CADC-T CLINICALLY SUPERVISED EXPERIENCE (PAGE 1 of 5)

APPLICANT’S NAME__________________________________________________________

SUPERVISOR’S NAME________________________________________________________

AGENCY__________________________________________________________________________

PROFESSIONAL LICENSES AND/OR CERTIFICATES YOU HOLD____________________________________________________________________________________

*Supervisors must include a photocopy of a state or federal photo ID and a copy of the appropriate certification and/or licensure.

Purpose: The Clinical Supervised Experience is a crucial experiential learning component to assist in the development of qualified counselors. This form is to document that the candidate has received clinical supervision directly relating to the 12 Core Functions. Methods of clinical supervision that will be accepted are individual and/or group activities designed to provide direct supervision of counselor activities, review, and/or processing counseling activities. These activities are monitored and documented by the clinical supervisor, who provides timely feedback to assist the counselor in this learning process. There is no expiration on your clinical supervision, however, to pass the IC&RC examination you will need to be engaged in currently accepted practices.

Supervisors:
- Supervisors should have a good clinical background in substance abuse, chemical dependencies and co-occurring disorders.
- Acceptable credentials for clinical supervisors are CCS, CADCII, CCDP, CCDP-D, CAADC, CACII, MAC or any licensed behavioral health professional such as LPC, LCSW, LMFT, RN, PsyD. or Psychiatrist who have a minimum of 5 hours of Addiction specific continuing education hours per year; certificate of attendance/completion may be requested.

Clinically Supervised Experience Requirements:
- The CADC-T Candidate must complete 300 hours of face-to-face clinical supervision within 3 years.
- The CADC-T must complete a minimum of 40 hours of face-to-face clinical supervision for their initial application.
- Clinical supervision can be done individually, as part of a supervision group, clinical review meetings and via video conferencing if necessary. All Clinical Supervision should be supported by well-maintained documentation by the Clinical Supervisor. Clinical Supervision is not done via email, text or phone calls.
- Candidates must demonstrate a minimum of 10 hours clinical supervision in each of the 12 core functions.
- Candidates must receive a minimum of 100 Hours face-to-face clinical supervision per 2000 experience hours required for their certification level.
- The Addiction Counselor Trainee may not have more than 3 years of cumulative experience practicing under supervision for the purpose of addiction certification, per GA Rule 43-10A, and;
- Persons who are training to be addiction counselors but only when such persons are: employed by an agency or facility that is licensed to provide addiction counseling; supervised and directed by a supervisor who meets the qualifications established by the certifying body; actively seeking certification, i.e. receiving supervision & direction, receiving required educational experience, completion of required work experience. (Georgia Rule 43-10A)
1. SCREENING: The process by which the client is determined appropriate and eligible for admission to a particular program.

- Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.
- Determine the client’s appropriateness for admission or referral.
- Determine the client’s eligibility for admission or referral.
- Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.
- Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

Hours spent with you in supervision of this task: ____________________________

Supervisor’s Signature/Date

2. INTAKE: The administrative and initial assessment procedures for admission to a program.

- Complete required documents for admission to the program.
- Complete required documents for program eligibility and appropriateness.
- Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

Hours spent with you in supervision of this task: ____________________________

Supervisor’s Signature/Date

3. ORIENTATION: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a nonresidential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.

- Provide an overview to the client by describing program goals and objectives for client care.
- Provide an overview to the client by describing program rules, and client obligations and rights.
- Provide an overview to the client of program operations.

Hours spent with you in supervision of this task: ____________________________

Supervisor’s Signature/Date

4. ASSESSMENT: The procedures by which a counselor/program identifies and evaluates an individual’s strengths, weaknesses, problems and needs for the development of a treatment plan.

- Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
- Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients’ alcohol and other drug abuse and psycho-social history.
- Identify appropriate assessment tools.
- Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
- 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.

Hours spent with you in supervision of this task: ____________________________

Supervisor’s Signature/Date
5. **TREATMENT PLANNING:** Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the resources to be utilized.

- Explain assessment results to client in an understandable manner.
- Identify and rank problems based on individual client needs in the written treatment plan.
- Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
- Identify the treatment methods and resources to be utilized as appropriate for the individual client.

**Hours spent with you in supervision of this task:**

**Supervisor’s Signature/Date**

6. **COUNSELING:** (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.

- Select the counseling theory(ies) that apply(ies).
- Apply techniques to assist the client, group, and/or family in exploring problems and ramifications.
- Apply techniques to assist the client, group, and/or family in examining the client’s behavior, attitudes, and/or feelings if appropriate in the treatment setting.
- Individualize counseling in accordance with cultural, gender and lifestyle differences.
- Interact with the client in an appropriate therapeutic manner.
- Elicit solutions and decisions from the client.
- Implement the treatment plan.

**Hours spent with you in supervision of this task:**

**Supervisor’s Signature/Date**

7. **CASE MANAGEMENT:** Activities which bring services, agencies, resources, or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.

- Coordinate services for client care.
- Explain the rationale of case management activities to the client.

**Hours spent with you in supervision of this task:**

**Supervisor’s Signature/Date**

8. **CRISIS INTERVENTION:** Those services which respond to an alcohol and/or other drug abuser’s needs during acute emotional and/or physical distress.

- Recognize the elements of the client crisis.
- Implement an immediate course of action appropriate to the crisis.
- Enhance overall treatment by utilizing crisis events.

**Hours spent with you in supervision of this task:**

**Supervisor’s Signature/Date**
9. CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other abuse and the available services and resources.

- Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
- Present information about available alcohol and other drug services and resources.

Hours spent with you in supervision of this task: ______  ________________________________  Supervisor’s Signature/Date

10. REFERRAL: Identifying the needs of a client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

- Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
- Explain the rationale for the referral to the client.
- Match client needs and/or problems to appropriate resources.
- Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client’s confidentiality.
- Assist the client in utilizing the support systems and community resources available.

Hours spent with you in supervision of this task: ______  ________________________________  Supervisor’s Signature/Date

11. REPORT AND RECORD KEEPING: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

- Prepare reports and relevant records integrating available information to facilitate the continuum of care.
- Chart pertinent ongoing information pertaining to the client.
- Utilize relevant information from written documents for client care.

Hours spent with you in supervision of this task: ______  ________________________________  Supervisor’s Signature/Date

12. CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICES: Relating with in-house staff or outside 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.

Hours candidate spent performing this task: ______

Hours spent with you in supervision of this task: ______  ________________________________  Supervisor’s Signature/Date

TOTAL Hours spent with you in supervision of these tasks: ______
I hereby attest that all the information given herein is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification, or revocation of same, upon discovery. I have read, understand, and agree to act in accordance with the code of ethics recognized by my profession and in compliance with any and all codes of professional conduct in effect in the State of Georgia. I acknowledge the right of ADACBGa to verify the information in this application or to seek further information from employers, schools or persons mentioned herein.

________________________________________________________________________________________

Supervisor’s Signature/Date

Documentation of Supervision of Addiction Counselor Trainees*

According to the State Department of Behavioral Health and Developmental Disabilities, (DBHDD), Addiction Counselor Trainees may provide certain services under Practitioner Level5. See Service Guideline for information regarding practitioners authorized to provide specific services. The definition of Addiction Counselor Trainee is “an individual who is actively seeking certification as a CA DC, CCAADC, CAC II or MAC and is receiving appropriate Clinical Supervision”. The Addiction Counselor Trainee Supervision Form(Appendix2) and supporting documentation indicating compliance with the below requirements must be provided for all services provided by an Addiction Counselor Trainee on or after August 1, 2009. The following outlines the definition of supervision and requirements of clinical supervision:

- Supervision means the direct clinical review, for the purpose of training or teaching, by a supervisor of a specialty practitioner's interaction with a client. It may include, without being limited to, the review of case presentations, audio tapes, video tapes, and direct observation in order to promote the development of the practitioner's clinical skills.

- Monthly Staff Supervision form must be present and current in the personnel record. The Supervision Form for the previous month must be in the employee file by the 10th day of the following month.

PLEASE RETURN DIRECTLY TO
Alcohol and Drug Abuse Certification Board of Georgia, Inc.
P.O BOX 250449
Atlanta, GA 30325

Do not return this form to the applicant unless it has been placed in a sealed envelope with your signature across the back seal!
SUPERVISOR EVALUATION

APPLICANT______________________________________________________

SUPERVISOR____________________________________________________

PLEASE USE THE FOLLOWING RATING SCALE TO EVALUATE THE APPLICANT’S SKILLS IN THE AREAS REQUESTED:

<table>
<thead>
<tr>
<th>Score</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA = NOT APPLICABLE</td>
<td>Screening - the process by which a client is determined appropriate and eligible for admission to a particular program.</td>
</tr>
<tr>
<td>1 = POOR</td>
<td>Intake - The administrative and initial assessment procedures for admission to a program.</td>
</tr>
<tr>
<td>2 = FAIR</td>
<td>Orientation - describing to the client the general nature and goals of the program, rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program, the hours and times services are available, treatment costs to be borne by the client if any, and client rights.</td>
</tr>
<tr>
<td>3 = AVERAGE</td>
<td>Assessment - those procedures by which a counselor identifies and evaluates an individual’s strengths, weaknesses, problems, and needs for the development of the treatment plan.</td>
</tr>
<tr>
<td>4 = ABOVE AVERAGE</td>
<td>Treatment Planning - the process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long term goals, decide on a treatment process and the resources to be utilized.</td>
</tr>
<tr>
<td>5 = EXCELLENT</td>
<td>Individual Counseling - a one-to-one counselor-client process for the purpose of assessing a client’s problems and facilitating appropriate changes.</td>
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<tr>
<td></td>
<td>Group Counseling - A process involving several clients for the purpose of jointly exploring the client’s problems and facilitating appropriate changes.</td>
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<tr>
<td></td>
<td>Family Counseling - A process of exploring the dynamics of the family system and facilitating appropriate changes.</td>
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<tr>
<td></td>
<td>Case Management – Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.</td>
</tr>
<tr>
<td></td>
<td>Crisis Intervention - those services which respond to an alcohol and/or other drug abuser’s needs during acute emotional and/or physical distress.</td>
</tr>
</tbody>
</table>

Acceptable scores are fair (2) or above.

The items below represent skills needed by addictions counselors in the core functions. Please evaluate the applicant’s abilities in each area.
Applicant Name: ______________________________________________________

| Client Education – Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources. |
| Referral - 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. |
| Reports and Record Keeping - charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data. |
| Consultation - relating with counselors and other professionals in regard to client treatment and services to assure comprehensive, quality care for the client. |

Using the same scale, please evaluate the applicant on the following areas of interpersonal relationships with clients, based on your observations:

<table>
<thead>
<tr>
<th>Score</th>
<th>Relationship Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Respect for the client</td>
</tr>
<tr>
<td></td>
<td>Care and concern for the client</td>
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<td></td>
<td>Genuineness with the client</td>
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<td></td>
<td>Empathy with the client</td>
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<td>Flexibility with the client</td>
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<td>Judgment with the client</td>
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<td>Spontaneity with the client</td>
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<td>Capacity for confrontation with the client</td>
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<td></td>
<td>Capacity for appropriate self-disclosure</td>
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<td></td>
<td>Sense of immediacy</td>
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<td>Concreteness</td>
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<td></td>
<td>Ability to set appropriate boundaries</td>
</tr>
</tbody>
</table>

The Alcohol and Drug Abuse Certification Board of Georgia reserves the right to request further information from you concerning this applicant.

PLEASE RETURN THIS FORM DIRECTLY TO:
ADACBGA
P.O BOX 250449
Atlanta, GA 30325

Do not return this form to the applicant unless it has been placed in a sealed envelope with your signature across the back seal!
SUPERVISOR’S STATEMENT

Applicant’s name___________________________________________________

Supervisor’s name__________________________________________________

Program name______________________________________________________

Address________________________________________________________________

________________________________________________________________________

Phone_______________________________ Fax___________________________

Professional licenses and/or certificates you hold________________________

How long have you supervised this applicant?

From (m/y)__________to (m/y)___________

Size of applicant’s caseload in:

Individual counseling _____ Group counseling_____ Family counseling_____ 

Average number of hours per week the applicant worked in:

Direct services__________ Indirect services___________________

Please describe the indirect services:

_____________________________________________________________________

Please add any comments on an additional sheet of paper.

I HEREBY CERTIFY THAT I HAVE OBSERVED AND HAVE FIRSTHAND KNOWLEDGE OF 
THIS APPLICANT’S WORK AND THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY 
KNOWLEDGE, TRUE

__________________________________________________________
Signature date

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Alcohol and Drug Abuse Certification Board of Georgia, Inc.
P.O BOX 250449
Atlanta, GA 30325

Do not return this form to the applicant unless it has been placed in a sealed envelope with your 
signature across the back seal!
These 12 Core Functions are:

1. **Screening**: The process by which a client is determined appropriate and eligible for admission to a particular program.
2. **Intake**: The administrative and initial assessment procedures for admission to a program.
3. **Orientation**: Describing to the client the general nature and goals of the program, rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program, the hours during which various services are available and the patient schedule, treatment costs to be borne by the client, if any, and the client’s rights.
4. **Assessment**: 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.
5. **Treatment Planning**: The process by which the counselor and the client identify and rank problems needing resolution, establish agreed upon immediate and long term goals, and decide on the treatment methods and resources to be used.
6. **Counseling**: 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.
7. **Case Management**: Activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.
8. **Crisis Intervention**: Those services which respond to an alcohol and/or drug abuser’s needs during acute emotional and/or physical distress.
9. **Client Education**: Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.
10. **Referral**: Identifying 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.
11. **Reports and Record Keeping**: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.
12. **Consultation**: Relating with counselors and other professionals in regard to client treatment and services to assure comprehensive, quality care for the client.