**Topic 3: TAP 21 Practice Dimensions Chart**

**Resource**: Chapter 4 of the course textbook and Section 2 of TAP 21.

One hundred and twenty-three specific competencies of an addiction counselor are listed in TAP 21. These competencies include various roles an addiction counselor may take on such as educator, consultant, advocate, resource and referral guide, group facilitator, and so on.Therefore, while all 123 competencies of TAP 21 are available to report on, this assignment will focus on the practice dimensions andcompetencies highlighted in Section 2 of TAP 21.

**Directions:** Complete the chart by listing and defining the eight practice dimensions located in Section 2 of TAP 21. Include a list of all the competencies associated with each practice dimension. Include in-text citations in the table as well as a GCU-style reference listing below when appropriate. TAP 21 should be the references used. Please consider saving your completed worksheet as a study guide for future courses and possible licensure/certification.

| **TAP 21 Practice Dimensions** | **Definition** | **Competencies (list all the competencies for the dimension)** |
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| 1. Clinical Evaluation
 | The systematic approach to screening and assessment of individuals thought to have a substance use disorder, being considered for admission to addiction-related services, or presenting in a crisis situation | **Screening:****Competency 24**: Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.**Competency 25:** Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints**Competency 26**: Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others: potential for self-inflicted harm or suicide; and co-occurring mental disorders**Competency 27:** Assist the client in identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse.**Competency 28:** Determine the client’s readiness for treatment and change as well as the needs of others involved in the current situation.**Competency 29:** Review the treatment options that are appropriate for the client’s needs, characteristics, goals, and financial resources.**Competency 30:** Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.**Competency 31:** Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.**Competency 32:** Based on the initial action plan, take specific steps to initiate as admission or referral and ensure follow through. **Assessment:****Competency 33:** Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic culture, and disabilities.**Competency 34:** Analyze and interpret the data to determine treatment recommendations.**Competency 35:** Seek appropriate supervision and consultation.**Competency 36:** Document assessment findings and treatment recommendations.  |
| 1. Treatment Planning (Adams & Grieder, 2005)
 | A written document is developed by counselor and client collaboratively aimed at identifying treatment objectives, actions—measurable and time-sensitive in nature—and a verbal agreement between two parties. | **Competency 37:** For guiding treatment planning, utilization of related assessment information **Competency 38:** Explanation of assessment recommendations to the client and other concerned individuals**Competency 39:** provision of additional information to the client and other concerned individuals when needed**Competency 40:** examination of treatment optionsto the client and other concerned individuals**Competency 41:** taking readiness of the client and other concerned individuals into account for treatment **Competency 42:** prioritization of client’s self determination for treatment options **Competency 43:** formulation of realistic treatment goals **Competency 44**: identification of strategies for formulated treatment goals**Competency 45:** synchronization of treatment actions with the diagnosed illness **Competency 46:** development of collaborative treatment plan, its monitoring and assessment **Competency 47:** awareness of client about regulatory exceptions, program procedures and confidentiality rights. **Competency 48:** alteration in treatment plan based on the previous assessments  |
| 1. Referral (Riordan & Walsh, 1994)
 | Based on the clinical needs of the patient identified is assessment and treatment planning, referral is termed as a process in which client is empowered to utilize available community resources and support systems. | **Competency 49:** in order to suggest appropriate referrals, establishment and maintenance of professional relationships with the government and non-government concerned authorities and individuals. **Competency 50:** continuous assessment and evaluation of suggested referrals for determining their appropriateness **Competency 51:** identification of the appropriateness of situations in which client prefers self referral or referral suggested by the counselor.**Competency 52:** arrangement of referrals practically for the client **Competency 53:** education of client about the referral procedure and its effectiveness **Competency 54:** for referral, exchange of client information within the ethical boundaries **Competency 55:** evaluation of the referral outcome  |

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| 1. Service coordination (Rapp et. al., 1995; Bois & Graham, 1997)
 | In order to maintain attention on treatment plans, taking client, all the treatment services and concerned authorities under one umbrella through evaluative, administrative and clinical efforts.  | **Competency 56:** initial collaboration with the concerned authorities **Competency 57:** acquisition, review and interpretation of all the related information regarding monitoring and assessment of treatment plans**Competency 58:** assessment of the eligibility and agreeableness of client for altering the current plan**Competency 59:** completion of formal procedures for treatment provision **Competency 60:** establishment of realistic treatment outcomes for client and other concerned individuals **Competency 61:** coordination of treatment activities directed to the client from all the service providers**Competency 62:** summarization of client’s background, problem, recovery plans, inhibitions and personal resources and provision of services accordingly **Competency 63:** understanding the roles, terminologies and procedures of other related disciplines involved in the treatment of substance use **Competency 64:** play irrefutably significant role in treatment plan being valued part of multidisciplinary team **Competency 65:** application of confidentiality ethics **Competency 66:** demonstration of non-judgmental attitude towards client **Competency 67:** make best possible efforts to adhere client and his family with the treatment plan **Competency 68:** ability to understand the client’s current state of change (Prochaska’s model)**Competency 69:** assessment of recovery and ongoing treatment, making decisions of alterations accordingly **Competency 70:** full fledge documentation of process, procedure and results **Competency 71:** utilization of widely-acknowledged treatment measures **Competency 72:** focus on ongoing care and relapse prevention in collaboration with client and his family **Competency 73:** documentation of all the service activities throughout the whole course of care**Competency 74:** application of continued care, placement and discharge criteria for each domain  |
| 1. Counseling (Ackerman & Hilsenroth, 2003; Boren et. al., 2000; Washton, 2002)
 | For the attainment of mutually identified treatment options and objectives, counseling is a collaborative procedure that aids client’s progress in the above mentioned situation.  | **Competency 75:** establishment of a relationship with the client enriched with genuineness, congruence, empathy and unconditional positive regard **Competency 76:** making every possible effort to engage client in the treatment activities **Competency 77:** development of realistic goals in collaboration with the client **Competency 78:** development of skills, attitudes and outlooks within the client for inducing positive change **Competency 79:** inducing self-determination within the client through using intrinsic and extrinsic reinforcements **Competency 80:** identification and discouragement of behaviors exhibited by client disrupting the path of recovery **Competency 81:** identifying the importance of family intervention when necessary **Competency 82:**  for the prevention and management of health, promotion the of knowledge, attitudes and skills of the client**Competency 83:** fostering skill development regarding personal and problematic issues **Competency 84:** adaptation of counseling strategies synchronized with the client characteristics e.g., disability, age, religion, culture, ethnicity, sexual orientation and gender **Competency 85:** manifestation of positive therapeutic responses, if client’s behavior is inconsistent with the goals of recovery**Competency 86:** application of crisis management skills **Competency 87:** education andallowance of client to select practice strategies necessary to achieve treatment goals**Competency 88:** application of culturally appropriate interventions based on the client collaboration **Competency 89:** execution of strategies important for the group formation including leadership, purpose, size and group, selection and recruiting and clarification and implementation of group goals for better performance **Competency 90:** facilitation of the entrance and transition of new and existing group members respectively **Competency 91:** after establishing the group goals, facilitating their accomplishment **Competency 92:** shifting focus between groups based on the performance and required attention **Competency 93:** monitoring of client’s progress and making attempts accordingly to bring about favorable change **Competency 94:** understanding of family dynamics and characteristics impacted by the client’s drug behavior **Competency 95:** identification and implementation of appropriate models of diagnosis and prevention of addiction behavior **Competency 96:** fostering engagement of various members of society in recovery process **Competency 97:** assistance of client in understanding the significance of family relations in treatment process **Competency 98:** after being recovered, assisting clients and their families to withstand recovery process  |
| 1. Client, family, community education (Hogan et. al., 2003; Niemann, 2001)
 | For the prevention, management, recovery and treatment of clients and their significant others, provide them with the information about the adverse physical, mental and emotional consequences of drug abuse. | **Competency 99:** for the awareness of client and family about drug use consequences, providing formal and informal information **Competency 100:** explanation of risk factors for the drug use **Competency 101:** taking gender, age, ethnicity and religion of the client into account for sensitizing drug abuse issues **Competency 102:** explanation of the symptoms and risk factors of drug abuse to the client to manage prevention**Competency 103:** explanation of the adverse consequences of drug abuse for the families and significant others **Competency 104:** defining all the course of action and available internal and external resources to the client’s family**Competency 105:** explanation of the principles and philosophy of addiction, its treatment, prevention and recovery**Competency 106:** explain the behavioral ramifications of drug abuse and their adverse physical, mental and social outcomes e.g., distant relationships, affected occupational life, AIDS, psychosis, and emotional problems **Competency 107:** teaching self-relaxing techniques to the client including Deep Breathing Relaxation, mindfulness etc |
| 1. Documentation (Clemens, 2001)
 | Documentation of the screening, assessment, clinical reports, treatment plan, discharge summaries and intake process.  | **Competency 108:** demonstration of knowledge and ability for record management of the client effectively **Competency 109:** devoting specific attention in handling client’s record with the 3rd party—maintaining privacy and confidentiality rights **Competency 110:** preparation of concise assessment and intake reports **Competency 111:** continuation of care plans and record treatment harmonizing with the standards of agency, compliant with the organizational rules **Competency 112:** keeping the record progressing as the treatment path takes further directions **Competency 113:** preparation of precise discharge summaries**Competency 114:** documentation of treatment outcomes using accepted instruments and methodologies  |
| 1. Ethical and professional responsibilities (ACA, 2005)
 | The professional duty of an addiction counselor to stick to predefined moral and attitudinal benchmark of normality and ongoing professional competence and skill development. | **Competency 115:** adherence to the code of ethics to which counselor is supposed to stick, ensuring safety of client’s rights**Competency 116:** strict cohesion of counselor to the state and federal laws of agency concerning addiction treatment **Competency 117:** using research and evidence based practices to put valuable interventions in inducing behavioral modifications e.g., CBT and Hypnosis **Competency 118:** based on the Darwin’s notion of individual differences, respecting every client accepting their uniqueness and distinctive behavioral attributes. Applying this knowledge to treat clients effectively without being judgmental**Competency 119:** discussing client’s case when feeling difficulty in understanding client’s subjective state and feelings**Competency 120:** being self accountable, evaluating own performance based on the ethical standards and using it to enhance performance and professional competence **Competency 121:** strive to get better education for the professional advancement **Competency 122:** active involvement in ongoing consultation and supervision **Competency 123:** development and implementation of strategies for maintaining one’s own physical, emotional and mental well-being.  |

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