

DACUM Competency Profile for a Substance Abuse Mental

A Substance Abuse Mental Health Counselor is one who coordinates and provides

Duties		← Tasks				
A	Perform Initial Assessment	A-1 Initiate episode screen if applicable	A-2 Conduct bio psycho social assessment	A-3 Perform health screening	A-4 Conduct drug and alcohol assessment	A-5 Identify psych signs and symptoms
		A-13 Assess for school status (for youth)	A-14 Identify clients presenting needs, wants and preferences	A-15 Perform strengths and assets assessment	A-16 Assess readiness to change	A-17 Integrate American Society for Addiction Medicine patient placement criteria into drug and alcohol assessment
B	“Engage” Client in Recovery	B-1 Assess stage of change	B-2 Provide stage of change specific interventions	B-3 Demonstrate reflective listening	B-4 Support self-efficacy	B-5 Recognize ambivalence toward recovery
		C-1 Provide Linguistically appropriate services	C-2 Provide gender/trans-gender sensitive services	C-3 Provide age-appropriate services	C-4 Provide services sensitive to sexual orientation	C-5 Provide services to persons incarcerated or w/incarceration histories
C	Provide Culturally Competent Services	C-13 Provide services sensitive to disabled persons	C-14 Provide services sensitive to religion and spirituality			
		D-1 Establish rapport	D-2 Integrate/summarize assessment information	D-3 Identify problem list	D-4 Prioritize problem list	D-5 Identify goals for each problem
D	Develop Plan for Recovery with Client	D-13 Begin discharge/transition planning				
		E-1 Orient client to program	E-2 Set up detailed psych evaluation and/or medication support	E-3 Offer linkages to primary care physician for medical problems	E-4 Assist client in obtaining benefits (medical, general relief, social security insurance, temporary aid to needy families, CalWorks, etc.)	E-5 Under supervision, provide crisis intervention
E	Provide Case Management Services to Client and Family Members					

F
Provide Counseling

E-13 Serve as advocate for client and family	E-14 Collect outcome specific data	E-15 Write reports and updates to referring agencies	E-16 Assist client with entering detox, residential and sober living facilities	E-17 Offer and conduct didactic or skill building groups (ie drug and alcohol, coping skills, anger management, social skills, etc)
E-25 Provide linkages with other sources of care	E-26 Perform urinalysis drug tests	E-27 Coordinate care with other service providers	E-28 Implement discharge plan	
F-1 Identify and monitor signs and symptoms of mental illness and substance abuse	F-2 Manage crises	F-3 Conduct individual counseling	F-4 Facilitate process groups	F-5 Conduct family counseling
F-13 Provide resources and referrals	F-14 Facilitate involvement in 12-step process	F-15 Review and update recovery plan	F-16 Monitor drug test results	

G
Manage Crises

G-1 Assess severity of risk	G-2 Identify personal safety risk	G-3 Obtain consultation when available	G-4 Utilize skills to de-escalate and stabilize situation	G-5 Contact clinical/medical, legal authorities when needed
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H
Maintain Quality Documentation

H-1 Adhere to standards of appropriate documentation	H-2 Maintain client confidentiality (HIPPA, 42 Code of Federal Regulations Part II, etc.)	H-3 Complete intake/admission forms	H-4 Complete assessment documentation	H-5 Complete recovery plan documentation
H-13 Complete required reports	H-14 Complete discharge summaries			

I
Promote Professional Development

I-1 Adhere to professional code of ethics	I-2 Maintain current licenses/certifications	I-3 Receive supervision	I-4 Precept and supervise students and interns	I-5 Attend required in-service trainings
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Health Counselor

assessment, treatment and case management of co-occurring disorders.

A-6 Conduct risk/safety assessment	A-7 Initiate psychiatric/psychological referral	A-8 Perform cultural assessment	A-9 Conduct spirituality assessment	A-10 Assess employment readiness	A-11 Perform family/support system assessment interview	A-12 Conduct developmental history (for youth)
A-18 Initiate medical record review						
B-6 Implement motivational strategies	B-7 Acknowledge client's personal, cultural, spiritual and familial practices and beliefs	B-8 Demonstrate flexibility in scheduling and location of services	B-9 Address client's presenting needs	B-10 Maintain on-going/frequent contacts	B-11 Provide motivational incentives	
C-6 Provide services sensitive to ethnic and racial diversity	C-7 Provide services sensitive to socio-economic diversity	C-8 Provide services sensitive to gang subculture	C-9 Provide services sensitive to drug and alcohol subculture	C-10 Provide services sensitive to co-occurring disorder subculture	C-11 Provide services sensitive to mental health subculture	C-12 Provide services sensitive to homeless individuals
D-6 Identify objectives for each problem	D-7 Identify interventions for each problem	D-8 Identify timelines for each problem	D-9 Integrate strengths and assets into recovery plan	D-10 Address barriers to reaching recovery goals	D-11 Identify collaboratives for recovery treatment plan	D-12 Identify community resources for referral
E-6 Work collaboratively with multi-disciplinary team	E-7 Assist in placing client in housing	E-8 Update recovery plan as needed	E-9 Maintain dual documentation in clinical records	E-10 Provide transportation support as needed	E-11 Refer family to NAMI, ALANON, ALATEEN, and self-help groups	E-12 Participate in treatment planning with outside agencies (hospital staff, residential treatment centers, etc.)

E-18 Gather collateral information (ie youth, probation, foster system, etc)	E-19 Provide complete mandated reporting	E-20 Perform ongoing assessment	E-21 Support client in maintaining housing and independent living	E-22 Support employment/training	E-23 Assist clients' with access to social services	E-24 Provide healthy skill building activities
F-6 Lead psycho-educational groups (ie coping skills, stress mgmt, relapse prevention)	F-7 Educate about recovery process	F-8 Teach educational groups	F-9 Provide family education	F-10 Incorporate harm reduction principles as appropriate	F-11 Identify and manage transference and counter-transference	F-12 Help to resolve treatment barriers
G-6 Participate in debriefing(s)	G-7 Document incident in detail					
H-6 Complete integrated alcohol and drug and mental health progress notes	H-7 Document counseling sessions	H-8 Document groups	H-9 Document case management activities	H-10 Document family/collateral contacts	H-11 Document telephone calls	H-12 Document case conferences
I-6 Attend outside workshops/trainings	I-7 Obtain required continuing education units	I-8 Act as resource to other team members	I-9 Participate in quality assurance/compliance	I-10 Pursue higher education		

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Substance Abuse Mental Health Counselor

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Acronyms Used

ALANON: Alcoholics Anonymous for Families and Caregivers

ALATEEN: Alcoholics Anonymous for teens with alcoholic parents or guardians

HIPPA: Health Insurance Portability and Accountability Act

NAMI: National Association for the Mentally Ill

Tools, Equipment, Supplies and Materials

Car insurance	Flex funds
Case management binder	Forms
Cell phone (Blackberry)	General office supplies
Center for Substance Abuse Treatment	Locked/secure file
TAPs Technical Assistance Publications	Map quest
TIPs Treatment Improvement Protocols	MATCH Book-Matching Alcoholism
Client brochures	Treatments to Client Heterogeneity
Computer with internet access	National Institute of Mental Health website
Daily Planner	National Institute on Drug Abuse website
Diagnostic and Statistical Manual of	Pager
Mental Disorders 4 th Edition	Physician desk reference
Drug testing equipment	Reliable car
Dual Diagnosis Curriculum	Resource directory
Dual Diagnosis Reference Books	Shredder
DVD	Television
Educational videos (mental health, drug and alcohol)	Valid driver's license
First aid kit	VCR
	Workbooks

Future Trends and Concerns

Ability to recruit appropriate staff with both mental health and drug and alcohol experience	Integrated paperwork
Addition of criminal justice referral	Limited, affordable detox and residential programs
Alcohol and drug State Counselor Certification may become a barrier for mental health- trained staff	Move to evidence based treatment
Certification requirements for co-occurring disorders	Move to family oriented in-home treatment but no funding
Few programs (in-patient) for women with children	New certification requirements for drug- alcohol counselors
Funding	New recovery CD and procovery MH merge
Integrated mental health/SA screen and assessment tools	No adolescent/child detox or residential
	No specific funding for co-occurring treatment
	Supportive housing/abstinence and non- abstinence housing
	Supportive employment
	Good communication (verbal/written)
	Grammar skills

Adolescent development
American Society for Addiction
Medicine patient placement criteria
Be able to meet deadlines on paperwork
Boundary issues
Build rapport
Case management counseling
Coach
Code of Federal Regulations (CFR 42)
Co-dependency issues
Community resources
Computer literate
Confidentiality
Criminal behaviors
Crisis management
Cultural competence
Diagnosis of dependency vs. abuse
Documentation standards
Drug and alcohol assessment
Drug classification
Empathic listening
Engagement
Facilitation skills
Family issues
Gang involvement
Give hope

Worker Characteristics/Behaviors

Able to multi-task	Ethical	Organized
Accountable	Flexible	Passionate
Adaptable	Genuine	Patient
Assertive	Good boundaries	Personal Hygiene
Committed	Good judgement	Professional
Compassionate	Grounded	Respectful
Consider Personal Safety in the field	Hopeful	Responsible
Creative	Humorous	Role model
Culturally aware	Love of learning	Self-confident
Empathetic	Motivated	Self-motivated
Encouraging	Non-judgemental	Team player
	Open minded	Trust-worthy