
NAVAL SCHOOL OF HEALTH SCIENCES



**ALCOHOL & DRUG
COUNSELOR**

ADC I

***CERTIFICATION
PORTFOLIO***

(Rev 12-02)

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PREFACE

Many professions have used Portfolios as a collection of visual samples of a candidate's work, e.g. sketches, pictures, or sculpture. However, when applied to the counseling field, portfolios contain descriptive information. This type of Portfolio indicates the candidate's job-related knowledge and skills, and usually includes the following components:

- **Work Experience**
- **Formal Training and Education**
- **Structured Experiences**

This document has been designed and developed to be compatible with and an introduction to the International Certification & Reciprocity Consortium/ Alcohol and Other Drug Abuse (IC&RC/AODA) International Certification Standards. The following sections contain sample forms and application materials necessary for non-reciprocal certification or recertification.

BACKGROUND

The Alcohol and Drug Counselor I (ADC I) certification is considered a Navy/Marine Corps certification that is only applicable to individuals in the military treatment system. ADC I is a military entry-level certification and non-reciprocal. IC&RC/AODA considers individuals certified at the ADC II and CCS (Certified Clinical Supervisor) level as meeting minimum international entry-level standards. These credentials, unlike the ADC I are reciprocal to other IC&RC/AODA boards.

The U.S. Navy Certification Board (USNCB), as a member of IC&RC/AODA, has jurisdiction only over those individuals working in authorized Navy and Marine Corps treatment billets. Once certified, an individual may maintain their certification with the USNCB, only as long as they remain on active duty, or for civilians, remain working for the Department of the Navy.

ELIGIBILITY REQUIREMENTS

ADC I -Alcohol and Drug Counselor I (Non-reciprocal)

- ___ 1. 270 Hours of AODA training related to the IC&RC/AODA 12 Core Functions and 1 Navy specific Core Function + 3 hours of documented alcohol and drug counselor ethics training (NDACS graduates meet these requirement)
- ___ 2. Minimum of 12 months Supervised Internship
- ___ 3. 75 hours of Supervised Practical Training. Minimum of 5 hours in each of the designated Core Functions (see page ADC I - 13 for documentation requirements)
- ___ 4. Adhere to the Navy Drug and Alcohol Counselor Code of Ethics through a signed statement
- ___ 5. Favorable recommendation by Chain of Command and Clinical Supervisor/Preceptor
- ___ 6. Pass US Navy written examination
- ___ 7. **Re-Certification** - 45 AODA continuing education hours (CEH) in 3 years or one (1) AODA related 3-semester-hour college course

INSTRUCTIONS

1. All pages numbered ADC I – 1 through 19 in this portfolio must be completed for initial certification. If applying for **recertification**, read each page to ensure applicability.
2. All forms must be submitted as originals, **NO** duplicates, facsimile, or electronic submissions will be accepted.
3. It is highly encouraged to maintain copies of all submissions.
4. Mail all applications to the U.S. Navy Certification Board at:
NSHS NDACS
ATTN: CERTIFICATION OFFICE
NAVSUBASE BLDG 500
140 SYLVESTER ROAD
SAN DIEGO, CA 92106-3521
5. The Competency Assessment Form should be completed by ALL Clinical Preceptors/Supervisors who supervise your work as a drug and alcohol counselor prior to your certification. **It is your responsibility** to ensure that you have the form completed by any supervising individual who may be leaving your command before you are ready to submit your Portfolio.
6. The USNCB will return incomplete applications via the chain of command.

ADDENDUM

These are supplemental forms designed to support your development as an addiction professional. It is recommended that you familiarize yourself with these resources prior to beginning the initial application process:

- A. Quarterly Feedback Form
- B. College Credit
- C. NDACS Syllabus

GLOSSARY

ADC	Alcohol and Drug Counselor
AODA	Alcohol and Other Drug Abuse
ATF	Alcohol (Addiction) Treatment Facility (No longer authorized, included for historical reference only)
ATOD	Alcohol, Tobacco and Other Drug
BUMED	Bureau of Medicine and Surgery
CCS	Certified Clinical Supervisor
HQMC	Headquarters U.S. Marine Corps
IC&RC/AODA	International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse
LIP	Licensed Independent Practitioner
MTF	Military Treatment Facility
NAADAC	National Association of Alcohol and Drug Abuse Counselors
NDACS	Navy Drug and Alcohol Counselor School
SARP	Substance Abuse Rehabilitation Program

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Please make sufficient copies prior to use!***

All entries must be legible

PRIVACY ACT STATEMENT

***THIS IS NOT A CONSENT FORM TO RELEASE CERTIFICATION INFORMATION
PERTAINING TO YOU.***

1. Authority for the collection of information including Social Security Number (SSN).

Applicable sections of United States Code 301 and Departmental Regulations

2. Principal purposes for which this information is intended to be used.

This form provides you the advice required by The Privacy Act of 1974. The information will facilitate and document your certification process. The Social Security Number (SSN) is required to identify and retrieve certification records.

3. Routine uses.

The primary use of this information is to provide, plan and coordinate certification of personnel who serve in clinical roles as Alcohol and Drug Counselors. Other possible uses are to compile statistical data, conduct research, determine suitability for assessment as a Alcohol and Drug Abuse Counselor, and conduct authorized investigations.

4. Whether disclosure is mandatory or voluntary and the effect on the individual of not providing the information.

The requested information is voluntary. If not furnished, certification of the individual will not be accomplished and the individual will not be authorized to serve in clinical positions as a Alcohol and Drug Abuse Counselor.

Your Signature merely acknowledges that you have been advised of the forgoing. If requested, a copy of this form will be provided to you.

Applicant's Signature: _____ Date: _____

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REFERENCES

Current Immediate Supervisor Name: _____
Last First MI

Rank/Rate: _____ Title: _____

E-mail address: _____ Phone: (____) _____

(If not currently working as a counselor, list most recent Director and Preceptor information below)

Facility Director Name: _____
Last First MI

Rank/Rate: _____ Title: _____

E-mail address: _____ Phone: (____) _____

Preceptor Name: _____
Last First MI

E-mail address: _____ Phone: (____) _____

Personal Reference (REQUIRED)

(Someone who has worked with you and/or can vouch for your Counselor Competency)

Name: _____
Last First Middle

E-mail address: _____

Work Address: _____

City _____ State _____ Zip Code _____ - _____

Phone: Comm: (____) _____ DSN: _____

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EDUCATION

Instructions.

- **Submit copies** of all certificates, diplomas, or transcripts.
- Course descriptions are required for **all** courses that have not been pre-approved by the U.S. Navy Certification Board.
- Supporting documentation is **REQUIRED!!**
- This form should also be used to document all continuing education hours for recertification purposes.

1. Did you attend NDACS?

Yes No
(if yes enter information then go to #3)

Class # _____ Graduation Date: _____

2. Have you completed three hours of ethics education/training? Yes No
(If Yes, insert documentation immediately following this page. If No, then STOP and complete a three hour ethics training regimen prior to submitting this application.)

3. Have you earned a degree or certificate from a college or university during this certification period? Yes No

School name: _____ Location _____

Type of Degree/Certificate _____

Start Date: _____ End Date: _____

Area of Concentration _____

Hours: _____

4. List all alcohol and other drug abuse courses/continuing education completed during this certification period. (If applying for initial certification and have not attended NDACS list all courses being used to qualify for initial certification.)

(Start with the most recent)

A. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

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(Duplicate and renumber this page if additional sheets are necessary)

B. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

C. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

D. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

E. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

F. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

G. Institution/conference/presenter name: _____

Course title: _____

Start Date _____ End Date: _____

Location _____ Hours: _____

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CURRENT COUNSELOR CERTIFICATIONS

What Alcohol or Other Drug Abuse (AODA) counselor certification(s) do you hold?
(If none put "N/A" in first line and proceed to next page)

Certification Board/Agency Name: _____
(e.g. U.S. Navy Certification Board (USNCB))

Cert. title: _____ Cert # _____ Start Date: _____ End Date: _____
(e.g. ADC I)

(If certified by agency other than USNCB then include the following)

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Telephone: (____) _____ Email address (if known): _____

Certification Board/Agency Name: _____
(e.g. U.S. Navy Certification Board (USNCB))

Cert. title: _____ Cert # _____ Start Date: _____ End Date: _____
(e.g. ADC I)

(If certified by agency other than USNCB then include the following)

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Telephone: (____) _____ Email address (if known): _____

Certification Board/Agency Name: _____
(e.g. U.S. Navy Certification Board (USNCB))

Cert. title: _____ Cert # _____ Start Date: _____ End Date: _____
(e.g. ADC I)

(If certified by agency other than USNCB then include the following)

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Telephone: (____) _____ Email address (if known): _____

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PROFESSIONAL/VOLUNTEER WORK EXPERIENCE

NOTES:

- A normal work year is calculated to be 2,080 hours minus any leave or extended TAD periods.
- The USNCB recognizes no more than 40 hours per week when calculating work experience.
- ADC I initial certification applicants – only the work experience documented in authorized military treatment billets will be considered

Military Work Setting

1. Are you currently working as a full time AODA counselor in a military treatment facility?

Yes No

(If Yes please go to #2, if No go to number 6 on next page)

2. What is the Facility name? _____

3. What is your position title? _____

4. Describe the primary responsibilities of your position? _____

5. Start Date: _____ End Date: _____
mo/day/yr mo/day/yr

Facility director verification of work experience hours.

Through direct observation, review of fitness/evaluation reports, or other documentation of work experience, I certify that the applicant has completed _____ hours of AODA counseling work as of _____.
mo/day/yr

Director name:(print) _____ Signature _____

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Note: If applying for **recertification** and/or no longer working in a military treatment facility list any civilian or volunteer work in this section. If none, go to the Code of Ethics on page ADC I - 10

6. List all paid or volunteer work experience in the section below. Each entry documenting work experience in the civilian sector requires supporting documentation on agency letterhead

Civilian Work Setting

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____ mo/day/yr End Date: _____ mo/day/yr Is this Paid or Volunteer? _____

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties? _____ Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** **No**

(If No then the above work experience will not be counted for certification/recertification purposes.)

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____ mo/day/yr End Date: _____ mo/day/yr Is this Paid or Volunteer? _____

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties? _____ Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** **No**

(If No then the above work experience will not be counted for certification/recertification purposes.)

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(Duplicate and renumber this page if additional sheets are necessary)

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____
mo/day/yr End Date: _____
mo/day/yr Is this Paid or Volunteer? _____

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties? _____ Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** **No**

(If No then the above work experience will not be counted for certification/recertification purposes.)

Agency/Employer: _____

Address: _____
Number, Street, Suite Number

City _____ State _____ Zip Code _____ - _____

Start Date: _____
mo/day/yr End Date: _____
mo/day/yr Is this Paid or Volunteer? _____

Describe, in detail, what duties you perform at this job: _____

How many hours a week, on average, do you perform these duties? _____ Weekly Work Hours: _____

Supervisor Name: _____ Telephone: (____) _____

Have you attached documentation that supports all of the above? **Yes** **No**

(If No then the above work experience will not be counted for certification/recertification purposes.)

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Code of Ethics for ADC I

I. Personal Responsibility

- A.** I am responsible for providing the highest quality of care to those who seek my professional service.
- B.** I am responsible for having knowledge of organizational policies and guidelines and will demonstrate respect for these procedures. I will take the initiative, in an appropriate manner; to improve on policies and procedures if doing so will best serve the interest of the patients.
- C.** I am responsible for my own conduct at all times. This includes, but is not limited to, my physical, emotional and mental well being as well as the use of alcohol and other mood-changing substances.
- D.** I am responsible for protecting the integrity and accountability of this profession by reporting violations of these ethical standards by other counselors.

II. Patient Welfare

- A.** I will engage the patient in a therapeutic process based on simple, clear, and easily understood communication.
- B.** I will refer patients to another program or individual when it is determined to be in their best interest.
- C.** I will ensure the presence of an appropriate setting for clinical work to protect the patient from harm and the profession from discredit.
- D.** In the execution of my duties, I will not discriminate against any person(s), e.g., patients, staff, or any recipient of professional services. I will not engage in any action that violates the civil and/or legal rights of person(s).

III. Legal and Moral Standards

- A.** I acknowledge that my moral, ethical, and legal standards of behavior are a personal matter to the same degree as they are for other military and civilian counselors, except as these may compromise the fulfillment of my professional responsibilities.
- B.** I will not participate in, condone, or be associated with fraud, dishonesty or misrepresentation.

IV. Competence

- A.** I will limit my services to the areas in which I am trained and competent. I will not offer services or use techniques outside the scope of services for drug and alcohol counselors.

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COMPETENCY ASSESSMENT FORM

(Do not complete this section for recertification)

EVALUATOR QUALIFICATIONS

- This section must be completed by an individual who meets the definition and requirements as a Clinical Preceptor and/or Clinical Supervisor as defined in the current certification instruction.
- At a minimum, the Clinical Preceptor must complete the competency evaluation section of this application.
- LIPs, CCS, or other supervisors meeting the criteria of a clinical supervisor, are encouraged to provide an evaluation of the interns competence. In cases where significant discrepancies exist between the evaluations, the Preceptor, LIP, and/or the Clinical Supervisor and the individual should resolve the discrepancy before submission for certification.
- All evaluators must have had responsibility for supervising or training the applicant for a minimum of 90 days during the internship period.

Candidate Name: _____
Last First Middle

Facility name and location where applicant is being observed: _____

Length at Facility: _____ Start Date: _____ End Date: _____
months mo/day/yr mo/day/yr

Preceptor Information:

Preceptor: _____
(print or type) Name Title Affiliation / Credentials

E-mail address: _____

Length Supervised by Preceptor: _____ Start Date: _____ End Date: _____
months mo/day/yr mo/day/yr

Preceptor verification of length of supervision: _____
Signature Date

Clinical Supervisor Information

Clinical Supervisor: _____
(print or type) Name Title Affiliation / Credentials

E-mail address: _____

Length Supervised by Clinical Supervisor: _____ Start Date: _____ End Date: _____
months mo/day/yr mo/day/yr

Supervisor verification of length of supervision : _____
Signature Date

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CORE FUNCTIONS OF THE ALCOHOL AND OTHER DRUG ABUSE COUNSELOR:

Alcohol and Drug Counselor I (ADC I) competence is based on demonstrated proficiency in the 13 Core Functions and the 49 associated Global Criteria identified in the following tables. The certification process is one measure of competence. Addiction professionals are not required to be experts in all these functions, but should have knowledge and awareness of all core functions and must be able to demonstrate competence in an appropriate number of these areas. This form not only serves to represent an evaluation of the intern's competence, but also as a means of documenting the required hours of supervision. A total of 75 hours of Supervised Practical Training must be documented on this form with a **minimum of 5 hours in each of the designated Core Functions**. Designated Core Functions will be marked with a double asterisk. Remember that although many of the functions and tasks may overlap, depending on the nature of the counselor's practice, each represents a specific aspect of counselor skills. A Clinical Supervisor/LIP and a Preceptor may complete different sections of the following tables as appropriate.

Table Instructions:

- Each evaluator must have observed the intern for a minimum of at least ninety days.
- It is **highly** recommended that the Preceptors and Clinical Supervisors/LIPs use separate copies of this section of the form. If a single form is used, both supervisors are responsible for ensuring clear differentiation of evaluator input. (e.g., different color ink and distinguishing marks such as "X" and "✓", etc. should be used to discriminate between evaluators.)
- Hours of Supervised Practical Training should be annotated for each core function, not for each Global criteria

Place an 'X' in the appropriate Box. Use a 1 as the LOWEST rating, 5 as the HIGHEST and N/O to indicate NOT OBSERVED.

AREA OF COMPETENCY	1	2	3	4	5	N/O	Hours
SCREENING** The process by which a patient is determined to be appropriate and eligible for admission to a particular program.							
GC1-Evaluate symptoms: Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.	<input type="checkbox"/>						
GC2-Appropriateness: Determine the client's appropriateness for admission or referral.	<input type="checkbox"/>						
GC3-Eligibility: Determine the client's eligibility for admission or referral.							
GC4-Coexisting Conditions: Identify any co-existing conditions (medical, psychiatric, physical, etc.) that indicate a need for additional professional assessment and/or services.	<input type="checkbox"/>						
GC5-Laws/Policies: Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.	<input type="checkbox"/>						

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AREA OF COMPETENCY	1	2	3	4	5	N/O	Hours
<i>INTAKE**</i>							
The administrative and initial assessment procedures for admission to a program.							
GC6-Admission Documents: Complete required documents for admission to the program.	<input type="checkbox"/>						
GC7-Eligibility Documents: Complete required documents for program eligibility and appropriateness.	<input type="checkbox"/>						
GC8-Signed Consents: Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.	<input type="checkbox"/>						
<i>ORIENTATION</i>							
Describing to the patient the general nature and goals of the program; rules governing patient conduct and infractions that can lead to disciplinary action or discharge from the program; hours during which services are available in a non-traditional setting; treatment costs to be borne by the patient, if any; and patient rights							
GC9-Program Goals: Provide an overview to the client by describing program goals and objectives for client care.	<input type="checkbox"/>						
GC10-Rules/Client Obligations: Provide an overview to the client by describing program rules, and client obligations and rights.	<input type="checkbox"/>						
GC11-Program Operation: Provide an overview to the client of program operations.	<input type="checkbox"/>						
<i>ASSESSMENT**</i>							
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.							
GC12-History: Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.	<input type="checkbox"/>						
GC13-Methods/Procedures: Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding clients' alcohol and other drug abuse and psychosocial history.	<input type="checkbox"/>						
GC14-Assessment Tools: Identify appropriate assessment tools.	<input type="checkbox"/>						
GC15-Explain Techniques: Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.	<input type="checkbox"/>						
GC16-Diagnostic Evaluation: Develop a diagnostic evaluation of the client's substance abuse and any co-existing 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.	<input type="checkbox"/>						

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AREA OF COMPETENCY	1	2	3	4	5	N/O	Hours
<i>TREATMENT PLANNING**</i>							
Process by which the counselor and the patient: 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							
GC17-Explain Results: Explain assessment results to client in an understandable manner.	<input type="checkbox"/>						
GC18-Identify/Rank Problems: Identify and rank problems based on individual client needs in the written treatment plan.	<input type="checkbox"/>						
GC19-Immediate/Long-Term Goals: Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.	<input type="checkbox"/>						
GC20-Methods/Resources: Identify the treatment methods and resources to be utilized as appropriate for the individual client.	<input type="checkbox"/>						
<i>COUNSELING**</i>							
The utilization of special skills to assist individuals, families or groups in achieving objectives through: exploring a problem and its ramifications; examining attitudes and feelings; considering alternative solutions; and decision-making							
GC21-Theory(ies): Select the counseling theory (ies) that apply (ies).	<input type="checkbox"/>						
GC22-Techniques Problems: Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.	<input type="checkbox"/>						
GC23-Techniques Behavior: 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.	<input type="checkbox"/>						
GC24-Individualize: Individualize counseling in accordance with cultural, gender, and lifestyle differences.	<input type="checkbox"/>						
GC25-Interact: Interact with the client in an appropriate therapeutic manner.	<input type="checkbox"/>						
GC26- Client Solutions: Elicit solutions and decisions from the client.	<input type="checkbox"/>						
GC27 –Implement: Implement the treatment plan.	<input type="checkbox"/>						
<i>CASE MANAGEMENT</i>							
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.							
GC28 –Coordinate Services: Coordinate services for client care.	<input type="checkbox"/>						
GC29-Explain Rationale: Explain the rationale of case management activities to the client.	<input type="checkbox"/>						

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AREA OF COMPETENCY	1	2	3	4	5	N/O	Hours
<i>CRISIS INTERVENTION</i>							
Those services that respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.							
GC30-Recognize Crisis: Recognize the elements of the client crisis.	<input type="checkbox"/>						
GC31-Implement Action: Implement an immediate course of action appropriate to the crisis.	<input type="checkbox"/>						
GC32-Enhance Treatment: Enhance overall treatment by utilizing crisis events.	<input type="checkbox"/>						
<i>CLIENT EDUCATION</i>							
Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources							
GC33-Present Information: Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.	<input type="checkbox"/>						
GC34-Services/Resources: Present information about available alcohol and other drug services and resources.	<input type="checkbox"/>						
<i>REFERRAL</i>							
Identifying patient needs that cannot be met by the counselor or agency, and assisting the patient in utilizing support systems and available community resources.							
GC35-Needs Cannot Meet: Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.	<input type="checkbox"/>						
GC36-Explaining Rationale: Explain the rationale for the referral to the client.	<input type="checkbox"/>						
GC37-Match Needs/Resources: Match client needs and/or problems to appropriate resources.	<input type="checkbox"/>						
GC38-Confidentiality: Apply regulations appropriately.	<input type="checkbox"/>						
GC39-Utilize Resources: Assist the client in utilizing the support systems and community resources available.	<input type="checkbox"/>						
<i>REPORTS/RECORD KEEPING**</i>							
Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other patient-related data.							
GC40-Prepare Reports/Records: Prepare reports and relevant records integrating available information to facilitate the continuum of care.	<input type="checkbox"/>						
GC41-Chart Ongoing Information: Chart pertinent ongoing information pertaining to the client.	<input type="checkbox"/>						
GC42-Utilize Information: Utilize relevant information from written documents for client care.	<input type="checkbox"/>						

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AREA OF COMPETENCY	1	2	3	4	5	N/O	Hours
<i>CONSULTATION</i>							
Relating with other professionals and facilities to ensure comprehensive, qualitative patient care.							
GC43 –Issues Beyond Skill: Recognize issues that are beyond the counselor's base of knowledge and/or skill.	<input type="checkbox"/>						
GC44-Consult Resources: Consult with appropriate resources to ensure the provision of effective treatment services.	<input type="checkbox"/>						
GC45-Laws/Policies: Adhere to applicable laws, regulations and agency policies governing the disclosure of client-identifying data.	<input type="checkbox"/>						
GC46-Explain Rationale: Explain the rationale for the consultation to the client, if appropriate.	<input type="checkbox"/>						
<i>PROFESSIONAL DEVELOPMENT**</i>							
Demonstrates knowledge of terms and concepts of counseling. Performs as a competent and knowledgeable member of the treatment team. Seeks supervision for professional growth. Receptive to feedback and understands personal limitations. Develops personal theory of counseling and a program for addressing stress and preventing burnout. Understands, recognizes and acknowledges transference and countertransference.							
GC47-Demonstrate Code of Ethics Demonstrate ethical behaviors by adhering to established professional codes of ethics in order to maintain professional standards.	<input type="checkbox"/>						
GC48-Utilize a Range of Options Develop and utilize a range of counseling options to explore a patient's concerns that may be interfering with the counseling relationship.	<input type="checkbox"/>						
GC49-Professional Judgment Use professional judgment, openly seek supervision and respond appropriately to feedback.	<input type="checkbox"/>						
Total Hours across all Core Functions							

Preceptor/Clinical Supervisor/LIP Comments: (Required)

Preceptor Name, (signature)

Clinical Supervisor Name, (signature)

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CERTIFICATION TESTING INFORMATION

1. Did you take the certification examination at NDACS? **Yes** **No**
2. Did you pass the examination at NDACS? **Yes** **No**
5. If you answered “No” to either question above then the following DANTES/EDUCATION OFFICER AFFIDAVIT Section MUST be completed.

DANTES/EDUCATION OFFICER AFFIDAVIT

Only the DANTES Testing Officer may administer written Certification examinations. In the case of afloat units, the Education Services Officer may administer only the ADC I examination. An examination, with instructions for administering the examination, will be forwarded to the DANTES Test Control Office. Please have the DANTES Testing Officer complete the following form.

Testing Official Name: Mr./Mrs./Ms.
(Please Print Legibly) (circle one) First MI Last

Physical Shipping Address: _____
(for UPS/FED-EX delivery)

City _____ State _____ Zip Code _____ - _____

Telephone: (____) _____ DSN: _____

FAX: (____) _____ E-mail address: _____

I certify that I am the designated DANTES Testing Official and that I will follow established procedures in order to protect the certification examination against compromise. I will notify the USNCB if there are any discrepancies in the testing procedures.

Official's Signature: _____ Date: _____

Alternate DANTES Contact information : Please provide alternate point of contact information, if applicable.

Alternate Testing Official Name: _____

E-mail address: _____ Telephone: (____) _____

QUARTERLY FEEDBACK FORM

Place an 'X' in the appropriate box. Use a **1 as the LOWEST** rating, **5 as the HIGHEST** and **N/O to indicate NOT OBSERVED**. An "Hours" column has been provided to indicate the approximate amount of time spent in supervised practical training in each Core Function. A space for comments on each Core Function has been provided. Each of the Global Criteria (GC) need not be evaluated each time a counselor is given feedback.

AREA OF COMPETENCY	1	2	3	4	5	N/O	Hours
<i>SCREENING</i>	<input type="checkbox"/>						
GC1-Evaluate Symptoms	Comments:						
GC2-Appropriateness							
GC3-Eligibility							
GC4-Coexisting Conditions							
GC5-Laws/Policies							
<i>INTAKE</i>	<input type="checkbox"/>						
GC6-Admission Documents	Comments:						
GC7-Eligibility Documents							
GC8-Signed Consents							
<i>ORIENTATION</i>	<input type="checkbox"/>						
GC9-Program Goals	Comments:						
GC10-Rules/Client Obligations							
GC11-Program Operations							
<i>ASSESSMENT</i>	<input type="checkbox"/>						
GC12-History	Comments:						
GC13-Methods/Procedures							
GC14-Assessment Tools							
GC15-Explain Techniques							
GC16-Diagnostic Evaluation							
<i>TREATMENT PLANNING</i>	<input type="checkbox"/>						
GC17-Explain Results	Comments:						
GC18-Identify/Rank Problems							
GC19-Immediate/Long-Term Goals							
GC20-Methods/Resources							
<i>COUNSELING</i>	<input type="checkbox"/>						
GC21-Theory(ies)	Comments:						
GC22-Techniques (Problems)							
GC23-Techniques (Behavior)							
GC24-Individualize							
GC25-Interact							
GC26-Client Solutions							
GC27-Implement Treatment Plan							
<i>CASE MANAGEMENT</i>	<input type="checkbox"/>						
GC28-Coordinate Services	Comments:						
GC29-Explain Rationale							

AREA OF COMPETENCY	1	2	3	4	5	N/O	Hours
<i>CRISIS INTERVENTION</i>	<input type="checkbox"/>						
GC30-Recognize Crisis	Comments:						
GC31-Implement Action							
GC32-Enhance Treatment							
<i>CLIENT EDUCATION</i>	<input type="checkbox"/>						
GC33-Present Information	Comments:						
GC34-Services/Resources							
<i>REFERRAL</i>	<input type="checkbox"/>						
GC35-Needs Cannot be Met	Comments:						
GC36-Explaining Rationale							
GC37-Match Needs/Resources							
GC38-Confidentiality							
GC39-Utilize Resources							
<i>REPORT/RECORD KEEPING</i>	<input type="checkbox"/>						
GC40-Prepare Reports/Records	Comments:						
GC41-Chart Ongoing Information							
GC42-Utilize Information							
<i>CONSULTATION</i>	<input type="checkbox"/>						
GC43-Issues Beyond Skill	Comments:						
GC44-Consult Resources							
GC45-Laws/Policies							
GC46-Explain Rationale							
<i>PROFESSIONAL DEVELOPMENT</i>	<input type="checkbox"/>						
GC47-Demonstrate Code of Ethics	Comments:						
GC48- Utilize a Range of Options							
GC49- Professional Judgment							

Comments:

Counselor's Signature: _____ Date: _____

Clinical Preceptor's Signature: _____ Date: _____

Site Manager's Signature: _____ Date: _____

 College Credit

**American Council on Education (ACE) Credit for Completion of the
Navy Drug and Alcohol Counselor School (NDACS)**

The Navy Drug and Alcohol Counselor School (NDACS), identified as (NV-0801-0011) in the Guide to Evaluation of Educational Experiences in the Armed Services by the American Council on Education (ACE), is equivalent to the following college semester hours.

Lower Division Associate/Baccalaureate Degree

<u>COURSE TITLE</u>	<u>SEMESTER HOURS CREDIT</u>
Introduction to Psychology	3

Upper Division Associate/Baccalaureate Degree

<u>COURSE TITLE</u>	<u>SEMESTER HOURS CREDIT</u>
Abnormal Psychology	3
Counseling Theory and Practice	3
Group Process-Theory and Practice	3
Substance Abuse Counseling	3
<u>Total:</u>	15

NAVY DRUG AND ALCOHOL COUNSELOR SCHOOL (NDACS)

Course No.	Topic	Hours
<u>Introductory Lessons</u>		
Intro - 1	Height/Weight/Body Fat Measurement	1.0
Intro - 2	ADMINISTRATION, Records and Forms Kiersey-Bates Temperament Survey	1.0
Intro - 3	Introductions	3.0
Intro - 4	NDACS Overview	3.0
<i>Unit – 1 Introduction to Navy Drug and Alcohol Counseling Program</i>		
1.1	Overview of Navy Substance Abuse Program Continuum of Care, 12 Steps, meeting requirements, film "Bill W"	5.0
* 1.2 *	Introduction to Group Meeting	4.0
* 1.3 *	Principles of effective Communication - Rules of communication, group membership, Johari's Window, listening skills	6.0
<u>Unit – 2 The Science of Substance Abuse and Addiction/Dependency</u>		
2.1	Overview of Social Use, Substance Abuse and Addiction/Dependency	2.0
2.2	Bio-Psycho-Social Aspects of Substance Abuse and Addiction/Dependence - Familiarization with Cross-walk, Dimensions	8.0
2.3	Pharmacology/Toxicology	8.0
2.4	Assessment of Substance Abuse and Addiction/Dependence - CAGE, SALCI, MAST, DSM-IV, AUDIT, SASSI, ASI	5.0
<i>Unit - 3 Counseling Psychology and Communication</i>		
3.1	Overview of Counseling - 1:1, Group Models	2.0
3.2	Overview of Human Development	2.0
* 3.3 *	Basic Characteristics and Techniques for Substance Abuse and Addiction/Dependency Counseling	8.0
* 3.4 *	Advanced Characteristics and Techniques for Substance Abuse and A/D Counseling	7.0
* 3.5 *	Individual Counseling	2.0
* 3.6 *	Single and Co-facilitating Groups	3.0
* 3.7 *	Group Dynamics – Group Leadership, Group tasks/behaviors, roles, interventions, stages of group development	7.0
* 3.8 *	Process Group Techniques – Content/process, process illumination, leadership skills	7.0
* 3.9 *	Structured Group Techniques – Solution focused therapy	4.0
3.10	Brief Therapy Techniques in Counseling – RET, solution focused, brief therapy	4.0

Course No.	Topic	Hours
<i>Unit – 4 Treatment Issues in Substance Abuse and Addiction/Dependency Counseling</i>		
4.1	<i>Overview of Treatment Issues</i>	1.0
* 4.2 *	<i>Defense Mechanisms and Resistance</i>	2.0
4.3	<i>Anger in Substance Abuse and Addiction/Dependency</i>	2.0
* 4.4 *	<i>Self-esteem, Guilt and Shame Issues</i>	2.0
* 4.5 *	<i>Grief and Loss Issues</i>	2.0
* 4.6 *	<i>Family of Origin Issues</i>	3.0
* 4.7 *	<i>Family Dynamics in Substance Abuse and Addiction/Dependency Counseling</i>	6.0
* 4.8 *	<i>Sexuality Issues – Healthy Boundaries</i>	5.0
* 4.9 *	<i>HIV and AIDS</i>	3.0
* 4.10 *	<i>Cultural Issues</i>	4.0
* 4.11 *	<i>Victimization and Perpetration Issues</i>	4.0
4.12	<i>Post-Traumatic Stress Disorder (PTSD)</i>	1.0
4.13	<i>Personality Traits and Disorders in Substance Abuse and Addiction/Dependence</i>	7.0
4.14	<i>Dual Diagnosis in Substance Abuse and Addiction/Dependence</i>	3.0
4.15	<i>Cross-Addiction</i>	1.0
* 4.16 *	<i>Crisis Intervention</i>	2.0
4.17	<i>Cardio-Pulmonary Resuscitation (CPR)</i>	8.0
<i>Unit – 5 Continuum of Care</i>		
5.1	<i>Overview of Continuum of Care</i>	1.0
* 5.2 *	<i>Motivational Interviewing</i>	8.0
5.3	<i>Screening Assessment</i>	8.0
5.4	<i>Intake Assessment</i>	4.0
5.5	<i>Treatment Planing – Individualized, art expression, journalizing, poe</i>	8.0
* 5.6 *	<i>Case Management and Documentation – Determining progress along dimensions, progress notes(narrative), IDT's/MDT's, staffing, discha planning, narrative summary, and referrals</i>	6.0
5.7	<i>Continuing Care</i>	
<i>Unit – 6 Personal and Professional Development</i>		
6.1	<i>Ethical Responsibilities</i>	4.0
6.2	<i>Class Presentations</i>	16.0
6.3	<i>Stress Management Techniques</i>	2.0
6.4	<i>Managing Personal Issues</i>	2.0
6.5	<i>Certification Examination</i>	3.0
6.6	<i>Portfolio Orientation</i>	1.0
6.7	<i>Intern Training Program</i>	1.0

Total Didactic Hours: 213

Total Practicum Hours: 120

Total Group Hours: 67

Total Hours: 400

* Indicates a Mandatory Group following the Module