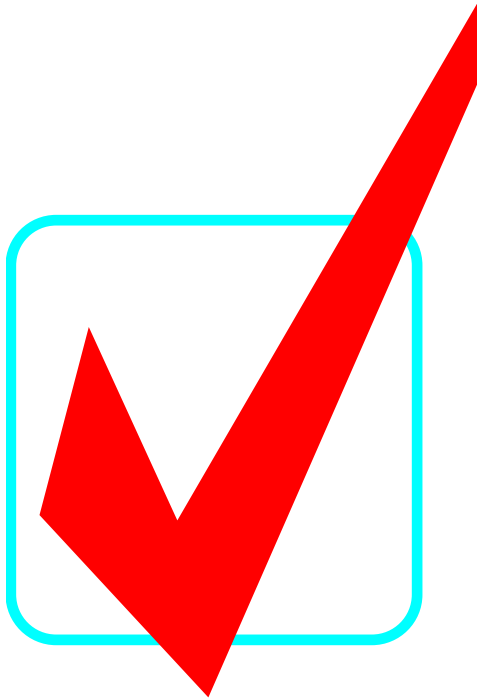
***My signature below indicates my agreement with and willingness to abide by this Code of Ethics.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Date \_\_\_\_\_

Notary Stamp \_\_\_\_\_

***Please Note: Applicants need only to submit this page of the Code of Ethics, not the entire Code of Ethics, Pages 5-9 should be kept for your personal file.***



## **Application Checklist – Advanced Accredited Training Program Applicant**

This checklist is for applicants to verify for themselves that all documentation is included in their application. Applicants do not need to include this checklist with their application.

The following should be included in your Certification Application:

- \_\_\_\_\_ Application information – Pages 2 and 3
- \_\_\_\_\_ Marked Yes or No to Test on Page 2
- \_\_\_\_\_ Letter of Completion from Accredited Training Program (When Completed)
- \_\_\_\_\_ Assurance and Release signed and dated by applicant – Page 4  
(Signature verifies applicant has read the Counselor Model)
- \_\_\_\_\_ Code of Ethics signed, dated and notarized – Page 10
- \_\_\_\_\_ Application Fee

Mail application to ICB, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by fax.**