CACREP Competency Areas on iWebfolio

"Foundations" is the first CACREP Competency Area of Clinical Mental Health Counseling (adapted to include 12-core functions of addiction counseling).

A. Knowledge: (A minimum of 1 artifact is required for Foundations Knowledge. However, you are strongly encouraged to include multiple artifacts for each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. the historical, philosophical, societal, and cultural trends in clinical mental health and addiction counseling;

2. the legal and ethical principles specifically related to the practice of clinical mental health and addiction counseling including the Code of Ethic of the American Counseling Association (ACA); NAADAC, the Association for Addiction Professionals; North Carolina Substance Abuse Professional Practice Board (NCSAPPB); Association for Specialists in Group Work (ASGW); and American Mental Health Counselors Association (AMHCA) Code of Ethics;

3. the roles, functions, and settings of clinical mental health and addiction counselors as well as the relationship between the clinical mental health and addiction counselors and other mental health professionals (e.g., psychiatric nurses, psychiatrists), including interdisciplinary treatment teams;

4. the structures and operations of professional organizations (e.g., American Counseling Association, Association of Counselor Educators and Supervisors, International Association of Addictions and Offender Counselors, American Mental Health Counselors Association, North Carolina Counseling Association); competencies, preparation standards, and state credentials (e.g., Licensed Clinical Addiction Specialist, Licensed Professional Counselor); and credentialing bodies (e.g., Council for Accreditation of Counseling and Related Educational Programs, Council on Higher Education Accreditation) pertaining to the practice of clinical mental health and addiction counseling;

5. A variety of models (e.g., biopsychosocial, transtheoretical model of behavioral change, public health, disease) and theories (e.g., cognitive behavioral, reality/control, harm reduction) related to clinical mental health counseling, including the methods, models, and principles of clinical supervision as well as models and theories of addiction counseling related to substance use and other addictions (e.g., food, gambling, sex).

6. the behavioral, psychological, physical health, and the social effects of psychoactive substances and addictive disorders on the user and significant others;
7. the potential for addictive disorders to mimic medical and psychological disorders and the potential for medical and psychological disorders to coexist with addiction and substance abuse;

8. the factors that increase the risk of and resilience to psychoactive substance use disorders in a person, community or group;

9. the impact of crises, disasters, and other trauma-causing events on persons with mental health and addictions issues and

10. understands the operation of an emergency management system within mental health and addiction agencies in the community.

11. professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems).

12. the management of clinical mental health and addiction services and programs including areas such as administration, finance, and accountability.

B. Skills and Practices: (A minimum of 1 artifact is required for Foundations Skills and Practices. However, you are strongly encouraged to include multiple artifacts for each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. adhering to ethical and legal standards clinical mental health and addiction counseling; and

2. applying the knowledge of clinical mental health and substance abuse policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health and addiction counseling.
"Counseling, Prevention, and Intervention" is the second CACREP Competency Area of Clinical Mental Health Counseling (adapted to include 12-core functions of addiction counseling).

C. Knowledge: (A minimum of 1 artifact is required for Counseling, Prevention, and Intervention Knowledge. However, you are strongly encouraged to include multiple artifacts for each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. the principles of clinical mental health and addiction education, prevention, intervention, and consultation;

2. the models of treatment, prevention, recovery, relapse prevention and continuing care for psychological and addictive disorders and related problems;

3. the role of spirituality in the addiction recovery process;

4. a variety of helping strategies for reducing the negative effects of substance use, abuse, dependence, and addictive disorders;

5. the principles and philosophies of, and possess the ability to refer clients to addiction-related self-help programs (e.g., Alcoholics Anonymous, Narcotics Anonymous, Al-anon, Overcomers Outreach, Women for Sobriety) and other support groups (e.g., divorce, single parents, depression) when appropriate;

6. the professional issues relevant to the practice of clinical mental health and addiction counseling, including recognition, reimbursement, and right to practice;

7. the professional issues that affect clinical mental health counselors (e.g., core service providers status, expert witness status, access to and practice privileges within the managed care systems);

8. the management of mental health services and programs, including areas such as administration, finance, and accountability;

9. the knowledge of public policy of clinical mental health and addiction counseling, financing, and regulatory processes to improve service delivery in clinical mental health and addiction counseling;

10. the principles of mental health and addiction, including prevention, intervention, consultation, education and advocacy, as well as operation of programs and networks that promote mental health in a multicultural society;
11. the etiology, the diagnostic process and nomenclature, treatment, referral and prevention of mental, emotional and addiction disorders;

12. the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help);

13. the disease concept and etiology of addiction and co-occurring disorders;

14. the range of mental health service delivery clinical mental health and addiction counseling) - - inpatient, outpatient, partial treatment and aftercare - - and clinical mental health counseling service networks;

15. the impact of, response to, and principles of intervention for persons with clinical mental health and addictions issues during times of crises, disasters, and other trauma-causing events;

16. the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning; and

17. the importance of family, social networks, and community systems in the treatment of mental and emotional disorders and in the addiction and recovery process.

D. Skills and Practices: (A minimum of 1 artifact is required for Counseling, Prevention, and Intervention. However, you are strongly encouraged to include multiple artifacts for each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. the principles and practices of diagnosis, treatment, and referral and prevention of mental, emotional, and addiction disorders to initiate, maintain, and terminate counseling;

2. helping strategies and treatment modalities to each client’s stage of dependence, change, or recovery;

3. multicultural competencies to clinical mental health and addiction counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of addictive, mental, and emotional disorders;

4. optimal human development, wellness, and mental health through prevention, education and advocacy activities;

5. effective strategies to promote client understanding of and access to a variety of community resources;

6. appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating maintaining, and terminating counseling;
7. the ability to use procedures for assessing and managing suicide risk;

8. demonstrating the ability to provide counseling and education about addictive disorders to families and others who are affected by clients with addictions;

9. demonstrating the ability to provide culturally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process;

10. current record-keeping standards clinical mental health and addiction counseling;

11. appropriate counseling strategies when working with clients with addiction and co-occurring disorders; and

12. to recognize his or her own limitations as an clinical mental health and addiction counselor, and to seek supervision or refer clients when appropriate.
"Diversity and Advocacy" is the third CACREP Competency Area of Clinical Mental Health Counseling (adapted to include 12-core functions of addiction counseling).

E. Knowledge: (A minimum of 1 artifact is required for Diversity and Advocacy Knowledge. However, you are strongly encouraged to include multiple artifacts for each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. how living in a multicultural society affects clients who are seeking clinical mental health and addiction services;

2. the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client;

3. multicultural competencies to clinical mental health and addiction counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental, emotional and addiction disorders;

4. appropriate use of culturally responsive individual, couple, family, group, and system modalities for initiating, maintaining, and terminating counseling;

5. current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental, emotional, and addiction disorders;

6. effective strategies that support client advocacy and influence public and government relations on local, state, national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health and addiction counseling;

7. the implications of concepts such as internalized oppression and institutional racism as well as the historical and current political climate regarding immigration, poverty, and welfare; and

8. public policies on local, state, and national levels that affect the quality and accessibility of clinical mental health and addiction counseling services.

F. Skills and Practices: (A minimum of 1 artifact is required for Diversity and Advocacy Skills and Practices. However, you are strongly encouraged to include multiple artifacts in each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. maintaining information regarding community resources to make appropriate referrals for clients with emotional, mental health, and addiction issues;
2. applying effective strategies to promote client understanding of and access to a variety of community resources;

3. advocating for polices, programs, and/or services that are equitable and responsive to the unique needs of clients with emotional, mental health, and addiction issues; and

4. demonstrating the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations of clinical mental health and addiction counseling clients.
"Assessment" is the fourth CACREP Competency Area of Clinical Mental Health Counseling (adapted to include 12-core functions of addiction counseling).

G. Knowledge: (A minimum of 1 artifact is required for Assessment Knowledge. However, you are strongly encouraged to include multiple artifacts for each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. the principle and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans;

2. the various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments;

3. the specific assessment approaches for determining the appropriate level of care for mental health and addiction disorders, and related problems;

4. the assessment of biopsychosocial and spiritual history;

5. the basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations, and to recognize the side effects of such medications; and

6. standard screening and assessment instruments for substance use disorders and process addictions.

H. Skills and Practices: (A minimum of 1 artifact is required for Assessment Skills and Practices. However, you are strongly encouraged to include multiple artifacts in each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. selecting appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols;

2. demonstrating skills in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and case management;

3. screening for psychoactive substance toxification and withdrawal symptoms; aggression or danger to others; potential for self-harm or suicide; and co-occurring mental and/or addictive disorders;
4. helping clients identify the effects of addiction on life problems and the effects of continued harmful use or abuse; and

5. applying assessment of clients’ stages of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria in the continuum of care.
"Diagnosis" is the sixth CACREP Competency Area of Clinical Mental Health Counseling (adapted to include 12-core functions of addiction counseling).

K. Knowledge: (A minimum of 1 artifact is required for Diagnosis Knowledge. However, you are strongly encouraged to include multiple artifacts for each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. the principles of the diagnostic process including differential diagnosis and demonstrate the appropriate use of diagnostic tools, including the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), to describe the symptoms and clinical presentation of clients with mental, emotional, and addiction disorders;

2. the established diagnostic and clinical criteria for mental, emotional and addiction disorders and describe treatment modalities and placement criteria within the continuum of care;

3. the impact of co-occurring addictive disorders on medical and psychological disorders;

4. the relevance and potential cultural biases of commonly used diagnostic tools as related to clients with mental, emotion, and addiction disorders in multicultural populations; and

5. the appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event.

L. Diagnosis Skills and Practices: (A minimum of 1 artifact is required for Diagnosis Skills and Practices. However, you are strongly encouraged to include multiple artifacts in each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. demonstrate appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments and addiction disorders;

2. conceptualizing an accurate multi-axial diagnosis of disorders presented by clients and communicate the differential diagnosis with collaborating professionals; and

3. differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.
"Research and Evaluation" is the fifth CACREP Competency Area of Clinical Mental Health Counseling (adapted to include 12-core functions of addiction counseling).

I. Knowledge: (A minimum of 1 artifact is required for Research and Evaluation Knowledge. However, you are strongly encouraged to include multiple artifacts for each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. how to critically evaluate research relevant to the practice of clinical mental health and addiction counseling;

2. program evaluation models for clinical mental health and addiction treatment and prevention programs; and

3. evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health and addiction counseling.

J. Skills and Practices: (A minimum of 1 artifact is required for Research and Evaluation Skills and Practices. However, you are strongly encouraged to include multiple artifacts for each domain.)

Artifacts in this area must show your understanding, knowledge, skills, and application of:

1. relevant research findings to inform the practice of clinical mental health and addiction counseling;

2. measurable outcomes for clinical mental health and addiction programs, interventions, and treatments; and

3. analyzing and using data to increase effectiveness of clinical mental health and addiction counseling.