

**COMMUNITY SUBSTANCE ABUSE SERVICE (CSAS) VERIFICATION OF CRITERIA
 (Clinical Supervisor, Medical Director, Physician, or Service Physician)**

Chapter DHS 75.02 (11)

See pages 2 – 4 for instructions.

PART I – GENERAL INFORMATION

Name – Applicant	Date Application Completed
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Name – Facility

Facility Address – Street	City	State	Zip Code	County
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Contact - Telephone Number ()	Fax Number ()	E-mail Address
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PART II – VERIFICATION OF CRITERIA FOR CLINICAL SUPERVISOR

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Licensed Physician, certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM).	
	License No.	Certification No.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Licensed Physician, certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology.	
	License No.	Certification No.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Licensed Physician and have documentation that I am knowledgeable in addiction treatment.	
	License No.	Certification No.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Licensed Psychologist and have documentation that I am knowledgeable in addiction treatment.	
	License No.	Certification No.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Licensed Clinical Social Worker, Marriage and Family Therapist, or Licensed Substance Abuse Counselor with qualifications to be a licensed clinical AODA supervisor.	
	License No.	

PART II – VERIFICATION OF CRITERIA FOR MEDICAL DIRECTOR, PHYSICIAN, OR SERVICE PHYSICIAN

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Licensed Physician, certified as an Addiction Specialist by the American Society of Addiction Medicine (ASAM).	
	License No.	Certification No.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Licensed Physician, certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology.	
	License No.	Certification No.

<input type="checkbox"/> Yes <input type="checkbox"/> No	I am a Licensed Physician and have developed an addiction medicine staff development plan in accordance with Chapter DHS 75.03(4)(5).	
	License No.	

PART IV - ATTESTATION

Applicant

I attest that the information provided and the items checked on this form are true. As the individual named on this form, I have documentation of all areas designated by a "Yes" response above.

SIGNATURE – Applicant	Name – <i>Print or type.</i>	Date Signed
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Agency Director / Board Chairman

I attest that, as Agency Director / Board Chairman, I have in our agency's personnel files, a copy of this completed and signed form and all required documentation relevant to the above-stated credentials and, where indicated, required training in his/her staff development plan.

SIGNATURE – Agency Director / Board Chairman	Name – <i>Print or type.</i>	Date Signed
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EXPLANATION AND INSTRUCTIONS

- **By completing and submitting this form, the clinic indicates that it is in compliance with the program standards as required by administrative rules and state statutes.**
- If you are a clinical supervisor of substance abuse counselors in your agency and are seeking approval of that status in meeting your agency's Ch. DHS 75 Certification Requirements, provide the requested information and your signature on **Parts I , II, and IV** of this form and retain in your agency's personnel file with supportive documentation and credentials. [Ch. DHS 75.02(11)]
- If you are a Medical Director, Physician, or Service Physician in your agency and are seeking approval of that status in meeting your agency's Ch. DHS 75 Certification Requirements, provide the requested information and your signature on **Parts I , III, and IV** of this form and retain in your agency's personnel file with supportive documentation and credentials. [Ch. DHS 75.02(39) & (63)]

Definition of Clinical Supervisor

Chapter DHS 75.02(11) states that a "clinical supervisor" is any of the following:

- (a) An individual who holds a clinical supervisor-in-training certificate, and intermediate clinical supervisor certificate, or an independent clinical supervisor certificate granted by the department, as described in s. RL 160.02(6).
- (b) A physician knowledgeable in addiction treatment.
- (c) A psychiatrist knowledgeable in psychopharmacology and addiction treatment.

Clinical Supervisor Criteria

- To meet the clinical supervisor criteria in Ch. DHS 75, licensed physicians, licensed psychologists, and licensed clinical social workers with specialized certification in AODA from their respective professions need only to place that documentation, along with their license or certification, into their agency's personnel files. Each profession's specialized AODA certification is identified in the knowledge guidelines.
- The Division of Mental Health and Substance Abuse Services (DMHSAS) has determined that individuals must document 45 hours of training, of which 15 hours must be in the last three years. The above-specified number of training class hours apply both to psychopharmacology and to addiction treatment. Either training or experience as outlined below may support documentation of training sufficient to continue working as a clinical supervisor.
 - Acceptable documentation of training may include certificates of training completion in psychopharmacology and addiction treatment, transcripts, and other in-service training verified by the agency's executive director.
 - A Wisconsin UPC six-hour training certificate may be used for knowledge of addiction treatment.
 - Individuals who have completed and received verification of training in clinical supervision may apply those hours toward the addiction treatment knowledge requirement. An example would be the 30 hours provided through the Wisconsin clinical supervisor-training project.
 - Individuals with employment experience dealing with psychopharmacology issues may use their experience, as verified by their agency's medical director, for up to 30 of the 45 hours of training in psychopharmacology.
 1. One year of experience would equal 10 hours of training and three years would equal the 30 hours.
 2. Verified experience may be used for up to 30 of the 45 hours, exclusive of the 15 hour requirement within the three years.
 - Individuals with ongoing experience providing counseling to AODA clients and verified by their agency's executive director may use that experience for up to 30 of the 45 hours of training in addiction treatment.
 1. One year of experience would equal 10 hours of training and three years would equal the 30 hours.
 2. Verified experience may be used for up to 30 of the 45 hours, exclusive of the 15 hour requirement within the three years.

KNOWLEDGE GUIDELINES FOR PSYCHOPHARMACOLOGY AND ADDICTION TREATMENT

The following are selected areas of knowledge that the Bureau of Substance Abuse Services believes are valuable and necessary for clinical supervisors. These knowledge areas are taken from the 1998 Center for Substance Abuse Treatment (CSAT) Technical Assistance Publication No. 21 (TAP No. 21), entitled "Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice." These criteria, called Trans-disciplinary Foundations (T.F.), represent competencies outlined in TAP 21 that have been endorsed by the National Steering Committee on Addiction Counseling Standards and include the essential knowledge, skills, and attitudes required to conduct effective addiction counseling practice.

These competencies form the vehicle for counselor development and curriculum planning for both pre-service and continuing education for the addiction treatment field. In accordance with Chapter DHS 75.02(11), all clinical supervisors shall review the following knowledge requirements and identify areas where further training is needed to meet these requirements. Training needs identified based on these guidelines shall be incorporated into the clinical supervisor's staff development plan located in agency personnel files.

T.F. Knowledge Criteria Deficiencies

- It is important that you identify and incorporate all Trans-disciplinary Foundations (T.F.) knowledge criteria deficiencies for which you will receive future training into your staff development plan. These T.F. knowledge criteria are the minimum knowledge requirements necessary for meeting the clinical supervision requirements of substance abuse counselors under your supervision to be in compliance with the requirements of their own counselor certification plan on file with the Wisconsin Department of Regulation and Licensing.
- Use the following “Knowledge Guidelines for Psychopharmacology and Addiction Treatment” to assist you in identifying areas of knowledge needing to be acquired and addressed in the individual’s staff development plan. If upon review of these guidelines you identify T.F. knowledge criteria not included in your current education and training, incorporate the specific T.F. knowledge criteria for which you will receive future training into your staff development plan and place it in your agency’s personnel file.

A. CRITERIA FOR KNOWLEDGE OF PSYCHOPHARMACOLOGY

Total Class Hours: 45, 15 of which shall have been acquired in the past three years

Source: CSAT TAP No. 21

1. Knowledge of the behavioral, psychological, physical health, and social effects of psychoactive substances on the user and significant others (Source: CSAT TAP No. 21, T.F. A-3), including:

Knowledge:

- Fundamental concepts of pharmacological properties and effects of all psychoactive substances.
- Knowledge of the continuum of drug use, such as initiation, intoxication, harmful use, abuse, dependence, withdrawal, craving, relapse, and recovery.
- Behavioral, psychological, social, and health effects of psychoactive substances.
- The effects of chronic substance use on consumers, significant others, and communities with a social, political, cultural, and economic context.
- The varying courses of addiction.
- The relationship between infectious diseases and substance use.

2. Knowledge of 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 (Source: CSAT TAP No. 21, T.F. A-4), including:

Knowledge:

- Normal human growth and development
- Symptoms of substance use disorders that are similar to those of other medical and/or psychological disorders and how these disorders interact.
- The medical and psychological disorders that most commonly exist with addiction and substance use disorders.
- Methods for differentiating substance use disorders from other medical or psychological disorders.

3. Familiarity with medical and pharmacological resources in the treatment of substance use disorders (Source: CSAT TAP No. 21, T.F. C-6), including:

Knowledge:

- Current literature regarding medical and pharmacological interventions.
- Assets and liabilities of medical and pharmacological interventions.
- Health practitioners in the community who are knowledgeable about addiction and addiction treatment.
- The role that medical problems and complications can play in the intervention and treatment of addiction.

B. CRITERIA FOR KNOWLEDGE OF ADDICTION TREATMENT

Source: CSAT TAP No. 21

1. Understand variety of models and theories of addiction and other problems related to substance use (Source: CSAT TAP No. 21, T.F. A-1), including:

Knowledge:

- Terms and concepts related to theory, research, and practice.
- Scientific and theoretical basis of models from medicine, psychology, sociology, religious studies, and other disciplines; current literature regarding medical and pharmacological interventions.
- Criteria and methods for evaluating models and theories.
- Appropriate applications of models.
- How to access addiction-related literature from multiple disciplines.

- 2. Understand the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems** (Source: CSAT TAP No. 21, T.F. B-1), **including:**

Knowledge:

- a. Generally accepted models, such as but not limited to:
 - Pharmacotherapy
 - Mutual help and self-help
 - Behavioral self-control training
 - Mental health
 - Self-regulating community
 - Psychotherapeutic
 - Relapse prevention
 - Multi-modality
- b. The philosophy, practices, policies, and outcomes of the most generally accepted models.
- c. Alternative models that demonstrate potential.

- 3. Provide treatment services appropriate to the personal and cultural identify and language of the client** (Source: CSAT TAP No. 21, T.F. C-4), **including:**

Knowledge:

- a. Various cultural norms, values, beliefs, and behaviors
- b. Cultural differences in verbal and non-verbal communication
- c. Resources to help develop individualized treatment plans

- 4. Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship** (Source: CSAT TAP No. 21, T.F. D-3), **including:**

Knowledge:

- a. State and federal regulations related to the practice of addiction treatment.
- b. Scope-of-practice standards.
- c. Legal, ethical, and behavioral standards.
- d. Discipline-specific ethics code.

- 5. Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff** (Source: CSAT TAP No. 21, T.F. D-6), **including:**

Knowledge:

- a. Setting-specific policies and procedures.
- b. What constitutes a crisis or danger to the client and/or others.
- c. The range of appropriate responses to a crisis or dangerous situation.
- d. Universal precautions.
- e. Legal implications of crisis response.
- f. Exceptions to confidentiality rules in crisis or dangerous situations.

- 6. Understand diverse cultures and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice** (Source: CSAT TAP No. 21, T.F. D-1), **including:**

Knowledge:

- a. Information and resources regarding racial and ethnic cultures, lifestyles, gender, age, ethnic, racial, and relevant needs of people with disabilities.
- b. The unique influence the client's culture, lifestyle, gender, and other relevant factors may have on behavior.
- c. The relationship between substance use and diverse cultures, values, and lifestyles.
- d. Assessment and intervention methods that are appropriate to culture and gender.
- e. Counseling methods relevant to the needs of culturally diverse groups and people with disabilities.
- f. The Americans with Disabilities Act and other legislation related to human, civil, and client rights.
- g. Client and system's cultural norms, biases, and preferences.
- h. Literature relating spirituality to addiction and recovery.

Attitudes:

- a. Willingness to explore and identify one's own cultural values.
- b. Acceptance of other cultural values as valid for other individuals.