



Alcohol & Drug Abuse
Certification Board of Georgia

P.O. BOX 250449
Atlanta, GA 30325
770.825.0481 Fax: 770.790.0018
ADACBGA.org info@adaebga.org

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 CGAC domains. 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 gambling addiction, 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:

- Candidate must already be certified as a CADC I, CADC II or CAADC to apply.
- **Candidates must complete 10 hours face-to-face supervision.**
- **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.**

How long have you supervised this applicant?

From (m/y) _____ to (m/y) _____

Performance Domain	# of Hours*
Addiction Theories – Clinical supervision in addiction theories includes feedback and discussion regarding the disease of addiction, models of treatment, signs and symptoms of addiction and/or addiction treatment modalities.	
Basic Knowledge of Problem and Pathological Gambling – Clinical supervision in this domain refers to feedback and discussion regarding the definition of pathological gambling; the scope/prevalence of gambling addiction in adults, youth and other treatment populations; the typical progression and withdrawal symptoms of a gambling addiction; and standards evaluation instruments used to identify a potential or actual gambling addiction.	
Gambling Counseling Practice – Clinical supervision in the area of gambling counseling refers to feedback and discussion regarding treatment plans, including treatment approaches; treatment implementation and monitoring; and continuing care.	
Special Issues in Gambling – Clinical supervision in this domain is focused on ensuring that gambling counselors understand specific issues that present when planning for relapse/relapse prevention; and recognizing and responding to indicators of high risk, including suicide, self-harm, risk management, crisis management, and financial issues.	
Professional Issues – Clinical supervision related to professional issues includes discussions and feedback on issues such as cultural competence, boundaries/transference, privacy/confidentiality/HIPAA, and professional ethics.	
Total Hours*	

*must have a minimum of 1 hour of clinical supervision in each performance domain

Candidate has spent _____ hours in supervision with me (total of all lines)

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

*Supervisor must also fill out an evaluation form.

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:
ALCOHOL AND DRUG ABUSE CERTIFICATION BOARD OF GEORGIA
PO 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

(PG. 1 of 2)

APPLICANT'S NAME _____

SUPERVISOR'S NAME _____

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

NA = NOT APPLICABLE

1 = POOR

2 = FAIR

3 = AVERAGE

4 = ABOVE AVERAGE

5 = EXCELLENT

The items below represent skills needed by addictions counselors in the core functions. Please evaluate the applicant's abilities in each area. Acceptable scores are fair (2) or above.

Score	Function
	Screening - the process by which a client is determined appropriate and eligible for admission to a particular program.
	Intake - The administrative and initial assessment procedures for admission to a program
	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.
	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.
	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.
	Individual Counseling - a one-to-one counselor-client process for the purpose of assessing a client's problems and facilitating appropriate changes.
	Group Counseling - A process involving several clients for the purpose of jointly exploring the client's problems and facilitating appropriate changes.
	Family Counseling - A process of exploring the dynamics of the family system and facilitating appropriate changes.
	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.

PG. 2 of 2

Applicant Name: _____

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Revised 4/2018

	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:

Score	Relationship Areas
	Respect for the client
	Care and concern for the client
	Genuineness with the client
	Empathy with the client
	Flexibility with the client
	Judgment with the client
	Spontaneity with the client
	Capacity for confrontation with the client
	Capacity for appropriate self-disclosure
	Sense of immediacy
	Concreteness
	Ability to set appropriate boundaries

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SUPERVISOR'S STATEMENT

Applicant's name _____

Definition of a Certified Gambling Addiction Counselor (CGAC) A Certified Gambling Addiction Counselor is often the primary person providing direct care to persons receiving problem gambling services and their families. The role of the Gambling Addiction Counselor includes but is not limited to:

- * Applying theories of addiction in assessment and treatment practices.
- * Performing a comprehensive assessment with an orientation towards gambling.
- * Providing gambling specific counseling, including developing treatment plans and conducting case management activities.
- * Recognizing and responding to indicators of suicidal ideations and self-harm behaviors.
- * Working in a professional and ethical manner.

Supervisor's name _____

Program name _____

Address _____

Phone _____ Fax _____

How long have you supervised this applicant?

From (m/y) _____ to (m/y) _____

Number of Face-to-Face supervision hours: _____

Number of clients candidate supervises _____

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.
PO Box 250449 * Atlanta, GA 30325**

The 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.