



Manual

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Manual Purpose

The National Addiction Studies Accreditation Commission (NASAC) Manual is designed to be used by faculty members in addiction studies focused higher education programs as a guide to prepare for accreditation. The following includes the policies, procedures, and application for the NASAC accreditation process. In addition, others wanting guidance about standards for addiction counselor education and/or to understand the accreditation process may find this manual to be of benefit to them.

NASAC Accreditation Manual and Application, 3rd Edition.

Overview of Accreditation

Accreditation is a process to grant approval based on a minimum set of standard criteria being met and maintained. The accreditation process is a nongovernmental process that may be recognized by governmental entities. The NASAC Accreditation application process is a self-regulating function carried out by a peer evaluation review of a program from a regionally accredited college or university that offers a degree in addiction studies focused or has an addiction studies focused. The NASAC Commission is made up of evaluators from higher education faculty members and educators selected from institutions and addiction studies focused programs similar to the NASAC Accredited Programs.

NASAC Formation

The Center for Substance Abuse Treatment (CSAT) and the Substance Abuse and Mental Health Services Administration (SAMSHA) encouraged the two primary groups representing academic addiction studies focused educators, the International Coalition for Addiction Studies Education (INCASE), and addiction professionals, NAADAC, the Association for Addiction Professionals, to create a single higher education addiction studies focused curricula accreditation body. In response, National Addiction Studies Accreditation Commission (NASAC) was formed to assess academic programs in addiction studies focused at regionally accredited institutions of higher education. Workshops and continuing education programs are not included in this accreditation process.

INCASE and NAADAC joined their higher education approval programs to provide a single standard for higher education addiction studies focused programs to form the National Addiction Studies Accreditation Commission (NASAC).

NASAC, is specific to accrediting addiction studies focused education programs and focuses on competent, knowledgeable and evidence-based practices, as laid out by SAMHSA.

NASAC is one of only two organizations that accredits addiction studies focused programs. Of these programs, NASAC is the only accrediting body that accredits all academic degree levels for addiction studies focused education and represents addiction-focused education (associates, bachelors, masters, and doctorates).

The NASAC Board of Commissioners

The NASAC Board of Commissioners is composed of six members. The president and past president of both NAADAC and INCASE shall be included on the board. NAADAC and INCASE shall each select one additional member from their organizations to comprise the remaining board membership. Therefore, three of the members are NAADAC members and three are INCASE members. The President of the NASAC Board of Commissioners term will be for one year; the office will alternate between one of three current NAADAC and INCASE members. In alternating years, the NASAC President will be a NAADAC member of the board and in the next year a INCASE member of the board will be NASAC President. The selection of President shall be made at the final NASAC board meeting of the prior calendar year. The NASAC Board of Commissioners will meet quarterly.

**The Mission Statement and Program Approval Process
of
The National Addiction Studies Accreditation Commission**

Part I: Mission Statement

In organizing a program approval process for higher education addiction studies focused curricula, NASAC promotes the following goals:

1. Quality assurance through the promulgation of program standards.
2. The development of articulation networks, transferability, and portability of matriculated certificates and degrees.
3. Providing a resource for the creation, expansion, and upgrade of addiction studies focused curricula.
4. Ensuring that the classroom, and supervised practicum coursework, has a bridge from science to practice in the preparation of an employable and professionally trained addictions workforce.
5. Self-governance of addiction studies within higher education.
6. Supporting addiction studies focused educators to advocate for their existence and needs within their institutional environment.
7. Assisting students in moving up educational and career ladders by legitimizing curricula and academic programs through approval of a single higher education addiction studies focused accreditation body.
8. Aiding in linking academic programs to workforce issues and trends, to enhance the employability and career mobility of students, and to ensure that curricula will aid in serving the needs of various subsets within the addiction field. These subsets include, but may not be limited to prevention, treatment, recovery support, administration, and research.
9. Addressing the following evaluation areas, at a minimum, during the program approval process:
 - a. Mission, goals and objectives.
 - b. Curriculum
 - c. Educational Modality
 - d. Practicum, Internship, Field Work or Field Experience if required.

Role and Value of NASAC Accreditation

Accreditation serves multiple roles and provides value to programs seeking accreditation:

1. NASAC accreditation standards can be used as guidance for creating a program meeting national standards when developing a program.
2. The process of NASAC accreditation requires the program to engage in self-assessment presenting the program with the occasion to evaluate its program goals, curriculum, and strengths and weakness.
3. Peer evaluation of programs creates an opportunity for program members to receive feedback from educators of similar programs.
4. Programs that are NASAC accredited can demonstrate to key stakeholders (students, legislator, future employers, and others) that their program meets national standards.
5. NASAC accreditation contributes to the possibility of increasing the standardization of the academic requirements for the addiction profession.

Assisting in Program Development

Colleges and universities considering establishing an addiction studies focused program will find the NASAC accreditation information useful when outlining the curriculum, developing courses, and setting standards for their program. NASAC accreditation standards were developed with input from the professional field represented by NAADAC and the academic world represented by INCASE. This collaboration contributes to the continued growth of knowledge in the field and ensures that programs using the accreditation standards as a guideline will have a curriculum meeting national standards for the profession.

Self-assessment Improves Programs

Each program seeking accreditation must complete a self-assessment evaluating the curriculum, the faculty credentials, and the outcomes of the program. The process of self-assessment for NASAC accreditation requires the program to be clear in its mission, create plans for reaching the mission, and demonstrate that the program meets national standards. Completing a systematic review of the curriculum, comparing it to the national standards, and assessing the program outcomes provides an opportunity for programs to reassess their mission on a regular basis, revise if necessary, update courses, assess priorities, and evaluate the effectiveness of the program in serving its purpose.

Peer Evaluation Provides Feedback

The NASAC accreditation process requires a site visit by an evaluation team consisting of faculty from programs already accredited. The peer evaluators will provide written feedback on the program. Also, the site visit offers an opportunity to discuss challenges, exchange ideas, and receive an outside perspective on the program. Peer evaluation combined with self-assessment provides the program with a broad perspective

regarding program merits. Programs that earn accreditation can ensure the public that outside professionals knowledgeable about the standards of the profession have provided a well-informed appraisal of the program and deemed the program to meet national standards.

Assurance to Stakeholders

NASAC accreditation provides assurance to prospective students that a program provides the content and skill development standards for the addiction profession. Being NASAC accredited means the program is approved for providing the curriculum, the faculty is appropriately credentialed, and the program has skill development opportunities that are essential for becoming an addiction professional.

Equally as important, clients of addiction professionals graduating from NASAC accredited programs benefit from providers who have been educated in programs providing education that meets or exceeds the national standards. Potential employers can be assured that a graduate of an NASAC accredited program has been provided the educational opportunity necessary for competence. Lastly, those providing funding for educational programs can be reassured that NASAC accredited programs are delivering quality addiction studies education.

Increasing Standardization of Academic Requirements for the Profession

The joining of INCASE and NAADAC has contributed to creating a single set of academic expectations for those entering the addiction profession. Also, the standards can be used as a guideline for state licensing or certification boards.

Code of Ethics

The following code of ethics applies to Commissioners, Evaluation Team Members, and Staff of the National Addiction Studies Accreditation Commission (NASAC), hereafter defined as NASAC Commissioners, Evaluation Team Members, and Staff.

Confidentiality

NASAC Commissioners, Evaluation Team Members, and Staff shall maintain confidentiality in regards to materials, discussions, correspondence, accreditation assessments, and other materials related to the accreditation process. Neither oral nor written communications shall be shared publically or privately without prior permission of the NASAC Commission.

Intellectual Property

NASAC Commissioners, Evaluation Team Members, and Staff agree to hold all intellectual property of NASC in strictest confidence. NASAC Accrediting Applications are the intellectual property of the applicant institution and/or faculty. Nothing shall be copied or used outside of the application and accreditation process without the expressed and written permission of the institution. The permission will include the purpose of the sharing of the intellectual property.

Boundaries/Dual Relationships

NASAC Commissioners, Evaluation Team Members, and Staff shall not engage in review or discussion of an institution if their objectivity is compromised. If a prior relationships exists, they shall disclose prior to the discussion. Possible dual relationships may include, but are not limited to: prior business or personal relationships with the accreditation applicant (personal or institutional); being philosophically opposed to the applicant's philosophy, educational modality, or theoretical orientation; or any other possible conflicts.

Gifts/Services

Minor gifts, memorializing the institution (cups, hats, shirts, etc.) with a fifty dollar maximum value may be accepted by NASAC Commissioners, Evaluation Team Members, and Staff from institutions seeking accreditation, but not requested, required or expected. All other gifts, and any gifts valued over fifty dollars, may not be accepted. Gifts that have been accepted will be accepted on behalf of and reported to NASAC.

NASAC Accreditation Approval Procedures Step by Step

1. Obtain application packet and instructions from the NASAC website:
www.nasacaccreditation.org
2. Complete application and return to NASAC with application fees.
3. NASAC Institution Approval Committee will select an evaluation team to send to your location.
4. The institution will prepare a preliminary self-study portfolio.
5. The Self-Study needs to be completed; please review the enclosed instructions. The purpose of the self-study is for the institution to reflect upon the program's mission, goals, and whether the program is meeting the national standards, as well as to demonstrate that the institution meets the NASAC standards.

Self-Study Instructions:

- a. Programs need to provide the outlined information and supporting documents when appropriate.
 - b. All information must be organized as indicated in the application packet.
 - c. Create an electronic document containing the organized information.
 - d. Send the Self-Study to the NASAC office electronically.
6. NASAC office staff will send the evaluation team the application and self-study within four weeks of the office receiving the self-study portfolio.
 7. Evaluation Team will consist of 3 people who meet the following criteria:
 - a. Must be a full-time or part-time faculty in an NASAC accredited addictions studies academic program. Exceptions may be made by Board of Commissioners.
 - b. Must have completed the NASAC evaluators training.
 - c. Will review the application and self-study to determine if the institution has provided sufficient information to be evaluated.
 - d. Will inform the institution if the information is not sufficient and what information needed.
 - e. The institution will have one month to respond with additional information or will need to begin the application process again.
 - f. Will review the application and self-study, for those with sufficient information, and assess whether the institution meets the NASAC standards.

- g. Will send a letter of instruction to the site specifying any concerns, clarification, or other documentation pertaining to the NASAC standards they would like the program to address.

The evaluation team may recommend to the NASAC Board of Commissioners that a site visit be completed (for example, it may be considered necessary for a program that received a conditional approval in a prior accreditation). If the NASAC Board of Commissioners determines a site visit is necessary, they will appoint an On-Site Evaluator.

8. On-Site Evaluator (if a site visit is deemed necessary)

The on-site evaluator will schedule a site visit with the institution. At minimum, the site visit will consist of the following meetings (more meetings may be added at the discretion of the site evaluation team with five business day's notification to the institution): During the site visit the evaluator will:

- a. Meet with appropriate Dean, Department Chair, and Program Coordinator.
 - b. Meet with Faculty of the Program.
 - c. Meet with Agency Supervisor(s), where a practicum is a component of the program.
 - d. Hold a focus group with students.
 - e. Conduct an exit interview and give verbal feedback about recommendations for program improvements or modifications and to answer questions from members of the institution. The site evaluators does not make the final decision as to whether or not the program meets NASAC standards and should be careful not to convey to the institution that they do because the final decision rests with the NASAC Institutional Approval Committee.
9. The Evaluation Team and Site Evaluator (if one is appointed) will make recommendations based upon the Evaluation Team's review and site visit (if one occurs) to the NASAC Board of Commissioners. The recommendations may be one of the following:

Tabling of the application to allow for further development of the program or submission of further documentation where indicated.

- a. Conditional Accreditation, with the condition that a plan for specific program modifications, additional information to be submitted, additional policies/procedures to be developed, or other relevant information. The Conditional Accreditation will be limited to a period of three years, before applying for Full Accreditation.
- b. Full Accreditation, with a renewal of the program approval process after a period of seven years. At the time of renewal, the program will fulfill the requirements of the current accreditation standards.

10. Approval Process

- a. Evaluation Team and Site Evaluator (if one is appointed) will submit written report to NASAC Board of Commissioners.
- b. NASAC Board of Commissioners will review documents provided by Evaluation Team and make a final decision that will be one of the following:
 - i. Tabling of the application to allow for further development of the program, or submission of further documentation where indicated.
 - ii. Denial of Accreditation
 - iii. Conditional Accreditation, with the condition that a plan for specific program modifications, additional information to be submitted, additional policies/procedures to be developed, or other relevant information. The Conditional Accreditation will be limited to a period of three years, before applying for Full Accreditation. A fee of \$300 will be due years two and three to maintain conditional accreditation.
 - iv. Full Accreditation, with a renewal of the program approval process after a period of seven years. At the time of renewal, the program will fulfill the requirements of the current accreditation standards. Payment of \$300 per year starting year two and ending year seven will be required to maintain full accreditation. Note: this payment can be made in one lump sum at any time, but cannot be late.
- c. The NASAC Office will provide a written notice of the outcome of the Site Visit to the institution.
- d. NASAC Commissioners will review recommendations and will send a formal written notice to the program regarding the outcome.

Appeal Process

After the normal evaluation process has been completed, and the college/university is denied accreditation, the college may use the following appeal process. The cost of the hearing will be paid by the applicant and shall include: staffing and administrative cost, cost for stenographic recording, and if the school chooses to be represented by counsel, the school will also pay for counsel for the National Addiction Studies Accreditation Commission. A deposit of \$1000 will be required. Any amount not used will be refunded.

1. The college must ask for clarifications of the reasons for denial from the chair of the evaluation team within 30 days. The chair will respond within 30 days after receiving the request.
2. Once the college receives the clarification, they may ask for a period, not to exceed 30 days, to correct the deficiencies.
3. Once the 30 days expires, the evaluators may
 - a. Accept the response to the clarification and re-open the evaluation process.
 - b. Uphold the initial denial.
4. If the evaluator upholds the initial denial, the applicant may appeal to the NASAC Board of Commissioners within 30 days of receiving the notice that the denial was upheld. In the appeal, the applicant shall state their rationale for the appeal. The evaluators will get a copy of the appeal for review, and shall within 30 days, provide a written response to the appeal to the commissioners.
5. The commission will review both the applicant's position and the evaluator's position, within 30 days, and shall decide to either
 - a. Overturn the evaluator's denial and approve the applicant's accreditation with conditions to be implemented within one year.
 - b. Uphold the denial.
6. If the commission upholds the denial, the applicant may ask for an appeal hearing. The hearing will take place within 12 months, at a time and place chosen by the commission. The hearing shall follow this protocol:
 - a. The chair of the evaluation team will make a 20 minute presentation to the commission explaining, in detail, the reasons for denial.
 - b. The applicant representative (one person) shall present a 20 minute rebuttal detailing the reasons the commission should reverse the decision of the evaluation team.
 - c. The commissioners will question both presenters for 20 minutes
 - d. The applicant and the chair of the evaluation team will be notified of the commission's decision within 30 days. This decision is final.

Completing the Preliminary Self-Study

The self-study is a process and a product that the institution performs for the accreditation process. The self-study is a portfolio that will be reviewed continuously throughout the site visit and accreditation review process.

The self-study must be organized in a portfolio per the following “Sections.” A table of contents for the sections or addendums must be included in the portfolio. Be thorough and complete in the preparation of your portfolio, as not every Evaluation Team reviewer will have knowledge of your program. Please submit an electronic PDF file of the completed Self-Study Portfolio to the NASAC office. It is important to keep an exact copy of these documents to be available during the site visit, if a site visit is deemed necessary.

Strengths, Improvements, Opportunities, and Threats to the Program:

It is important for programs to be regularly assessed to create and maintain a strong, effective, and relevant program that meet the current standards for the field. Programs need to evaluate the strengths, unique qualities, and weaknesses of the program to know what resources need to be allocated to maintain strengths and strengthen weaknesses. The self-study process provides the program with a chance to identify opportunities and threats that were not recognized previously. Looking toward the future increases the likelihood the program will maintain its relevancy and sustainability.

Section One- Part One: Mission and Goals

The mission of the program should be clear and concise. A program’s mission guides the program curriculum, staffing, and aids in students determination of whether the program meets students’ career goals. Goals for the program should directly relate to the mission of the program, and the program curriculum should demonstrate that the curriculum fulfills the goals and the mission.

Section One- Part Two: Regional Accreditation

The college or university housing the program applying for NASAC accreditation must have prior regional accreditation by one of the U.S. Department of Education designated accrediting agencies. The program must submit verification of regional accreditation by submitting a copy of the letter of accreditation or a copy of the current Certificate of Accreditation.

Regional Accreditation Bodies

Following are the Department of Education Approved Accreditation Bodies for Higher Education:

- Middle States Association of Colleges and Schools - Educational Institutions in New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia,

Puerto Rico, and the US Virgin Islands, as well as schools for American children in Europe, North Africa, and the Middle East.

- New England Association of Schools and College - Educational institutions in the six New England states (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont).
- Higher Learning Commission - Educational institutions in Arkansas, Arizona, Colorado, Iowa, Illinois, Indiana, Kansas, Michigan, Minnesota, Missouri, North Dakota, Nebraska, Ohio, Oklahoma, New Mexico, South Dakota, Wisconsin, West Virginia, and Wyoming.
- Northwest Accreditation Commission for primary and secondary schools and Northwest Commission on Colleges and Universities for postsecondary institutions in Alaska, Idaho, Montana, Nevada, Oregon, Utah, and Washington.
- Western Association of Schools and Colleges - Educational institutions in California, Hawaii, Guam, American Samoa, Micronesia, Palau, and Northern Marianas Islands, as well as schools for American children in Asia.
- Southern Association of Colleges and Schools - Educational institutions in Virginia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Alabama, Tennessee and Texas.

Section Two: The Curriculum

The most important aspect of the program is the curriculum. Programs need to have a comprehensive curriculum that provides the most current information for the field and offers students the knowledge and skill base necessary to meet the current standards of competence in the addictions field. Programs must demonstrate through course descriptions, outlines, and syllabi that the course objectives and requirements provide a comprehensive curriculum. Programs will also complete the TAP 21 content grid establishing that the courses cover the required content. The expectations must be met for each program applied: associates, bachelors, masters, and/or doctorate.

NASAC Curriculum Requirements

The specifications following each standard in this section define four levels of academic training: Associates, Bachelors, Masters and Doctoral. The curriculum requirements follow the SAMSHA Scopes of Practice guidelines and the TAP 21, TAP 21A, and each program will need to meet their state credentialing requirements.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 1: History

The curriculum shall include the historical development of the overall field of addiction prevention and treatment.

The history of addictive disorders along with the contexts in which prevention and treatment evolved, provide a foundation for understanding the present conditions in the profession, and a framework for understanding future evolution. This includes the knowledge of how the profession developed from various non-professional experiences, how other disciplines succeeded or failed in dealing with addictive disorders, as well as the social and political forces that impacted upon service delivery.

Minimum Associate Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Historical and cross-cultural survey of addictive disorders
- b. Historical roots of the prevention and treatment profession
- c. The evolution of the profession from the “para-professional” workers to the current degreed workers
- d. Historical and current legislation impacting upon the delivery of addiction services both nationally and at the state level.
- e. How public and personal attitudes influence personal behavior, Public Policy, and legislation related to substance related and addictive disorders services.

Minimum Bachelors Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Standards for associate degree program.
- b. Demonstrate how the Knowledge and Theory related to the historical development of the profession is included and analyzed within the curriculum.
- c. Differences between the systems of government, economics and consumerism.
- d. Exposure to various political and economic motivators in society that impact prevention and treatment services.

Minimum Masters Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Standards of associate and bachelor’s degree programs.
- b. Analyze and develop an understanding for the elements needed to improve the service delivery to clients/patients.
- c. Analyze and develop an understanding of the theories and elements necessary for current social change, surrounding the issues of prevention and treatment.
- d. Analyze and develop an understanding of various multicultural and international approaches to the prevention and treatment of substance related and addictive disorders.

Minimum Doctoral Specifications for Standard 1

Demonstrate how the following are included in the curriculum:

- a. Standards of associate, bachelors, and master’s degree programs.

- b. Demonstrate how the Knowledge and Theory related to the historical development of the profession is analyzed and integrated into new and creative insights, skills or models of change.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 2: Substance Related and Addictive Disorder Counseling Skills

The curriculum will train students to have the knowledge, theory, and skills to provide the core functions of substance related and addictive disorders counseling.

For students being prepared to become substance related and addictive disorders professionals, the curriculum should include, at all levels, the 8 Skill Groups as well as the competencies laid out in the Technical Assistance Publication (TAP) Series 21, produced by the U.S. Department of Health and Human Services. The state where a college/institution is located may have different standards of practice, some will use a certification system, and others will use a licensure system. Curricula that is not intended to prepare counselors for certification or licensure as a substance related and addictive disorders professional may utilize only the relevant skills for their program.

The TAP 21 eight Skills Groups are:

- Treatment Admission
- Clinical Assessment
- Ongoing Treatment Planning
- Counseling Services
- Documentation
- Case Management
- Discharge and Continuing Care
- Legal, Ethical and Professional Growth Issues

Minimum Associate Specifications for Standard 2

Demonstrate the knowledge and skills to understand and utilize the Tap 21 skill groups and competencies of substance related and addictive disorders counseling are integrated into the curriculum.

- a. As listed above (or similar listing of core functions propagated by the International Certification and Reciprocity Consortium (IC&RC)).

Minimum Bachelors Specifications for Standard 2

Demonstrate the knowledge and skills to understand and show proficiency in utilizing the Tap 21 skills groups and competencies in substance related and addictive disorders counseling.

- a. As listed above (or similar listing of core functions propagated by the International Certification and Reciprocity Consortium (IC&RC)).

Minimum Masters Specifications for Standard 2

Demonstrate how the knowledge and skills related to the utilization of the Tap 21 in substance related and addictive disorders counseling are integrated into the curriculum at a Masters level.

- a. As listed above (or similar listing of core functions propagated by the International Certification and Reciprocity Consortium (IC&RC)).
- b. Diagnosis of substance use disorders (in addition to assessment).
- c. Gain a basic understanding of clinical supervision skills and techniques to assist in the training of students, interns, and other counselors.
- d. Provide training in these skill groups and train to entry level counselors.

Doctoral Specifications for Standard 2

Demonstrate how the knowledge and skills related to the utilization of the Tap 21 Skill Groups in substance related and addictive disorders counseling are integrated into the curriculum at a doctoral level.

- a. As listed above (or similar listing of core functions propagated by the International Certification and Reciprocity Consortium (IC&RC)).
- b. Develop proficiency in providing clinical supervision.
- c. Provide training and clinical supervision to students, interns, undergraduate, and master's level counselors.
- d. Provide academic education to undergraduate and graduate students and counselors.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 3: Pharmacology and Physiology

The curriculum shall provide knowledge, theory and skills concerning pharmacology and physiology.

Students in the field of addiction studies need to have an appropriate level of understanding of pharmacology as it relates to the physical, emotional, social, and intellectual dynamics of the whole person.

Minimum Associate Specifications for Standard 3

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum:

- a. Basic understanding of how drugs effect and affect the physical, emotional, social, and spiritual aspects of the person.
- b. Basic knowledge of symptoms of intoxication and withdrawal.
- c. Basic knowledge of the physical effects of drugs on the human physiology.

- d. Difference between licit and illicit drug use.

Minimum Bachelors Specifications for Standard 3

Demonstrate how the knowledge, theory, and skill utilization related to pharmacology is integrated into the curriculum.

- a. Basic understanding of current neurobiology of substance related and addictive disorders.
- b. Substance related and addictive disorders as a Brain Disease.
- c. Provide client education about the physiology and pharmacology of use, abuse, addiction, and recovery to individuals, family members, and communities.
- d. Working understanding of pharmacological modalities of substance related and addictive disorders.

Minimum Masters Specifications for Standard 3

Demonstrate how the knowledge, theory and skill utilization related to pharmacology is integrated into the curriculum.

- a. Advanced understanding of pharmacology and neurobiology of substance related and addictive disorders.
- b. Understanding of psychiatric medications used in the treatment of coexisting disorders, and the implications for treatment.
- c. Advanced understanding of pharmacological modalities of substance related and addictive disorders.
- d. Develop knowledge and skills related to diet/nutrition and exercise as it relates to prevention, treatment and recovery.
- e. Basic understanding of current complementary medicine approaches to treating substance related and addictive disorders, including, but not limited to herbal medicines, acupuncture, meditation, biofeedback, and other similar therapies.

Minimum Doctoral Specifications for Standard 3

Same as Masters Specifications for Standard 3

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 4: Assessment

The curriculum shall include specific knowledge, theory and skills necessary to provide an assessment for substance related and addictive disorders.

Minimum Associate Specifications for Standard 4

Demonstrate how knowledge, theory and skill development regarding current standardized tools used to assess substance related and addictive disorders are included in the curriculum.

Minimum Bachelors Specifications for Standard 4

Demonstrate how knowledge, theory and skill development regarding current standardized tools used to assess substance related and addictive disorders are included in the curriculum.

Minimum Masters Specifications for Standard 4

Demonstrate how knowledge, theory and skill development regarding current standardized tools used to assess substance related and addictive disorders and related problems are included in the curriculum.

Minimum Doctoral Specifications for Standard 4

Demonstrate how knowledge, theory and skill development regarding current standardized tools used to assess substance related and addictive disorders and related problems are included in the curriculum.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 5: Treatment Modalities

The curriculum shall provide knowledge, theory and skills related to various substance related and addictive disorders treatment modalities.

Document that knowledge of the treatment modalities accepted as the current levels of care are identified, described in philosophy and theory, so that appropriate treatment planning and referral can take place.

Minimum Associates Specifications for Standard 5

Students at this level will:

- a. Be familiar with the levels of care defined by the current ASAM criteria.
- b. Be aware of referral protocols between the various service providers in the local/county/state region.
- c. Be familiar with fees, payment scales, waived fees and other third party payees for various treatment providers.

Minimum Bachelors Specifications for Standard 5

Students at this level will:

- a. Be familiar with the levels of care defined by the current ASAM criteria.
- b. Be aware of referral protocols between the various service providers in the local/county/state region.
- c. Be familiar with fees, payment scales, waived fees and other third party payees for various treatment providers.

Minimum Masters Specifications for Standard 5

Students at this level will:

- a. Be aware of program evaluations, accreditations, and other similar functions to assist in providing the best quality treatment for clients/patients, in cooperation with other members of the treatment team.

Minimum Doctoral Specifications for Standard 5

Students at this level will:

- a. Supervise and conduct program evaluations, and accreditations, to assist in providing the best quality treatment for clients/patients in cooperation with other members of the treatment team.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 6: Information Management and Recording Keeping

The curriculum shall provide for knowledge, theory and skills in information management.

Minimum Associates Specifications for Standard 6

Demonstrate how the following are included in the curriculum:

- a. Knowledge, theory and skills to develop information to complete a bio-psycho-social-spiritual) assessment for the purpose of development of a treatment plan.
- b. Knowledge, theory and skills to gather information through client observation, interviewing, active listening, consultation with others, internet access, library/resource centers, and observations.
- c. Knowledge, theory and skills to record and organize professionally relevant information.
- d. Issues related to federal and state confidentiality rules.
- e. Appropriate levels of literacy and writing skills necessary for professional communication.
- f. Use of technology for word processing, sending e-mail, and locating and evaluating information.

Minimum Bachelors Specifications for Standard 6

Demonstrate how the following are included in the curriculum:

- a. Knowledge and skills to obtain information through the observation of how the individual functions in relationship to various systems.
- b. Knowledge and skills to assess the adequacy, accuracy and validity of information provided by others.
- c. Knowledge and skills to develop a treatment plan, document progress in achieving the goals and objectives, write relevant letters, reports advocacy position statements, and develop a discharge summary.
- d. Produce a written case presentation.
- e. Produce a limited number of reports/term papers.

Minimum Masters Specifications for Standard 6

Demonstrate how the following are included in the curriculum:

- a. Knowledge and skills associated with management and clinical supervision of client records and information management.
- b. Knowledge and skills to develop basic programmatic needs assessment, program coordination and evaluation.
- c. Skills to interpret and present research findings in written or verbal form to clients, colleagues, or other professionals; and to use this information for community education and public relations.
- d. Produce a relevant *master's thesis* or project.

Minimum Doctoral Specifications for Standard 6

Demonstrate how the following are included in the curriculum:

- a. Knowledge and skills to gather relevant research information.
- b. Knowledge, theory and skills to analyze relevant research information.
- c. Produce a doctoral thesis or project.
- d. Knowledge and skills to organize and publish new and relevant information.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 7: Interpersonal Communications

Learning experiences shall be provided for the student to develop his or her interpersonal skills.

- a. The ability to create genuine and empathetic relationships with others is central to the addiction professional.
- b. These skills are applicable to all levels of education, and a greater proficiency is expected at each progressively higher level.

Associates, Bachelors, Masters and Doctoral Levels

Demonstrate how the following are included in the curriculum:

- a. Clarifying expectations for self and others, as well as programs and systems.
- b. Dealing effectively with conflict and confrontation.
- c. Establishing rapport with clients.
- d. Maintaining behavior that is congruent with expressed values.
- e. Critical thinking for analysis, problem solving, synthesis, decision making, and predicting outcomes.
- f. Becoming familiar with sub-population issues, including, but not limited to: cultural/racial/ethnic, age, gender, sexual orientation, religious traditions and belief systems.

KNOWLEDGE, THEORY AND SKILL DEVELOPMENT

Standard 8: Administrative and Supervisory

Graduate and Post-graduate training shall include knowledge, theory and skills to provide administrative and supervisory competency.

At the Masters and Doctoral levels, graduates are expected to have supervisory and administrative skills, while Associate and Bachelor level workers need to know how to work under supervision.

Minimum Associates and Bachelors Specification for Standard 8

Demonstrate how the knowledge, theory, and skills for the following areas are included in the curriculum:

- a. Knowledge of rules and regulations regarding clinical supervision.
- b. Knowledge of what qualities to seek out in a clinical supervisor.
- c. How to work under supervision in an administrative structure.
- d. Know the limitations of scope of practice and function.
- e. Know when to seek out additional supervision and/or consultation.

Minimum Masters and Doctoral Specifications for Standard 8

Demonstrate how the knowledge, theory, and skills for the following areas are included in the curriculum:

- a. Program planning, coordination, and evaluation.
- b. Providing supervision, administrative and clinical.
- c. Grant and contract management.
- d. Develop professional needs assessment and development plans.
- e. Understand the legal and regulatory aspects of service delivery.
- f. Understand the approaches to public policy development, the legislative and statutory process, regulation development and enforcement.
- g. Constituency building, advocacy techniques such as lobbying, grass roots movements, community development, and community organizing.
- h. Train and supervise students, interns and certified counselors.
- i. Evaluate students, interns, counselors and other staff.

Section Three: Educational Modality

NASAC recognizes that programs are offered in a variety of modalities including on-line, off-campus sites, and through other forms of technology. The program needs to demonstrate that the program meets the accreditation requirements at all sites and in all modalities in which it is provided to students. Please provide the physical address of all campus programs and if the program is on-line, please provide the website address.

Section Four: Practicum, Internship, Field Work, or Field Experience, if Required

Practical experiences are a valuable part of increasing students' knowledge and skill competencies. Programs have a responsibility to ensure students receive appropriate and adequate training and supervision.

NASAC FIELD PRACTICE AND SUPERVISED TRAINING REQUIREMENTS

Minimum Requirements

While there is agreement that field experiences or supervised training is a critical component overall training in the addiction profession, there are variations in format, duration, and placements.

Supervised experience and training are a process of professional development that integrates academic knowledge, theory and skill development, with professional behaviors that are being taught concurrently in the classroom. It should be an integral part of the total educational process. The content of the supervised experiences shall be with each academic level.

Where appropriate, the supervised training should qualify as hours that qualify for certification or licensure in a certified or licensed discipline within state requirements. These standards will not dictate the number of hours, but the program must document how the hours fulfill state-mandated certification or licensure requirements in whole or in part.

Field Standard 1

The program shall provide field experience/supervised training that is integrated with the curriculum.

Specifications for all levels of Field Standard 1

- a. Demonstrate how students are exposed to substance related and addictive disorders agencies, clients/patients, and self-help groups within the program.
- b. Provide a copy of the text and/or manual and guidelines given to the students advising them of the field experience placement requirements.
- c. Provide documentation of written agreements with field agencies and/or clinical supervisors that specify the student's role, activities, supervision, field instruction, and evaluations.
- d. Each placement shall have both a field supervisor and academic faculty supervisor.

Additional Specification for Field Standard 1

Bachelors, Masters and Doctoral levels

The program shall demonstrate how:

- a. The student is assigned and supervised with an independent caseload or the assignment of administrative function within the agency.
- b. The supervised training site is either a licensed facility that treats addictive and substance related disorders or a community-based agency, or a practice with an appropriately licensed and trained supervisor.
- c. Masters and Doctoral levels should include training sites that provide services to those with co-occurring disorders. Bachelors level students may also be exposed to this population.

Field Standard 2

Academic Credit

The program shall provide academic credit for field experiences and other supervised training.

The granting of academic credit for field experiences and other supervised training is widely accepted. It validates the experience as a genuine part of the curriculum and tends to assure quality instruction.

Specifications for all levels for Field Standard 2

- a. Provide academic credit for all or some of the hours required by the state certifying or licensing bodies.
- b. Advise students of the total number of hours required by state certifying or licensing bodies, and how many of these hours will be satisfied by the field placement/supervised training experience.
- c. Demonstrate how training experience is structured with clear learning experiences and methods of evaluation.

Field Standard 3

Supervision

Field supervisors shall be licensed (or certified, depending on state requirements) clinical supervisors, with training in providing clinical supervision (in accordance with state regulations), to insure that field supervisors provide quality learning experiences.

Maximum learning will occur only when both the field placement and the college/university provides quality supervision to the students.

Specifications for all levels of Field Standard 3

- a. Supervisors shall have no less than the same credential or degree than the program awards. It is strongly recommended that supervisors have no less than one degree level above the level of degree that the students are

seeking. A minimum of a Masters Degree is recommended. State regulatory credentials should be minimal requirements. Doctoral students should be supervised by a supervisor holding a doctoral degree: however when this is not readily available a supervisor holding the highest level of supervisory status available within the area (reasonable driving distance) will suffice.

- b. Supervisors should have training in how to provide clinical supervision. If the supervisor does not have a supervision credential, the school shall help provide minimum Continuing Education to the field supervisor.
- c. Demonstrate that the Faculty Course Supervisor has at least one site-visit each semester (or quarter) to help monitor the progress of the experience or meet with all clinical supervisors at least once per semester.
- d. Demonstrate that there is a written plan for learning objectives, activities, and outcomes for each student that was agreed to by the faculty supervisor, the student, and the field supervisor.
- e. Document a final summary evaluation for each student and how the evaluation is used to assist in personal/professional growth. Included, should be a format for suggesting that the student has or does not have the potential to become a substance use disorder/addiction professional.

Addiction Curriculum Evaluation Scales

INSTRUCTIONS:	AA	BA	MA	DA
In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.				
<u>A. FOUNDATIONS FOR ADDICTION PROFESSIONALS</u>				
I. UNDERSTANDING ADDICTION				
The professional is able to:				
1) Understand a variety of models and theories of addiction and other substance-related problems.				
2) Appreciate the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and their living environments.				
3) Describe the behavioral, psychological, physical health, and social effects of psychoactive drugs, including alcohol and tobacco, on the consumer and significant others.				
4) Recognize the potential for substance use disorders to mimic a variety of medical and psychological disorders, and the potential for medical and psychological disorders to co-exist with addiction and substance abuse.				
II. TREATMENT KNOWLEDGE				
The professional is able to:				
5) Describe the philosophies, practices, policies, and outcomes of the most generally accepted models of treatment, recovery, relapse prevention and continuing care for addiction and other substance-related problems.				
6) Appreciate the importance of family, social networks, and community systems in the treatment and recovery process.				
7) Understand the importance of research and outcome data, and their application in clinical practice.				
8) Appreciate the value of an interdisciplinary approach to addiction treatment.				
III. APPLICATION TO PRACTICE				
The professional is able to:				
9) Understand the established diagnostic criteria for substance dependence and abuse, and describe treatment modalities and placement criteria within the continuum of care.				
10) Describe a variety of helping strategies for reducing the negative effects of substance abuse and dependency.				
11) Tailor helping strategies and treatment modalities to the client's stage of dependency, change, or recovery.				
12) Adapt treatment services to the client's level of cultural and language literacy, acculturation, or assimilation.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
13) Appreciate the need to adapt practice to the range of treatment settings and modalities.				
14) Be familiar with medical and pharmaceutical resources in the treatment of addictive disease and other substance-related disorders.				
15) Understand the variety of insurance and health maintenance options available, and appreciate the importance of helping clients access those benefits.				
16) Recognize that crisis may indicate an underlying substance abuse problem, and may represent a window of opportunity for change.				
17) Understand the need for, and the use of, methods for measuring treatment outcome.				
IV. PROFESSIONAL READINESS The professional is able to:				
18) Understand diverse racial and ethnic cultures, including their distinct patterns of interpreting reality, world view, adaptation, and communication, and to incorporate the special needs of minority groups and the differently abled into clinical practice.				
19) Understand the importance of self-awareness in one's personal, professional, and cultural life.				
20) Understand the addiction professional's obligation to adhere to generally accepted ethical and behavioral standards of conduct in the helping relationship.				
21) Understand the importance of ongoing supervision and continuing education in the delivery of client services.				
22) Understand the obligation of the addiction professional to participate in prevention, as well as treatment.				
23) Understand and appropriately apply agency-specific policies and procedures for handling crises or dangerous situations, including safety measures for clients and staff.				
<u>B. ADDICTION COUNSELOR COMPETENCIES</u> The knowledge, skills, and attitudes within each function that are essential to the competent practice of addiction treatment and substance abuse counseling.				
I. Clinical Evaluation The systematic approach to screening and assessment.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
1a. SCREENING The process through which the counselor, client, and available significant others determine the most appropriate initial course of action, given the client's needs, characteristics, and available resources within the community. The counselor is able to:				
24) Establish rapport, including management of crisis situations and determination of need for additional professional assistance.				
25) Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, culture and gender. At a minimum, data should include: current and historic substance use; health, mental health, and substance-related treatment history; mental status; and current social, environmental, and/or economic constraints on the client's ability to follow-through successfully with an action plan.				
26) Screen for alcohol and other drug toxicity, withdrawal symptoms, aggression or danger to others, and potential for self-inflicted harm or suicide.				
27) Help the client identify the role of substance use in his/her current life problems.				
28) Determine the client's readiness for treatment/change and the needs of others involved in the current situation.				
29) Review the treatment options relevant to the client's needs, characteristics, and goals.				
30) Apply accepted criteria for diagnosis, and the use of modalities on the continuum of care, in making treatment recommendations.				
31) Construct with the client and others, as appropriate, an initial action plan based on needs, preferences, and available resources.				
32) Based on an initial action plan, take specific steps to initiate an admission or referral, and ensure follow-through.				
1b. ASSESSMENT An ongoing process through which the counselor collaborates with the client, and others, to gather and interpret information necessary for planning treatment and evaluating client progress. The counselor is able to:				

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33) Select and use comprehensive assessment instruments that are sensitive to age, gender and culture, and which address: <ul style="list-style-type: none"> • History of alcohol and other drug use • Health, mental health, and substance-related treatment history • History of sexual abuse or other physical, emotional, and verbal abuse, and/or other significant trauma • Family issues • Work history and career issues • Psychological, emotional, and world-view concerns • Physical and mental health status • Acculturation, assimilation, and cultural identification(s) • Education and basic life skills • Socio-economic characteristics, lifestyle, and current legal status • Use of community resources • Behavioral indicators of problems in the domains listed above 				
34) Analyze and interpret the data to determine treatment recommendations.				
35) Seek appropriate supervision and consultation.				
36) Document assessment findings and treatment recommendations.				
II. Treatment Planning A collaborative process through which the counselor and client develop desired treatment outcomes, and identify the strategies to achieve them. At a minimum, the treatment plan addresses the identified substance related disorder(s), as well as issues related to treatment progress, including relationships with family/friends, employment, education, spirituality, health concerns, and legal needs. The counselor is able to:				
37) Obtain and interpret all relevant assessment information.				
38) Explain assessment findings to the client and others potentially involved in treatment.				
39) Provide the client and significant others with clarification and further information, as needed.				
40) Examine treatment implications in collaboration with the client and significant others.				

INSTRUCTIONS:	AA	BA	MA	DA
<p>In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.</p>				
41) Confirm the readiness of the client and significant others to participate in treatment.				
42) Prioritize client needs in the order they will be addressed.				
43) Formulate mutually agreed-upon treatment outcomes for each need.				
44) Identify appropriate strategies for each outcome.				
45) Match treatment activities and community resources with prioritized client needs, in a manner consistent with the client's diagnosis and existing placement criteria.				
46) Develop, with the client, a mutually acceptable plan of action, as well as methods for monitoring and evaluating progress.				
47) Inform the client of his/her confidentiality rights, program procedures that safeguard them, and the exceptions imposed by statute.				
48) Reassess the treatment plan at regular intervals, and/or when indicated by changing circumstances.				
<p>III. Referral</p> <p>The process of facilitating the client's utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.</p> <p>The counselor is able to:</p>				
49) Establish and maintain professional relations with civic groups, agencies, other professionals, governmental entities, and the community-at-large in order to ensure appropriate referrals, identify service gaps, expand community resources, and help address unmet needs.				
50) Continuously assess and evaluate referral resources to determine their appropriateness.				
51) Differentiate between situations in which it is most appropriate for the client to self-refer to a resource, and instances requiring counselor referral.				
52) Arrange referrals to other professionals, agencies, community programs, or other appropriate resources to meet client needs.				
53) Explain in clear and specific language the necessity for, and process of, referral to increase the likelihood of client understanding and follow-through.				
54) Exchange relevant information with the agency/professional to whom the referral is being made, in a manner consistent with confidentiality regulations and generally accepted professional standards of care.				
55) Evaluate the outcome of the referral.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
IV. Case Management The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Case management establishes a framework for action to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, and ongoing evaluation of treatment progress and client needs.				
IVa. IMPLEMENTING THE TREATMENT PLAN The counselor is able to:				
56) Initiate collaboration with referral sources.				
57) Obtain and interpret all relevant screening, assessment, and initial treatment planning information.				
58) Confirm the client's eligibility for admission and continued readiness for treatment/change.				
59) Complete necessary administrative procedures for admission to treatment.				
60) Establish accurate treatment expectations for the client and involved significant others, including: <ul style="list-style-type: none"> • Nature of services • Program goals • Program procedures • Rules regarding client conduct • Schedule of treatment activities • Costs of treatment • Factors affecting duration of care • Client rights and responsibilities 				
61) Coordinate all treatment activities with services provided to the client by other resources.				
IVb. CONSULTING The counselor is able to:				
62) Summarize the client's background, treatment plan, recovery progress, and problems inhibiting progress for the purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment.				
63) Understand terminology, procedures, and the roles of other disciplines related to the treatment of addiction.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
64) Contribute as a member of a multi-disciplinary treatment team.				
65) Apply confidentiality-related legal restrictions appropriately.				
66) Demonstrate respect and nonjudgmental attitudes toward the client in all contacts with other professionals or agencies.				
IVc. CONTINUING ASSESSMENT AND TREATMENT PLANNING The counselor is able to:				
67) Maintain ongoing contact with the client, and involved significant others, to ensure adherence to the treatment plan.				
68) Understand and recognize culturally appropriate stages of change and other signs of treatment progress.				
69) Assess treatment/recovery progress and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment objectives.				
70) Describe and document treatment process, progress, and outcome.				
71) Apply generally accepted measures of treatment outcome.				
72) Utilize referral skills, as described in Section 3 (above).				
73) Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.				
74) Assure the accurate documentation of case management activities throughout the course of treatment.				
75) Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.				
V. Counseling A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling includes individual, couple, family, and group methods that are sensitive to individual client characteristics and the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon an understanding and appreciation of, and the ability to use appropriately, the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and intimate dyads.				
Va. INDIVIDUAL COUNSELING The counselor is able to:				
76) Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness and empathy.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
77) Facilitate the client's engagement in the treatment/recovery process.				
78) Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.				
79) Encourage and reinforce all client actions that are determined to be beneficial in progressing toward treatment goals.				
80) Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.				
81) Recognize how, when, and why to use the client's significant others to enhance or support the treatment plan.				
82) Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.				
83) Promote client knowledge, skills, and attitudes consistent with the maintenance of good health (as defined by both the client culture and the treatment culture) and the prevention of HIV/AIDS, TB, STDs, and other communicable diseases.				
84) Facilitate the development of basic and life skills associated with recovery.				
85) Adapt counseling strategies to the individual characteristics of the client, including (but not limited to): disability, gender, sexual orientation, developmental level, acculturation, ethnicity, age, and health status.				
86) Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.				
87) Apply crisis management skills.				
88) Mentor the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress, relapse prevention, and continuing care.				
Vb. GROUP COUNSELING The counselor is able to:				
89) Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with addicted or substance abusing clients.				
90) Perform the actions necessary to start a group, including: determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.				
91) Facilitate the entry of new members and the transition of exiting members.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
92) Facilitate group growth within the established ground rules, and precipitate movement toward group and individual goals by using methods consistent with group type.				
93) Understand the concepts of "process" and "content," and shift the focus of the group when such an intervention will help the group move toward its goals.				
94) Describe and summarize client behavior within the group for the purpose of documenting the client's progress and identifying needs/issues that may require modification of the treatment plan.				
Vc. COUNSELING FOR FAMILIES, COUPLES, AND INTIMATE DYADS The counselor is able to:				
95) Understand the characteristics and dynamics of families, couples, and intimate dyads affected by addiction.				
96) Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and intimate dyads, including extended, kinship, or tribal family structures.				
97) Facilitate the engagement of selected members of the family, couple, or intimate dyad in the treatment and recovery process.				
98) Help members of the family, couple, or intimate dyad understand the interaction between their system and addiction.				
99) Help families, couples, and intimate dyads adopt strategies and behaviors that sustain recovery and maintain healthy relationships.				
VI. Client, Family, and Community Education The process of providing clients, families, significant others, and community groups with information on risks related to alcohol and other drug use, as well as available prevention, treatment, and recovery resources. The counselor is able to:				
100) Design and provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and/or the recovery process.				
101) Describe factors that increase the likelihood that an individual, community, or group will be at-risk for alcohol and other drug problems.				
102) Sensitize others to issues of cultural identity, ethnic background, age, and gender role or identity in prevention, treatment, and recovery.				
103) Describe warning signs, symptoms, and the course of addictions.				
104) Describe how addiction affects families and significant/concerned others.				
105) Describe continuum of care resources that are available to significant/concerned others.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
106) Describe principles and philosophies of prevention, treatment, relapse, and recovery.				
107) Understand the health and behavioral problems related to the treatment of addiction, including transmission and prevention of HIV/AIDS, TB, STDs, and other communicable diseases.				
108) Teach basic life skills such as stress management, relaxation, communication, assertiveness, and refusal skills.				
VII. Documentation The recording of the screening and intake process, assessment, and treatment plan, as well as the preparation of written reports, clinical progress notes, discharge summaries and other client-related data. The counselor is able to:				
109) Demonstrate knowledge of accepted principles of client record management.				
110) Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.				
111) Prepare accurate and concise screening, intake, and assessment reports.				
112) Prepare and record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.				
113) Record progress of the client in relation to treatment goals and objectives.				
114) Prepare an accurate, concise, informative, and current discharge summary.				
115) Document the treatment outcome, using accepted methods and instruments.				
VIII. Professional and Ethical Responsibilities The obligations of an addiction counselor to adhere to generally accepted ethical and behavioral standards of conduct and continuing professional development. The counselor shall:				
116) Demonstrate ethical behaviors by adhering to established professional codes of ethics that define the professional context within which the counselor works, in order to maintain professional standards and safeguard the client.				
117) Interpret and apply information from current counseling and addictions research literature in order to improve client care and enhance professional growth.				
118) Adhere to federal and state laws, and agency regulations, regarding addictions treatment.				
119) Recognize the importance of individual differences by gaining knowledge about personality, cultures, lifestyles, and other factors influencing client behavior, and applying this knowledge to practice.				

INSTRUCTIONS: In the columns list the course number of the class/s which cover each specific content area for all addiction studies degrees offer within your program. You only need to meet the requirements for your degree/s area/s. See attachment for the SAMHSA Scopes of Practice.	AA	BA	MA	DA
120) Utilize a range of supervisory options to process personal feelings and concerns about clients.				
121) Conduct culturally appropriate self-evaluations of professional performance, applying ethical, legal, and professional standards to enhance self-awareness and performance.				
122) Obtain appropriate continuing professional education.				
123) Assess and participate in regular supervision and consultation sessions.				
124) Develop and utilize strategies to maintain physical and mental health.				

NASAC Accreditation Renewal Protocol

Please submit on your university/college letterhead a narrative describing each of the following:

1. Describe any significant changes in the administrative status of your program (example: the addiction studies focused program has been subsumed within the Behavioral Health Program as a track or cluster of courses).
2. Describe the addition or elimination of program components (example: addition of an online degree, reduction of course content).
3. Describe changes in the curriculum (examples: addition of new course, elimination of a course, the program has become online only and no longer has “ground” classes).
4. Describe changes in the staffing patterns of your program (example: addition of new full time faculty, program no longer has a full time faculty coordinator or instructor).
5. If not previously submitted, indicate how the major substance related and addictive disorders counselor competencies, as outlined in TAP 21, are covered in your coursework.
6. Describe any significant events that affected your program that have not been addressed in the questions above.
7. (Example: loss of regional accreditation, grants received, loss of funding, award or public notice, change in state credentialing requirements). Such information is useful in highlighting the work of NASAC accredited institutions. If your college/university’s regional accreditation is put on probationary status, the program’s NASAC accreditation will be placed on probationary status as well.

Please submit this documentation to the NASAC Office, for review by the NASAC Commission.

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