Chemical Dependency Program Manual
2015 – 2016

Bemidji State University • Social Work Department

- Certificate: Educational preparation for:
  State of Minnesota Alcohol and Drug Counselor Licensure (LADC)
- Minor: Advanced knowledge for social work and human service practice

Prepared by:
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May 2015
Chemical Dependency Program Manual  
2015 - 2016

- **Minor: Advanced knowledge for social work and human service practice**
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  - **State of Minnesota Alcohol and Drug Counselor licensure (LADC)**

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Introduction

The purpose of this manual is to provide the information necessary to prepare you for and guide you through the Chemical Dependency minor and certificate. Under the administrative umbrella of the Bemidji State University Social Work Department, the Chemical Dependency curriculum was developed in the 1980s in order to better prepare social work graduates to understand and address substance abuse issues. Since then, Chemical Dependency has evolved as a separate profession with accompanying standards and licensing requirements by the State of Minnesota in order to practice in the field. As a result we offer both a certificate – preparation for Licensed Alcohol and Drug Counselor (LADC) licensure and a minor to enhance a major in a helping discipline.

Included in the manual is information about:

- The BSU Chemical Dependency minor and certificate curriculum – course and internship requirements;
- State of Minnesota requirements for Alcohol and Drug Counselor licensure (LADC);
- Credentialing from the Minnesota Certification Board;
- Credentialing from the Upper Midwest Council on Addictive Disorders;
- Credentialing from NAADAC, The Association of Addiction Professionals;
- Membership in MARRCH, Minnesota Association of Resources for Recovery and Chemical Health

For information concerning the LADC certificate or chemical dependency minor or contact:

Jan Guggenheimer, PsyD, MSW, LICSW
Field Director/Professor
Social Work Department
218-755-2198
jguggenheimer@bemidjistate.edu
Introduction: The Licensed Alcohol and Drug Counselor, LADC, licensure is regulated by the state of Minnesota through the Minnesota Board of Behavioral Health Therapy (BBHT). While BBHT is charged with licensing oversight and regulation, three other groups are charged with overseeing the licensing testing process. BBHT has approved these three exams as qualifying for the written test component required for the LADC. Those seeking the LADC must first take the test through one of three possible options: the Association for Addiction Professionals (NAADAC, Level II), the Minnesota Certification Board (MCB), or the Upper Midwest Indian Council on Addiction Disorders (UMICAD).

Steps for completing the process for the LADC…
1. Choose to take the licensing test through NAADAC, Level II or MCB. See Appendix A to determine which test is right for you.

2. For students that are interning and/or plan to work with Native communities, the Upper Midwest Indian Council on Addictive Disorders (UMICAD) testing may be an option. Go to section in this manual for specifics or www.umicad.org

3. Temporary Permit: In general upon graduation, LADC students will be eligible for a Temporary Permit which requires that the internship be completed. The Temporary Permit applicant must show evidence of supervision by a LADC. For specific information and an ADC Temporary Permit application access at the BBHT website: http://www.bbht.state.mn.us/

2. Estimated Total Costs for LADC – approximately $500-1,000.

Exam Study Materials
✓ See Appendix A for suggested study materials for NAADAC and ICRC exams
✓ *Uppers, Downers, All Arounders* (latest edition) by Cohen & Inaba
✓ Understanding of 12 core functions and six dimensions: Information provided in SOWK 2030 and 3330. Also see Appendix C and D
✓ Rules of Professional Conduct. See Appendix M
State of Minnesota: 
Alcohol and Drug Counselor Licensing

The Minnesota Board of Behavioral Health and Therapy (BBHT) is the body that regulates Alcohol and Drug Counselors and issues licenses (LADC) to qualified persons who meet the licensing requirements. A state license through the BBHT is required for those individuals working as alcohol and drug counselors in the State of Minnesota.

The following are the state of Minnesota educational requirements for LADC application.

<table>
<thead>
<tr>
<th>Degree requirement</th>
<th>Bachelors</th>
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<tr>
<td>Clock hours of classroom training in chemical dependency including training in cultural diversity</td>
<td>270 hours</td>
</tr>
<tr>
<td>Practicum/Internship hours</td>
<td>880 hours</td>
</tr>
<tr>
<td>Testing</td>
<td>Written test</td>
</tr>
</tbody>
</table>

**Reciprocity with other credentialing or licensing bodies:** The state of Minnesota does extend reciprocity under some circumstances. Contact the BBHT for detailed information. If you plan to practice in another state, it is important to contact that state’s licensing entity to determine if there is reciprocity.

**Credit for prior or current work or an internship in a chemical dependency setting:** Under state statute it is possible for an educational program to recognize a student’s work experience as meeting some of the internship requirements. The BSU Social Work Department has established a policy. See the Social Work Department director or field director for more information. It is not possible to extend course credits for a student’s work experience in order to meet the minimum 270 hours of classroom training.

**Temporary License/Permit:** A temporary permit is available under certain circumstances. See above for details.

**Rules of Professional Conduct:** Minnesota Statute 4747: Licensed Alcohol and Drug Counselors (LADC) are accountable for professional behavior consistent with the Rules of Professional Conduct as detailed in Minnesota Statue 4747 *(Appendix N)*.

**Background Checks:** Agencies that work with vulnerable adults and/or children are required by law to conduct background checks of prospective volunteers, interns, and employees.
**Licensure:** Persons seeking the LADC must first take the exam (see *Appendix A* for options). The test result can be sent to the Board of Behavioral Health. The LADC application is available from the Minnesota Board of Behavioral Health must also be completed and submitted.

**For Information…**  
Lori Rolfsmeier, LADC Licensing Administrator  
Board of Behavioral Health & Therapy (BBHT)  
2829 University Ave., Suite 210  
Minneapolis, MN 55414  

Phone: 612-617-2178  
e-mail: [Lori.Rolfsmeier@state.mn.us](mailto:Lori.Rolfsmeier@state.mn.us)
MCB provides the application process for the IC&RC written test for LADC licensure in Minnesota.

The Minnesota Certification Board (MCB) provides certification of substance abuse practitioners and provides the LADC testing for the Board of Behavioral Health & Therapy (BBHT). Certification of substance abuse practitioners includes:

- Board Certified Alcohol and Drug Counselor (BCC)
- Board Certified Alcohol and Drug Counselor Reciprocal (BCCR)
- Certified Clinical Supervisor I (CCS I)
- Certified Prevention Professional (CPP)

For information re: Minnesota Certification Board, Inc. (MCB)
2009 W. Broadway Ave., Suite 400-333
Forest Lake, Minnesota 55025
763-434-9787 (phone)
763-413-1746 (fax)
www.mcboard.org
mncertificationbd@earthlink.net
Lori Rolfsmeier, Administrator

A good resource to link to licensing or certification boards in each State is www.natcc.org
NAADAC represents the professional interests of more than 75,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad. NAADAC’s members are addiction counselors, educators and other addiction-focused health care professionals, who specialize in addiction prevention, treatment, recovery support and education.

BBHT accepts the NAADAC-NCC Level II exam. To take the exam students must have BSU, Social Work Department (Dr. Jan Guggenheimer) send your name to NAADAC-NCC. Since this is a new exam option for LADC students, the Social Work Department will provide additional information in the Internship Orientation class and during the internship.

**Minnesota Affiliate Information**

Greater Minnesota Association of Addiction Professionals
James P. Johnson (JJ), President
Phone: 507-276-4065
James.P.Johnson@allina.com

A good resource to link to licensing or certification boards in each State is [www.nattc.org](http://www.nattc.org)
The Upper Midwest Indian Council on Addictive Disorders’ (UMICAD) mission “is to promote the development of knowledge and skill among professionals working with addictions to ensure quality within the continuum of services available to American Indian Communities. To fulfill this mission, UMICAD focuses on providing training to, certification of, and advocacy for professional addiction practitioners.”

“The standards for Certified Alcohol and Drug Counselor I (CADC I) are those commonly recognized by various AODA entities and authorities in the states of Minnesota, Wisconsin, Michigan, and Northern Illinois, the UMICAD, and the Indian Health Service (IHS). The specific requirements and procedures for certification have been developed by the UMICAD.”

“The standards for Certified Alcohol and Drug Counselor II and III (CADC II & III) meet and are approved by the International Certification and Reciprocity Consortium/Alcohol and other Drug Abuse, Inc. (IC&RC/AODA, Inc.)”

**Eligibility:** LADC students interning or planning to work with tribal programs may be eligible to take the UMICAD licensing test. Contact UMICAD for information.

**For information contact:**

Upper Midwest Indian Council on Addictive Disorders (UMICAD)
427 N. Superior Ave.
Baraga, MI 49908
Phone: 906-353-8121
Fax: 906-353-7919
E-mail: info@umicad.com
Web site: [www.umicad.org](http://www.umicad.org)

A good resource to link to licensing or certification boards in each State is [www.naadd.org](http://www.naadd.org)
Minnesota Association of Resources for Recovery and Chemical Health (MARRCH)

MARRCH is a professional association of chemical health agencies and individuals striving to raise awareness about the important issues surrounding chemical dependency and the power of recovery.

As a collective body, MARRCH works to educate, support and guide individuals and agencies while speaking with a unified voice in public policy venues. www.marrch.org.

MARRCH sponsors annual conferences for chemical dependency practitioners. Check the website for dates.
The Chemical Dependency curriculum is two pronged: The Chemical Dependency minor is a 16 credit curriculum designed to enhance a student’s practice in social work or human services. The minor leads to enhanced knowledge about addictions, but does include all of the coursework or the internship necessary for the LADC.

The LADC requires ethics educational instruction. Appendix B summarizes the courses that include ethics training and the hours associated with each one. There are a total of 12 hours.

The Chemical Dependency certificate curriculum prepares students to meet the educational requirements for Alcohol and Drug Counselor licensure application in Minnesota and thus for professional practice in the field substance abuse. The curriculum plans for the minor and the emphasis are on the following pages. See Appendix C for Course Descriptions.

Curriculum Objectives:
1. Prepare students for either enhanced human service or social work practice (Chemical Dependency minor) or beginning chemical dependency professional practice (Chemical Dependency certificate).
2. Demonstrate understanding of Professional Code of Conduct as specified in Minnesota Statute 4747.1400 (Appendix N).
3. Demonstrate a working knowledge of the 12 core functions (Appendix D) For Chemical Dependency certificate students, show evidence of application of the 12 core functions (at least 10 hours each) in a two semester, 880-hour internship.
5. Reflect understanding of Minnesota Department of Human Services, Rule 31 (January 2005) for certification of chemical dependency treatment facilities requiring assessment summaries to reflect six dimensions (Appendix E) www.dhs.state.mn.us/main/dhs_id_038815.p

This universalizes the approach to chemical dependency assessment and treatment planning. The six dimensions are:
- Acute intoxication and withdrawal potential
- Biomedical conditions and complications
- Emotional and behavioral conditions and complications
- Treatment acceptance, resistance
- Relapse and continued use potential
- Recovery environment.

AND
- Susceptibility to abuse or neglect; and
- Need for additional support services, such as transportation or resident care, in order to participate in the program.
All students pursuing the LADC will automatically earn a minor in chemical dependency as well as the required courses for both overlap. **The Chemical Dependency minor** provides a knowledge base for students wanting information in Chemical Dependency to enhance their work in human services. There is no internship required for the minor. Completion of the minor does not meet educational requirements for Alcohol and Drug Counselor licensure in the State of Minnesota.

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<thead>
<tr>
<th>Course Name</th>
<th>CR</th>
<th>Prerequisites</th>
<th>Comments</th>
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<tr>
<td>PSY 1100: Introduction to Psychology</td>
<td>4</td>
<td></td>
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<tr>
<td>CHEM 2130: Chemistry of Drugs</td>
<td>3</td>
<td></td>
<td>On-line only</td>
</tr>
<tr>
<td>SOWK 2030: Chemical Dependency Theories and Assessment *</td>
<td>3</td>
<td>SOWK 2030; PSY 3331 or SOWK 3551</td>
<td>Offered spring term only</td>
</tr>
<tr>
<td>SOWK 3330: Chemical Dependency: Prevention and Intervention *</td>
<td>3</td>
<td></td>
<td>Offered fall term only</td>
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<tr>
<td>SOWK 3201: Family: Dynamics and Intervention</td>
<td>3</td>
<td>PSY 1100 for non-social work majors; SOWK 2150 for Social Work majors</td>
<td>Offered fall term and summer only</td>
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<td><strong>TOTAL</strong></td>
<td>16</td>
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**BSU Chemical Dependency Certificate:** For students pursuing an LADC …

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<th>Course Name</th>
<th>Cr</th>
<th>Prerequisites</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 1100: Introduction to Psychology</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSY 2217: Abnormal Psychology</td>
<td>4</td>
<td>PSY 1100</td>
<td></td>
</tr>
<tr>
<td>CHEM 2130: Chemistry of Drugs</td>
<td>3</td>
<td></td>
<td>On-line only</td>
</tr>
<tr>
<td>SOWK 2030: Chemical Dependency Theories and Assessment</td>
<td>3</td>
<td></td>
<td>Offered fall term only</td>
</tr>
<tr>
<td>SOWK 3330: Chemical Dependency Prevention and Intervention</td>
<td>3</td>
<td>SOWK 2030; PSY 1100; PSY 3331 or SOWK 3551</td>
<td>Offered spring term only</td>
</tr>
<tr>
<td>SOWK 3552: Generalist Practice 1 (SOWK majors only)</td>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>PSY 3331: Basic Counseling and Crisis Techniques (PSYCH majors only)</td>
<td>4</td>
<td>PSY 1100</td>
<td></td>
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<tr>
<td>SOWK 3553: Generalist Practice 2 (SOWK majors only) OR PSY 3337: Group Processes (PSYCH majors only)</td>
<td>3</td>
<td>SOWK 3551: Generalist Practice 1</td>
<td></td>
</tr>
<tr>
<td>SOWK 3201: Family: Dynamics and Intervention</td>
<td>3</td>
<td>PSY 1100</td>
<td>Offered fall term and summer only</td>
</tr>
<tr>
<td>SOWK 4880: Internship Orientation</td>
<td>1</td>
<td>Preparation for internship</td>
<td>Taken semester before SOWK 4970-02</td>
</tr>
<tr>
<td>SOWK 4970-02: Internship: Chemical Dependency – two semesters (880 hours)</td>
<td>24</td>
<td>All LADC courses completed with a 2.5 GPA</td>
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<tr>
<td><strong>TOTAL credits and hours</strong></td>
<td>51-52</td>
<td>880 hour internship + classroom training hours.</td>
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**Non-social work majors must take the Counseling and Crisis Intervention course, and Group Processes course, taught through the Psychology Department.**
**Internship**

The internship, *SOWK 4970: Internship: Chemical Dependency*, is a two semester, 880-hour placement. Students may intern with a different agency each term.

- **SOWK 4880: Internship Orientation:** Students planning on completing the Chemical Dependency certificate for licensure application must enroll in *SOWK 4880: Internship Orientation* to ready themselves for an internship. This course is taken the semester prior to the start of the internship. As a part of internship readiness, students will complete an application for the internship (*Appendix F*), meet individually with the professor, prepare a resume (*Appendix G*) and a letter of inquiry (*Appendix H*), and interview with prospective internship sites.

- **Chemical Dependency Internship Policies:** Students must initial each item as well as sign and date the agreement.
  1. _____ I am aware a 2.5 GPA is required in the Chemical Dependency emphasis in order to do an internship.
  2. _____ I am aware all required courses for the Chemical Dependency emphasis must be completed before the internship starts.
  3. _____ I understand that should my grades during the semester prior to the internship lower my GPA below 2.5, I will not be approved to do an internship.
  4. _____ I understand that I cannot intern more than 45/ hours a week in my internship.
  5. _____ I understand my internship contract must be finalized, approved and signed by the Social Work Department Field Director before I start the internship.
  6. _____ I understand should I start my internship prior to the contract being approve, none of the hours will be counted toward the internship.
  7. _____ I understand the start and completion dates of the internship must be approved by the Social Work Department Field Director. The start and completion dates should be within two weeks of the semester start and end dates.
  8. _____ I understand the Chemical Dependency internship hours must total 880 hours. This must include by Minnesota State Statute requirement, a minimum of 10 hours in each of the 12 core functions.

_____________________________________  ___________________________________
Print Name      Sign Name
Date: _______________________________
• **Internship Contract (Appendix I)**
  The internship contract includes a general description of the internship and the intern’s duties along with a contract that specifies goals, methods / activities for achieving these goals, and evaluation of goal accomplishment related to the 12 core functions and the six dimensions of assessment.

• **Internship responsibilities**
  o **Agency Responsibilities:**
     Agencies whose chemical dependency goals, services, and policies are compatible with professional values and who demonstrate an interest in and commitment to student education and have a LADC available to supervise the intern are selected as placement sites for social work interns.

  This assumes a willingness to work closely with interns and the faculty liaison to develop learning practice experiences, and a willingness to involve staff in intern supervision. It is important that professionals provide supervision. **The following is expected of practicum agency sites:**

  1. Weekly supervision of the intern.
  2. Clear assignment of duties and responsibilities as reflected in the internship contract *(Appendix I).*
  3. Complete a background check on the intern.
  4. Completion and return to Social Work Department of Agency Data Form *(Appendix J).*
  5. Completion of midterm and final evaluations *(Appendix K).*
  6. Meetings with the faculty liaison – 440 hour internship – 2 visits; 880 hour internship 2 – 3 visits.
  7. Assign one specific agency LADC, known as the internship supervisor, to supervise the intern.
  8. Provide the student with a detailed orientation to the agency-policies, services, goals, purposes and clientele during the early weeks of the internship.
  9. Provide a minimum of one hour per week of scheduled individual supervision that includes review of the intern's assignments with constructive feedback and creates an opportunity to integrate theory with practice experience.
  10. Validate the hours the student serves during the internship.

  o **Social Work Department Responsibilities:**
    Social Work faculty work closely with students as they prepare for the chemical dependency internship. To this end the faculty member assists the student in finding an internship placement that is a good fit for the student’s interests and …

    1. Facilitates placement of students in agencies for the internship experience.
    2. Facilitates with the student the development of an internship contract that reflects a three-way negotiation – placement agency, program, and prospective intern.
    3. Provides liaison support visiting the student and supervisor onsite 2 times during a 440-hour internship and 2-3 visits for a 880-hour internship.
    4. Provides as needed consultation with intern and / or agency concerning the internship.
    5. Assists interns with LADC application.
Responsibilities of the Intern:
Below are detailed the responsibilities of the intern s/he prepares for and carries on his/her internship.

1. Make application for internship at the appropriate time and in accordance with program procedures. (Appendix F)
2. Prepare a resume (Appendix G) and write a letter of inquiry for a chemical dependency internship. (Appendix H)
3. Negotiate and carry out the internship contract. (Appendix I)
4. Follow agency policies with regard to time schedules, regulations, and matters of dress.
5. Prepare agendas for discussions with faculty liaison and field instructor.
6. Follow agency work practices and policies such as signing in and out, reporting absences, etc.
7. Participate in the midterm and final evaluations.
8. Carry out an assessment of the field placement (Appendix L).
9. Complete an internship course evaluation (Appendix M).
10. Perform the responsibilities of the internship as specified by the college and the agency.
11. Accurately keep such records and reports as required by the agency or the university.
12. Maintain professional behavior such as client confidentiality, etc.
13. Consult with the agency and the university about any changes or proposed changes in the internship.

Behavioral Policy

The Social Work Department faculty are committed to supporting and assisting students to address their behavioral issues. The goal is for students to function effectively in the classroom, community, and/or internship and to complete their Social Work degree and/or LADC certification coursework. Faculty will assist students as much as possible towards this end.

If professional conduct/or behavioral issues arise during the course of completing a social work degree and/or Licensed Alcohol and Drug Counselor (LADC) certification, a student may be required to do the following:
1. Meet with their Academic Adviser, course instructor, and/or Field Director as needed.
2. Be referred to and recommend completion of a mental health/behavioral assessment with a licensed professional.
3. Create a contract and/or plan of action to address the mental health/behavioral issue in order to function effectively in classroom, community, and/or internship.

If a student chooses to not address the mental health/behavioral issue that is negatively impacting effective functioning, this may result in the student’s inability to complete the social work degree and/or LADC certification. The student’s continuation in the Social Work Department and/or LADC certification program may be reviewed. While taking SOWK 4880: Internship Orientation, students will be required to sign a statement acknowledging their understanding of the Behavioral Policy.
Background Study

Background Studies: Minnesota Statutes, chapter 245 C, Department of Human Services Background Studies Act

An integral part of the chemical dependency (LADC) certification process is the internship field experience. Minnesota law requires that any person who provides services that involve direct contact with clients of a human services facility/organization have a background study conducted by the State. A facility/organization most likely will initiate a background study by asking you to complete a form so that a criminal background check can be conducted (possibly at your own expense). If, as a result of the background study, you are disqualified from direct contact, it is highly unlikely that the facility/organization will be able to allow you to participate in providing direct services to clients. If the background study findings determine that a student to be “disqualified,” s/he will not be able to commence or continue the internship experience until the Social Work Department receives official communication from the Minnesota Department of Human Services that the student is no longer disqualified.

Why is this necessary?

- Agencies are required to initiate a Background Study on all prospective volunteers, interns, and employees who will have direct contact with vulnerable adults and children and youth, BEFORE they begin working for the agency. Conducting the Background Study here will help expedite more timely involvement of our interns and Field Experience students in their volunteer experiences.
- For anyone with a criminal record it is possible that the students' field experience and internship, as well as future professional employment and licensure will be in jeopardy. It is our responsibility to inform students that this is a possibility. Students may retain an attorney to obtain a legal opinion about their future in a helping profession in terms of their criminal record and requirements of state statute.

What information is reviewed by the Department of Human Services (DHS)?

- Criminal conviction records maintained by the Bureau of Criminal Apprehension. Generally, these records include felonies, gross misdemeanors and misdemeanors.
- When DHS has reasonable cause to believe there is additional information, the study may be expanded to include records from police departments, courts, other states and the FBI.
- Records of substantiated maltreatment of vulnerable adults and minors, including:
  - All substantiated perpetrators from DHS investigations
  - All substantiated perpetrators from investigations that resulted in negative licensing actions against family day care providers, family foster care providers and adult foster care providers
Who needs a DHS background study?

- Employees and contractors providing direct contact services in facilities licensed by DHS, MDH, programs serving youth and children licensed by the Department of Corrections (DOC) and non-licensed Personal Care Provider Organizations (PCPO).
- All employees of MDH-licensed nursing homes and boarding care homes. If the employee is disqualified, s/he may not provide direct contact services or have access to residents or patients, or their personal belongings.
- Volunteers in licensed facilities IF they are providing direct contact services AND they will not always be within sight or hearing of a staff person
- People who are placed in licensed facilities to provide direct contact services by educational programs, temporary personnel agencies professional service agencies and supplemental nursing services agencies.
- People applying for a license.
- Owners and managerial officials of home care agencies and PCPOs.

What does "direct contact" mean? "Direct contact" means providing face-to-face care, training, supervision, counseling, consultation or medication assistance to the people being served by the facility.

When must a study be initiated? A background study must be initiated by the facility BEFORE a person begins providing direct contact services, or for nursing homes and boarding care homes, BEFORE a person has access to clients or residents or their belongings.

What causes a person to be disqualified?

- A person can be disqualified if s/he is substantiated as a perpetrator of serious and/or recurring maltreatment of a vulnerable adult or a minor; and/or
- A person can be disqualified if s/he is convicted of, admits to or there is a preponderance of evidence that s/he committed certain crimes. A list of disqualifying crimes or conduct can be found in Minnesota Statutes, Section 245C.15. (Retrieve an entire chapter of Minnesota Statutes.)

What happens when a person is disqualified?

- When a background study subject receives a notice of disqualification, s/he is also informed of how to request reconsideration of the disqualification. If the person does submit a reconsideration request, it will be reviewed to determine whether the information used to disqualify the person was correct and/or whether the person has demonstrated that s/he does not pose a risk of harm to the persons being served by the facility that submitted the background study.
- If the study was submitted by a DHS-licensed facility or a PCPO, DHS will do the review and make the determination whether or not the person's disqualification should be "set aside" for working in that facility; if the study was submitted by a DOC or MDH program, those agencies will do the review and make the determination.
• If the disqualification is "set aside" the facility may allow the person to work. If the disqualification is "not set aside" or if the person does not request reconsideration of the disqualification within the required time, the person and the facility will be notified that the person has to be removed from any direct contact position (and a position allowing access if working in a nursing home or boarding care home).

What is a "yellow mailer"? A yellow mailer is sent to acknowledge that DHS received the background study form and that more time is needed to complete the study. The person may continue to provide direct contact services while the study is being completed. DHS will follow up by sending either a clearance or further correspondence to both the facility and the study subject.

What is a "blue mailer"? A blue mailer (Background Study Clearance) is sent to acknowledge that the study subject may provide direct contact services (and have access if working in a nursing home or boarding care home) for the facility that submitted the study.

Q: Where can the laws about the background studies be found?
A: Minnesota Statutes, Chapter 245C (Human Services Background Studies Act)
Minnesota Statutes, Section 144.057 (Department of Health)
Minnesota Statutes, Section 241.021 (Department of Corrections)
Minnesota Statutes, Section 256B.0627 (Personal Care Provider Organizations)
(Retrieve an entire chapter of Minnesota Statutes.)
Background study process and Vulnerable Adult Act review
The January 2003 Legislative Report, Background Study Process and Vulnerable Adult Act Review, is available in the portable document format (PDF).
The Background Study Process report update (August 2004) also is available online.
### Appendix A: LADC Exam Comparison

<table>
<thead>
<tr>
<th>NAADAC/NCC (National Association for Addiction Professionals) Level II Exam</th>
<th>ICRA International Certification &amp; Reciprocity Consortium MN Certification Board (MCB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it BBHT approved for LADC?</td>
<td>Yes</td>
</tr>
<tr>
<td>What is the cost?</td>
<td>$135 (approximate)</td>
</tr>
<tr>
<td>When am I eligible to take the exam?</td>
<td>We recommend you take it during your internship.</td>
</tr>
<tr>
<td>Where is the exam offered?</td>
<td>Multiple test sites around the State.</td>
</tr>
<tr>
<td>Is the exam accepted in other states?</td>
<td>Most, yes. However, you should check with the credentialing body in each state.</td>
</tr>
<tr>
<td>What is the testing application like? Is there a fee for this?</td>
<td>2 pages. No school or internship signatures required. However, your school must send your name to the NCC. No fee. Deadline is 60 days prior to taking the exam.</td>
</tr>
<tr>
<td>Is there a fee for the application?</td>
<td>No</td>
</tr>
<tr>
<td>How often is the text offered?</td>
<td>Written only. Quarterly (March, June, Sept., Dec.)</td>
</tr>
<tr>
<td>How quickly do I get the test results?</td>
<td>Within about 4 weeks.</td>
</tr>
<tr>
<td>How many questions?</td>
<td>250 multiple choice (4 choices)</td>
</tr>
<tr>
<td>How long do I have to take the test?</td>
<td>4 hours</td>
</tr>
<tr>
<td>Passing score?</td>
<td>170 out of 250 (70%)</td>
</tr>
<tr>
<td>Is certification included with test fee?</td>
<td>No. However, certification in MN is not required nor is it considered necessary to practice in MN</td>
</tr>
<tr>
<td>Are there resources to help study for the exam?</td>
<td>Exam Handbook Test Information Practice Test ($60) @ <a href="http://www.ptcny.com/">http://www.ptcny.com/</a> Uppers Downers All Arounders</td>
</tr>
</tbody>
</table>
## Appendix B:
Bemidji State University
Social Work Department
Licensed Alcohol and Drug Counselor (LADC)

### CO-OCCURRING CURRICULUM

**Hours of Instruction**

<table>
<thead>
<tr>
<th>LADC Relevant Courses</th>
<th>SOWK Majors</th>
<th>Psych. Majors</th>
<th>Other Majors</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 1100: Introduction to Psychology</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>CHEM 2130: Chemistry of Drugs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SOWK 2030: Chemical Dependency Theories and Assessments</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>SOWK 3201: Family Dynamics</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>SOWK 3330: Chemical Dep. Prevention and Intervention</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>SOWK3552 or PSY 3332: Generalist Practice I OR Counseling &amp; Crisis Intervention</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>SOWK 3552 or PSY 3337: Generalist Practice II OR Group Processes</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SOWK 4880: Internship Orientation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PSY 2217: Abnormal Psych Note: required course for SOWK and PSY majors</td>
<td>4</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21 Hours</strong></td>
<td><strong>21 Hours</strong></td>
<td><strong>17 Hours</strong></td>
</tr>
</tbody>
</table>

**Contact:** Dr. Jan Guggenheimer, MSW, LICSW
Professor and Field Director
jguggenheimer@bemidjistate.edu
218-755-2198
## YOUTH DEVELOPMENT CURRICULUM
### Hours of Instruction

<table>
<thead>
<tr>
<th>LADC- Relevant Courses</th>
<th>SOWK Majors</th>
<th>PSYCH Majors</th>
<th>Other Majors</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOWK 2030: Chemical Dependency Theories and Assessments</td>
<td>2 Hours</td>
<td>2 Hours</td>
<td>2 Hours</td>
</tr>
<tr>
<td>SOWK 3330: Chemical Dependency Prevention and Intervention</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>SOWK 3552 or Psy 3332: Generalist Practice I OR Counseling and Crisis Intervention</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SOWK 3552 or Psy 3337: Generalist Practice II OR Group Processes</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>PSY 1100: Introduction to Psychology</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PSY 2217: Abnormal Psychology Note: required course for SOWK and PSY majors</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>SOWK 2160: HBSE I Required course for SOWK majors</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>14</strong></td>
<td><strong>9</strong></td>
</tr>
</tbody>
</table>

**Contact:**
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Professor and Field Director
juguggenheimer@bemidjistate.edu
218-755-2198
## ETHICS CURRICULUM
### Hours of Instruction

<table>
<thead>
<tr>
<th>LADC- Relevant Courses</th>
<th>SOWK Majors</th>
<th>Psych Majors</th>
<th>Other Majors</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOWK 2030: Chemical Dependency Theories and Assessment</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>SOWK 3330: Chemical Dependency Prevention and Intervention</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>SOWK 3551: Generalist Practice I</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SOWK 3552: Generalist Practice II</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SOWK 3201: Family: Dynamics and Intervention</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>SOWK 4880: Internship Orientation</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>PSY: Abnormal Psychology</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><strong>Note: Required course for SOWK and PSY majors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>15</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

**Contact:** Dr. Jan Guggenheimer, MSW, LICSW  
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218-755-2198
Appendix C: Course descriptions

PSY 1100 – Introductory Psychology (4 credits) Introduction to the study of behavior, cognition, and emotion and general survey of psychological principles.

CHEM 2130 Chemistry of Drugs (3 credits). Introduction to the pharmacology of the more common drugs and toxic substances.

SOWK 3551 Generalist Practice I (3 credits) Students will develop and assess their interpersonal skills. Introduced to approaches to establishing a professional helping relationship, students will also learn and practice assessment, intervention and evaluation knowledge, skills and values related to generalist social work practice with individuals. Emphasis will be placed on cultural competence in social work practice. Admission to the upper division of the Social Work major.

OR

PSY 331 Basic Counseling and Crisis Techniques (4 credits) A practical introduction to the development of interpersonal awareness, and crisis management, crisis intervention, and basic counseling techniques. Prerequisites: PSY 1100 and PSY 2217

SOWK 3552 Generalist Practice II (3 credits) Students will develop knowledge, skills and values related to generalist social work practice with groups and families. Students will have the opportunity to learn about and experience group development, planning, facilitation, leadership, assessment, intervention and evaluation. Emphasis will be placed on cultural competence in social work practice with groups and families. Prerequisite: SOWK 3551.

OR

PSY 3337 – Group Processes (3 credits) The examination and practical application of principles and dynamics underlying group behavior from a psychological perspective. Prerequisites: PSY 1100 and PSY 3301, or consent of instructor.

SOWK 3201 Family: Dynamics and Intervention (3 credits) This course is designed to introduce students to knowledge, skills and values related to working with families as small groups. Students learn and apply "tools" integral to assessment and intervention strategies of generalist social work practice with families including the strengths' perspective, human diversity framework, family systems, cultural competence and the ecosystems' approach. Consideration of the private/public nature of family life and well-being particularly related to issues such as child welfare, substance abuse, family violence and economic, social and cultural marginalization will be covered along with implications for practice. Prerequisite: for majors: SOWK 2150, for non-majors: PSY 1100.

SOWK 2030 Chemical Dependency Theories and Assessment (3 credits) Examines various theoretical approaches to and models for understanding the impact of chemical dependency on the individual, family, and community. Particular attention will be paid to the twelve core function along with the development of knowledge and skills related to the assessment.
SOWK 3320 Cultural Diversity and Chemical Dependency (2 credits)
This course will examine the unique impact of and response to substance abuse on various
diverse groups including dis/abled, ethnic communities, communities of color, women and men,
youth, GLBT, elderly, and the hearing impaired.

SOWK 3330 Chemical Dependency Prevention and Intervention (3 credits) Addresses the
continuum of care: prevention, intervention, treatment and recovery as it relates to all chemical
dependencies. Special population such as women, racial groups, age groupings are covered. In-
patient and outpatient programs are examined. Legal issues such as involuntary commitment,
patient’s rights, licensing regulations are addressed. Emphasizes skill development i.e.
interviewing, assessment, referral and record keeping skills. The importance of counselor’s
attitude is also addressed. Recommended prior to or concurrent course work on individual
counseling skills. Prerequisite: SOWK 2330 and completion of concurrent enrollment with
SOWK 3551 or PSY 3331.

SOWK 4880 Internship Orientation (1 credit) Prepares social work students for the internship
experience. Provides students with the information needed for appropriate internship placement
such as developing a resume and placement file, interviewing with prospective agencies,
conducting a self-assessment of social work skills, knowledge and values, and preparing an
internship contract. This course should be taken during the semester immediately preceding the
registration in SOWK 4970.

SOWK 4970 Internship (24 credits) The 880 hour chemical dependency internship prepares
students to complete the certificate in chemical dependency for licensure eligibility. Students
are placed in chemical dependency agencies and are expected to demonstrate their knowledge
and skills in the field. Students must complete all courses in the certificate with a 2.5 GPA.
This course is graded Pass/Fail only.
### Appendix D: Chemical Dependency Core Functions

<table>
<thead>
<tr>
<th></th>
<th><strong>Screening</strong> - The process by which the client is determined appropriate and eligible for admission to a particular program.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.</td>
</tr>
<tr>
<td></td>
<td>B. Determine the client's appropriateness for admission or referral.</td>
</tr>
<tr>
<td></td>
<td>C. Determine the client's eligibility for admission or referral.</td>
</tr>
<tr>
<td></td>
<td>D. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.</td>
</tr>
<tr>
<td></td>
<td>E. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Intake</strong> - The administrative and initial assessment procedures for admission to a program.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Complete required documents for admission to the program.</td>
</tr>
<tr>
<td></td>
<td>B. Complete required documents for eligibility and appropriateness.</td>
</tr>
<tr>
<td></td>
<td>C. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect confidentiality and rights.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Orientation</strong> - Describing to the client the following; general nature and goals of the program, rules governing client conduct and infractions that can lead to a disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Provide an overview to the client by describing program goals and objectives for client care.</td>
</tr>
<tr>
<td></td>
<td>B. Provide an overview to the client by describing program rules, and client obligations and rights.</td>
</tr>
<tr>
<td></td>
<td>C. Provide an overview to the client program operations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>Assessment</strong> – Those procedures by which a counselor/program identifies and evaluates an individual’s strengths, weaknesses, problems, and needs for the development of the treatment plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.</td>
</tr>
<tr>
<td></td>
<td>B. Identify methods and procedures for obtaining corroborative information from significant secondary source regarding client’s alcohol and other drug abuse and psycho-social history.</td>
</tr>
<tr>
<td></td>
<td>C. Identify appropriate assessment tools.</td>
</tr>
<tr>
<td></td>
<td>D. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.</td>
</tr>
<tr>
<td></td>
<td>E. Develop a diagnostic evaluation of the client’s substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client’s strengths, weaknesses, and identified problems and needs.</td>
</tr>
<tr>
<td></td>
<td><strong>Treatment Planning</strong> – Process by which one counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long term goals; and decide on a treatment process and the resources to be utilized.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>A.</td>
<td>Explain assessment results to client in an understandable manner.</td>
</tr>
<tr>
<td>B.</td>
<td>Identify and rank problems based on individual client needs in the written treatment plan.</td>
</tr>
<tr>
<td>C.</td>
<td>Formulate agreed upon immediate and long term goals using behavioral terms in the written treatment plan.</td>
</tr>
<tr>
<td>D.</td>
<td>Identify the treatment methods and resources to be utilized as appropriate for the individual client.</td>
</tr>
<tr>
<td></td>
<td><strong>Counseling</strong> – (Individual, Group, and Significant Others) The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.</td>
</tr>
<tr>
<td>A.</td>
<td>Select the counseling theory(ies) that applies(y).</td>
</tr>
<tr>
<td>B.</td>
<td>Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.</td>
</tr>
<tr>
<td>C.</td>
<td>Apply technique(s) to assist the client, group and/or family in examining the client’s behavior, attitudes, and/or feelings if appropriate in the treatment setting.</td>
</tr>
<tr>
<td>D.</td>
<td>Individualize counseling in accordance with cultural, gender, and lifestyle differences.</td>
</tr>
<tr>
<td>E.</td>
<td>Interact with the client in an appropriate therapeutic manner.</td>
</tr>
<tr>
<td>F.</td>
<td>Elicit solutions and decisions for the client.</td>
</tr>
<tr>
<td>G.</td>
<td>Implement the treatment plan.</td>
</tr>
<tr>
<td></td>
<td><strong>Case Management</strong> – Activities which bring services, agencies, resources, or people together within a planned framework of action towards the achievement of established goals. It may involve liaison activities and collateral contacts.</td>
</tr>
<tr>
<td>A.</td>
<td>Coordinate services for client care.</td>
</tr>
<tr>
<td>B.</td>
<td>Explain the rationale of case management activities to the client.</td>
</tr>
<tr>
<td></td>
<td><strong>Crisis Intervention</strong> - Those services which correspond to an alcohol and/or other drug abuser’s needs during acute emotional and/or physical distress.</td>
</tr>
<tr>
<td>A.</td>
<td>Recognize the elements of the client crisis.</td>
</tr>
<tr>
<td>B.</td>
<td>Implement an immediate course of action appropriate to the crisis.</td>
</tr>
<tr>
<td>C.</td>
<td>Enhance overall treatment by utilizing crisis events.</td>
</tr>
<tr>
<td></td>
<td><strong>Client Education</strong> - Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.</td>
</tr>
<tr>
<td>A.</td>
<td>Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.</td>
</tr>
<tr>
<td>B.</td>
<td>Present information about available alcohol and other drug services and resources.</td>
</tr>
</tbody>
</table>
## Referral
- Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

A. Identify need(s) and/or problems(s) that the agency and/or counselor cannot meet.
B. Explain the rationale for the referral to the client.
C. Attach clients needs and/or problems to appropriate resources.
D. Adhere to applicable laws, regulations, and agency policies governing procedures related to the protection of the client's confidentiality.
E. Assist the client in utilizing the support systems and community resources available.

## Reports and record keeping
- Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.

A. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
B. Chart pertinent on-going information pertaining to the client.
C. Utilize relevant information from written documents for client care.

## Consultation with other professionals in regard to client treatment/services
- Relating with our own and other professionals to assure comprehensive, quality care for the client.

A. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
B. Consult with appropriate resources to ensure the provision of effective treatment services.
C. Adhere to applicable laws, regulations, and agency policies governing the disclosure of client-identifying data.
D. Explain the rationale for the consultation to the client, if appropriate.
Appendix E: Minnesota Department of Human Services, Rule 31, Six Dimensions

Chemical Dependency Treatment – Rule 31

www.dhs.state.mn.us/main/dhs_id_038815.p

Rule 31, the chemical dependency treatment program licensing regulation, replacing Rules 43 and 35, became effective January 2005.

Rule 31 describes the essence of treatment and does not identify levels of care. It requires that all treatment planning be conducted using consistent categories to organize client information. It requires a new assessment summary format that will be the basis for the treatment plan. The rule requires a goal in each of the six dimensions in which a problem is identified. The new assessment summary will help to establish consistency within and across programs so that any counselor can pick up a chart and quickly identify issues particular to a client.

The dimensions are:
- Acute intoxication and withdrawal potential
- Biomedical conditions and complications
- Emotional and behavioral conditions and complications
- Treatment acceptance, resistance
- Relapse and continued use potential
- Recovery environment.

Two additional “dimensions” are also considered – vulnerability and resource needs of the client.

• Providers must provide:
  - Individual and group counseling
  - Education on strategies to avoid inappropriate chemical use and related health problems
  - Transition services to help clients integrate gains made during treatment into daily living
  - Services addressing co-occurring disorders
  - Services according to the individual's treatment plan and addressing cultural differences and special needs of clients.

• Providers may offer
  - One-on-one treatment to an individual in his or her own home
  - Case management
  - Relationship counseling
  - Therapeutic recreation
  - Stress management
  - Living skills development
  - Employment or educational services
  - Socialization skills development
  - Room, board and supervision at the treatment site to give the client a safe and appropriate environment in which to gain and practice new skills.
# Appendix F: Internship Application

Name: ___________________________ Date: ________________

_Last_ (First)

Local Address: ____________________________________________

Street Address / PO Box

<table>
<thead>
<tr>
<th>Town/ City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Landline Phone: ____________________ Cell Phone: ____________________

BSU Email Address: ____________________________

Permanent Address: __________________________________

Street / PO Box

<table>
<thead>
<tr>
<th>Town/ City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

I plan to intern _____________________________ semesters/year.

Overall G.P.A. __________

Chemical Dependency Certificate Courses G.P.A. __________

Prioritize your chemical dependency interests:
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

Prioritize geographic locations for your internship:
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________

Comments: Additional information you believe important when determining an internship site (i.e., disabilities, personal needs, etc.).

__________________________________________________________
Appendix G: Resume

Name:______________________________________________________________________

Phone: ______________________________ Email: ___________________________

Local Address: _______________________________________________________________

Street/Box Office       City/Town       State       Zip

EDUCATION: List all education from high school to recent enrollment chronologically, beginning with the most recent. If you have been on the Dean’s list mentioned this after the listing.

WORK EXPERIENCE: List all work experience chronologically, beginning with the most recent.

Employer: ______________________________ Dates: _________________

Address: ______________________________ Phone: _________________________

Job Title: ______________________________ Supervisor: _____________________

Duties: _________________________________________________________________

________________________________________________________________________

VOLUNTEER EXPERIENCE: List all volunteer experience chronologically, beginning with the most recent.

Agency: ______________________________ Dates: _________________

Address: ______________________________ Phone: _________________________

Title: ______________________________ Supervisor: _____________________

Duties: _________________________________________________________________

HONORS/ AWARDS/ RECOGNITION:

WORKSHOPS/ SPECIAL COURSES/ CONTINUING EDUCATION:

REFERENCES:
Appendix H: Letter of Inquiry

This is a suggested letter format for a written inquiry about an internship in Chemical Dependency.

Date:
Your Name and Address:
XXX
XXX

Inside Address:
XXX
XXX

Dear XXX:

First Paragraph: Tell why you are writing.

Second Paragraph: Tell why you are interested in the position particularly your interests in this type of work. Discuss your related experiences, achievements, accomplishments.

Third Paragraph: Refer to your resume as an illustration of your qualifications.

Fourth Paragraph: Thank the addressee. Ask for an application. Offer convenient times and phone numbers to reach you, etc.

Sincerely,

Name

**** All written communication should be typed and free of typing and grammatical errors.
**** It is recommended that after an interview a follow-up thank you letter should be written and sent, reaffirming your interest and offering any additional information that is pertinent.
Appendix I: Internship Contract/Placement Agreement

<table>
<thead>
<tr>
<th>CHEMICAL DEPENDENCY CONTRACT/PLACEMENT AGREEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name: ____________________________________</td>
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<tr>
<td>Landline Phone: _____________________ Cell Phone: _____________________</td>
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<tr>
<td>Address: ______________________________________________________________________</td>
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<tr>
<td>Street/ PO City State Zip Code</td>
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<tr>
<td>BSU Email: ____________________________________________________________________</td>
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<tr>
<td>Agency:______________________________________________ Phone: ____________________</td>
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<tr>
<td>Address: ______________________________________________________________________</td>
</tr>
<tr>
<td>Zip: ____________</td>
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<tr>
<td>Internship Supervisor (Print): _________________________________________________</td>
</tr>
<tr>
<td>Email Address: __________________________________________________________________</td>
</tr>
<tr>
<td>Internship Start Date: _______________End Date: _______________</td>
</tr>
</tbody>
</table>

Summary of internship duties:

BSU Faculty Liaison: The Liaison will make 2-3 onsite visits with the intern and the internship supervisor to review the student’s contract, internship responsibilities and to facilitate discussion of the intern’s evaluations.

Internship Supervisor: Agrees to hold weekly individual supervisory meetings with the intern as well as include the intern in clinical staffings, staff in-service, and team meetings.

Outcomes: At the completion of the 880-hour internship, the student will have increased his/her understanding and practice of entry-level chemical dependency skills with emphasis on the 12 core functions and Rule of Professional of Conduct. This internship contract and the internship evaluation tool will be used to measure progress in these areas.

Insurance: During the internship professional liability insurance coverage is provided by Bemidji State University.

Signatures:

<table>
<thead>
<tr>
<th>Intern</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Faculty Liaison/BSU</td>
<td>Date</td>
</tr>
<tr>
<td>Field Instructor/LADC Site Supervisor (1)</td>
<td>Date</td>
</tr>
<tr>
<td>Field Instructor/Site Supervisor (2)</td>
<td>Date</td>
</tr>
</tbody>
</table>
CHEMICAL DEPENDENCY
Internship Contract Instructions

**Internship Goals** (as related to the 12 core functions of chemical dependency): The student is to develop a goal for each core function along with goals reflective of cultural responsiveness, human development models and ethics. Each goal is to be paired with accompanying activities or tasks or steps necessary to reach the goal. The students should include goals related to:

**Instructions:** During *SOWK 4880: Internship Orientation*, students will develop a draft of their internship contract after interviewing with and securing a chemical dependency internship. The draft will be reviewed by the Field Director, revised and finalized. During the Field Director’s first visit, the student, supervisor and Field Director will review and edit the contract.
<table>
<thead>
<tr>
<th></th>
<th>Goal</th>
<th>Steps/ Tasks to achieve the outcome and overall goal. What do you need to do to reach the outcome?</th>
<th>Evaluation – How you will know you are accomplishing the outcome (D2L discussions, supervisor feedback, midterm and final evaluations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Screening</td>
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<td>2.</td>
<td>Orientation</td>
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<td>3.</td>
<td>Intake</td>
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<td>4.</td>
<td>Assessment</td>
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<td>5.</td>
<td>Treatment Planning</td>
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<td>6.</td>
<td>Counseling</td>
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<td>7.</td>
<td>Case Management</td>
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<td>Crisis Intervention</td>
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<td>9.</td>
<td>Client Education</td>
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<td>10.</td>
<td>Referral</td>
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<td>11.</td>
<td>Reports and record keeping</td>
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<td>12.</td>
<td>Consultation</td>
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<td>13.</td>
<td>Cultural Responsiveness</td>
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<td>14.</td>
<td>Human Development Theory and Models</td>
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<td>15.</td>
<td>Professional Ethics</td>
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</table>
Instructions: Note the Week of under each week and then the total number of hours the intern has spent working in each core function for the week

<table>
<thead>
<tr>
<th>Week of</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
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<th>Week 9</th>
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<td>Consultation with other Professionals</td>
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_____________________________________________      _________________________
Intern Signature            Date

_____________________________________________      _________________________
Field Instructor (Site Supervisor) Signature        Date
Appendix J: Agency Data Form

Please fill this out as completely as possible. The information you provide assists prospective interns in making a more informed decision concerning their internships.

Name of Agency: ________________________________________________________________
Address: _____________________________________________________________________
City/State/Zip: ___________________________________________________________________
Contact Person: ____________________________________ Title: _______________________
Phone: __________________________ Fax: _______________________________
E-Mail: __________________________ Website: _________________________________

Primary Group(s) Served (Please check all that apply):

☐ Children (0-12) ☐ Adult Men (25+)
☐ Adolescents (13-17) ☐ Adult Women (25+)
☐ Young Adults (18-24) ☐ Elderly

Agency Programs and Services (Please check all that apply):

☐ Chemical Dependency Treatment, out-patient
☐ Free standing chemical dependency treatment center
☐ Chemical Dependency Treatment, in-patient
☐ Within an agency/organization providing a range of human services such as ________
☐ Chemical Dependency, detox
☐ Dual diagnosis center – chemical dependency and mental health
☐ Adults
☐ Men’s unit or programming
☐ Adolescents
☐ Women’s unit or programming
☐ Family Program
☐ Halfway house

Other: _______________________________________________________________________

Agency designated field instructions (intern supervisors):

Designated Field Instructor #1:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>License (LADC, LISW, LICSW etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Degree(s):</td>
<td>__________________________</td>
<td></td>
</tr>
<tr>
<td>Work Experience:</td>
<td>__________________________</td>
<td></td>
</tr>
</tbody>
</table>
Work Experience: 

1. Does the Agency require or prefer the prospective intern to have any particular educational and/or experiential background?  □ No  □ Yes, please explain

2. What tasks and responsibilities will the Agency assign to the intern? (Attach job description if available).

3. Will the Agency provide same descriptions of professional activities and tasks expected of the prospective social work intern?  □ No  □ Yes, please attach

4. Please indicate the number of interns the Agency will accept and indicate the semester:
   _____ Fall (Sept-Dec)   _____ Spring (Jan-May)   _____ Summer (May-Aug)
   Comments:

5. Will the intern need a personal car to perform responsibilities?  □ No  □ Yes  If yes, how often? _______

6. Does the Agency reimburse mileage to interns for use of their own car?  □ No  □ Yes, rate _______

7. Does the Agency provide a stipend?  □ No  □ Yes, amount: _______ Type: ____________________________

8. Does the Agency reimburse interns for expenses rather than mileage?  □ No  □ Yes, please explain

9. Has the Agency worked with BSU interns in the past?  □ No  □ Yes Comments: ____________________________

Please provide your most current brochure or description of your Agency
Appendix K: Midterm and Final Evaluation Instrument

Student: ______________________________ Site Supervisor: _______________________________

Type of Evaluation  _____ Mid-term  _____  Final

Instructions: Please evaluate the intern’s performance in each core function using the following scale. In addition use the last section of each core function to make a summary comment about the intern’s performance.

4 = performs consistently in an excellent manner  
3 = usually performs in a superior manner  
2 = usually performs in an adequate manner but still needs some work  
1 = performs consistently in an inferior manner, needs extensive work  
N/A = data not available to evaluate

<table>
<thead>
<tr>
<th></th>
<th>Screening - The process by which the client is determined appropriate and eligible for admission to a particular program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.</td>
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<tr>
<td></td>
<td>B. Determine the client’s appropriateness for admission or referral.</td>
</tr>
<tr>
<td></td>
<td>C. Determine the client's eligibility for admission or referral.</td>
</tr>
<tr>
<td></td>
<td>D. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.</td>
</tr>
<tr>
<td></td>
<td>E. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.</td>
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<td>Comments:</td>
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</table>

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<tr>
<th></th>
<th>Intake - The administrative and initial assessment procedures for admission to a program.</th>
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<tbody>
<tr>
<td>2</td>
<td>A. Complete required documents for admission to the program.</td>
</tr>
<tr>
<td></td>
<td>B. Complete required documents for eligibility and appropriateness.</td>
</tr>
<tr>
<td></td>
<td>C. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect confidentiality and rights.</td>
</tr>
<tr>
<td>Comments:</td>
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</tbody>
</table>
### Orientation

- Describing to the client the following; general nature and goals of the program, rules governing client conduct and infractions that can lead to a disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.

**A.** Provide an overview to the client by describing program goals and objectives for client care.

**B.** Provide an overview to the client by describing program rules, and client obligations and rights.

**C.** Provide an overview to the client program operations.

<table>
<thead>
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<th>Comments:</th>
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</table>

### Assessment

- Those procedures by which a counselor/program identifies and evaluates an individual’s strengths, weaknesses, problems, and needs for the development of the treatment plan. (Minnesota Rule 31 Dimensions:
  - Acute intoxication and withdrawal potential
  - Biomedical conditions and complications
  - Emotional and behavioral conditions and complications
  - Treatment acceptance, resistance
  - Relapse and continued use potential
  - Recovery environment.

**A.** Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.

**B.** Identify methods and procedures for obtaining corroborative information from significant secondary source regarding client’s alcohol and other drug abuse and psycho-social history.

**C.** Identify appropriate assessment tools.

**D.** Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.

**E.** Develop a diagnostic evaluation of the client’s substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client’s strengths, weaknesses, and identified problems and needs.

<table>
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<tr>
<th>Comments:</th>
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</table>
### Treatment Planning
- **Process by which one counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long term goals; and decide on a treatment process and the resources to be utilized.**
- **A. Explain assessment results to client in an understandable manner.**
- **B. Identify and rank problems based on individual client needs in the written treatment plan.**
- **C. Formulate agreed upon immediate and long term goals using behavioral terms in the written treatment plan.**
- **D. Identify the treatment methods and resources to be utilized as appropriate for the individual client.**

**Comments:**

### Counseling – (Individual, Group, and Significant Others)
- The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.
- **A. Select the counseling theory(ies) that applies(y).**
- **B. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.**
- **C. Apply technique(s) to assist the client, group and/or family in examining the client’s behavior, attitudes, and/or feelings if appropriate in the treatment setting.**
- **D. Individualize counseling in accordance with cultural, gender, and lifestyle differences.**
- **E. Interact with the client in an appropriate therapeutic manner.**
- **F. Elicit solutions and decisions for the client.**
- **G. Implement the treatment plan.**

**Comments:**

### Case Management
- Activities which bring services, agencies, resources, or people together within a planned framework of action towards the achievement of established goals. It may involve liaison activities and collateral contacts.
- **A. Coordinate services for client care.**
- **B. Explain the rationale of case management activities to the client.**
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<th>Comments:</th>
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<tr>
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<td>1 2 3 4 NA</td>
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<tr>
<td>8</td>
<td><strong>Crisis Intervention</strong> - Those services which correspond to an alcohol and/or other drug abuser’s needs during acute emotional and/or physical distress.</td>
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<tr>
<td></td>
<td><strong>A. Recognize the elements of the client crisis.</strong></td>
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<td></td>
<td><strong>B. Implement an immediate course of action appropriate to the crisis.</strong></td>
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<td><strong>C. Enhance overall treatment by utilizing crisis events.</strong></td>
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<td></td>
<td>Comments:</td>
</tr>
<tr>
<td>9</td>
<td><strong>Client Education</strong> - Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.</td>
</tr>
<tr>
<td></td>
<td><strong>A. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.</strong></td>
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<td></td>
<td><strong>B. Present information about available alcohol and other drug services and resources.</strong></td>
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<td>Comments:</td>
</tr>
<tr>
<td>10</td>
<td><strong>Referral</strong> - Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.</td>
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<tr>
<td></td>
<td><strong>A. Identify need(s) and/or problems(s) that the agency and/or counselor cannot meet.</strong></td>
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<td><strong>B. Explain the rationale for the referral to the client.</strong></td>
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<td><strong>C. Attach client's needs and/or problems to appropriate resources.</strong></td>
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<td><strong>D. Adhere to applicable laws, regulations, and agency policies governing procedures related to the protection of the client's confidentiality.</strong></td>
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<td><strong>E. Assist the client in utilizing the support systems and community resources available.</strong></td>
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<td>Comments:</td>
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### Reports and record keeping
- Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.
  - **A. Prepare reports and relevant records integrating available information to facilitate the continuum of care.**
  - **B. Chart pertinent on-going information pertaining to the client.**
  - **C. Utilize relevant information from written documents for client care.**

### Consultation with other professionals
- Relating with our own and other professionals to assure comprehensive, quality care for the client.
  - **A. Recognize issues that are beyond the counselor's base of knowledge and/or skill.**
  - **B. Consult with appropriate resources to ensure the provision of effective treatment services.**
  - **C. Adhere to applicable laws, regulations, and agency policies governing the disclosure of client-identifying data.**
  - **D. Explain the rationale for the consultation to the client, if appropriate.**

**Comments:**

---

### Number of hours the intern has spent working in each core function.

<table>
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<tr>
<th>Core Function</th>
<th>Hours</th>
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<td>Screening</td>
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<td>Consultation with other Professionals</td>
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**Student as a Professional**

1. Shows a positive self-concept
2. Is aware of personal biases
3. Recognizes limitations/areas of weaknesses
4. Accepts constructive criticism non-defensively
5. Is willing to try new strategies
6. Is open to other points of view
7. Show genuine concern for others
8. Exhibits good work habits (attendance, completion of tasks, etc.)
9. Abides by confidentiality and agency policies & procedures; reflects an understanding of and employs the LADC Professional Code of Conduct.
10. Communicates concerns and issues appropriately

**Evaluation Scale:**

- Excellent
- Above Average
- Average
- Below Average
- Unable to evaluate at this time
12. Understands and participates as a team member with other staff.

Comments:

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<th>Student in the Counseling Relationship</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to evaluate at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is relaxed in the counseling session</td>
<td></td>
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<td>2. Establishes rapport; builds an atmosphere of acceptance</td>
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<td>3. Is aware of non-verbal as well as verbal behaviors</td>
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<td>4. Is able to address main issues</td>
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<td>5. Can conceptualize a case accurately</td>
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<tr>
<td>6. Helps client to set appropriate goals</td>
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<tr>
<td>7. Can plan and carry out appropriate strategies</td>
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<tr>
<td>8. Begins and ends sessions smoothly</td>
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<tr>
<td>9. Demonstrates awareness and sensitivity to multicultural issues; employs cultural responsiveness.</td>
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<tr>
<td>10. Uses a variety of counseling responses (reflection, summary, confrontation, questioning, etc.)</td>
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</tbody>
</table>

Comments:

Midterm:
Strengths in chemical dependency practice to date:

Areas for improvement:

Plans for the second half of the internships:

Final:
Changes in strengths:

Changes in areas for improvement:

<table>
<thead>
<tr>
<th>Signature of Student</th>
<th>Date</th>
<th>Signature of Site Supervisor (1)</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Signature of Site Supervisor (2)</th>
<th>Date</th>
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<tbody>
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</table>

FINAL EVALUATION ONLY By signing above, I testify that the required ________ internship hours have been successfully completed.
Appendix L: INTERN’S ASSESSMENT OF PLACEMENT

**Instructions:** Please complete this form giving feedback on your internship placement and return to the Social Work Department Field Director.

Agency: ___________________________ Date: ___________________________

1. Site supervisor was available for regular weekly supervisory meetings.
   _______ No             _______ Yes
   Comments: ___________________________________________________________

2. Site supervisor was also available for more than regularly scheduled meetings.
   _______ No             _______ Yes
   Comments: ___________________________________________________________

3. Site supervisor provided useful feedback and assistance with internship duties.
   _______ No             _______ Yes
   Comments: ___________________________________________________________
   ___________________________________________________________

4. Agency staff was available and helpful.
   _______ No             _______ Yes
   Comments: ___________________________________________________________

5. I was able to fulfill my internship contract goals and objectives.
   _______ No             _______ Yes
   Comments: ___________________________________________________________

6. I would recommend this as an internship placement.
   _______ No             _______ Yes
   Comments: ___________________________________________________________
APPENDIX M: COURSE EVALUATION

Field Director (FD)/Faculty Liaison (FL): ___________________________ Date: ____________

Evaluation Scale:  
5 = Very Good, No Improvement Needed  
4 = Good, Little Improvement Needed  
3 = Adequate, Some Improvement Needed  
2 = Poor, Major Improvement Needed  
1 = Very Poor, Major Improvement Needed  
NA = Not Applicable

_____ The Field Director provided, at the start, a clear statement of the nature and objectives of the internship.

Comments: _______________________________________________________________________

_____ The Field Director demonstrated interest and enthusiasm for field practice.

Comments: _______________________________________________________________________

_____ The Field Director followed through efficiently in achieving the internship.

Comments: _______________________________________________________________________

_____ The Field Director was open to student participation, expression of different opinions, and questions.

Comments: _______________________________________________________________________

_____ The Field Director was available to help students outside of scheduled onsite visits.

Comments: _______________________________________________________________________

_____ The Field Director facilitated discussion during the onsite visits.

Comments: _______________________________________________________________________

_____ Overall rating of the effectiveness of the Field Director.

Comments: _______________________________________________________________________
App: N: Rules of Professional Conduct

Alcohol and Drug Counselor
Rules of Professional Code Conduct
(Minnesota Statue 4747.1400)

4747.1400 RULES OF PROFESSIONAL CONDUCT. (STAT AUTH: MS s 148C.03
HIST: 22 SR 1257: Current as of 01/22/98)

Subpart 1. Scope. The rules of professional conduct apply to the conduct of all licensees and
applicants, including conduct during the periods of education, training, and employment required
for licensure. A licensee must comply with this part notwithstanding any contrary policies of an
employer or contractor.

Subp. 2. Purpose. The rules of professional conduct constitute the standard against which
professional behavior of alcohol and drug counselors is measured.

Subp. 3. Violations. A violation of the rules of professional conduct constitutes unprofessional
or unethical conduct and is a sufficient cause for disciplinary action or denial of licensure.
Alcohol and drug counselors must not engage in any unprofessional conduct. Unprofessional
conduct includes any conduct violating this chapter.

Subp. 4. Integrity. An alcohol and drug counselor:
A. Must be truthful in dealing with clients, students, volunteers, colleagues, and the public;
B. Must not perform, nor present himself or herself as able to perform, services beyond his
or her field of competence. Licensed status is not a claim, promise, or guarantee of
successful service and must not be used as such. Licensed status must not be used to
imply competence in other human services occupations, as defined in part 4695.0600;
C. Must not permit students, volunteers, or interns under supervision to perform, or represent
themselves as able to perform, services beyond the students', volunteers', or interns' skill
levels;
D. Must not participate in any illegal activities involving drug or alcohol use, possession,
sale, or distribution;
E. Must make decisions regarding the continuation or the termination of professional
services to a client based upon clinical need;
F. Must not give or take any commission, rebate, or other form of compensation for the
referral of clients for alcohol or drug counseling services or other professional services;
G. Must not advertise in a way likely to deceive or defraud the public including, but not
limited to, promises of a cure, misrepresentation of professional licensure status or
other credential, or the disparagement of any treatment modalities;
H. Must not use a client's or former client's name, image, or statements without the written consent of the client or former client;
I. Must not knowingly solicit individuals who are receiving drug or alcohol counseling services from another licensed alcohol and drug counselor;
J. Must not submit false or misleading information to the commissioner; and
K. Must provide information in response to a written request by the commissioner within 30 days of the date of the request.

Subp. 5. Relations to clients.
A. An alcohol and drug counselor's primary professional responsibility is to the welfare of the client. Alcohol and drug counselors must respect the right of a client to make decisions regarding personal relationships with family members, friends, and community and must help the client understand the consequences of those decisions.
B. Alcohol and drug counselors must have no sexual contact with clients, as defined in Minnesota Statutes, section 148A.01, subdivision 7. Engaging in sexual contact with a client or former client as defined in Minnesota Statutes, section 148A.01; engaging in any contact that may be reasonably interpreted by a client as sexual; engaging in any verbal behavior that is seductive or sexually demeaning to the client; or engaging in sexual exploitation of a client or former client is prohibited. Conduct by an alcohol and drug counselor which may reasonably be interpreted by a client as sexual, and any verbal behavior which is seductive or sexually demeaning to the client, or any sexual exploitation of a client, is prohibited.
C. In the provision of services, alcohol and drug counselors must not discriminate on the basis of HIV status or any of the grounds listed in Minnesota Statutes, chapter 363. When unable to offer services, a counselor must make an appropriate referral.
D. Alcohol and drug counselors must recognize the influential position the counselor may have with respect to clients and must not exploit the trust and dependency of clients. A counselor must avoid dual relationships with clients that could impair the counselor's professional judgment or increase the risk of exploitation.
E. Alcohol and drug counselors must not use language of an abusive or obscene nature, including, but not limited to, name-calling, verbal put-downs, threats of harm, false accusations, or sexual jokes.
F. Alcohol and drug counselors must not engage in physical or any other abuse of clients, including, but not limited to, isolating clients from others without therapeutic basis, intimidation, possessiveness, or harassment of any kind.
G. Alcohol and drug counselors must accept no gifts of over $10 in value from a client.
H. Alcohol and drug counselors must comply with all laws concerning the reporting of abuse of children under Minnesota Statutes, section 626.556, and vulnerable adults under Minnesota Statutes, section 626.557.
I. Alcohol and drug counselors must maintain all client information as private during the professional relationship and after the relationship has terminated.

Subp. 6. Relations to students and interns. Alcohol and drug counselors must not use or exploit their professional relationships with students, interns, volunteers, trainees, employees, independent contractors, colleagues, research subjects, or actual or potential witnesses or complainants in disciplinary proceedings in any manner through sexual or other harassment, or therapeutic deception for the counselor's emotional, financial, personal, political, religious, or
sexual advantage or benefit. Alcohol and drug counselors must not engage in sexual contact, as
defined in Minnesota Statutes, section 148A.01, with students, interns, or volunteers whom the
counselor is directly supervising.

Subp. 7. Client privacy and confidentiality. Applicants and licensees not subject to item A
are governed by items B, C, and D.

A. Confidentiality and disclosure of client records must be governed by all applicable laws,
   including, but not limited to Minnesota Statutes, chapters 13 and 148C, and Code of
   Federal Regulations, title 42, parts 2.1 to 2.67.
B. Code of Federal Regulations, title 42, parts 2.1 to 2.67, is incorporated by reference and
   applies to licensees who do not maintain client records in connection with the
   performance of any federally assisted alcohol and drug abuse program.
C. An alcohol and drug counselor must inform a client that self-disclosure in group therapy
   may result in a loss of confidentiality and client privacy.
D. Licensees governed by item B must, in addition to providing the notice required by Code
   of Federal Regulations, title 42, part 2.22, make disclosure of items mandated to be
   reported under Minnesota Statutes, section 626.557, to authorized report receivers
   without client consent.


A. Clients have the right and the counselor has an obligation to provide, on request, a clear
   explanation of the nature and purposes of the counseling procedures to be used and the
   results of any tests administered to the client.
B. A client whose treatment involves the use of a newly developed service, technique, or
   specialty must be informed of its innovative nature and of known risks associated with it.
C. Alcohol and drug counselors must conduct research activities with full respect for the
   rights and dignity of clients and with full concern for their welfare. Client participation
   in research is voluntary and is subject to the provisions of Code of Federal Regulations,
   title 45, parts 46.101-409.
D. A professional relationship between a licensee and a client terminates when the licensee
   or the client formally notifies the other verbally or in writing, or two years after the last
   contact in an alcohol and drug counseling capacity between the licensee and the client.

Subp. 9. Competency in practice with ethnic minority, disabled, and identified population
group clients.

A. A licensee meets the standards in part 4747.1100, subpart 2, when practicing alcohol and
   drug counseling with a client who is a member of an ethnic minority group, an identified
   population group, or a client with a disability by acting according to this subpart. If a
   licensee is inexperienced as compared to other licensees or the professional community's
   standard of care in practicing alcohol and drug counseling with ethnic minority, identified
   population, or disabled clients, the licensee:
   (1) Engages in ongoing consultation with a licensee who meets the professional
       community's standard of care with respect to such clients;
   (2) Practices under the supervision of a licensee who meets the professional community's
       standard of care with respect to such clients; or
   (3) Refers the client to a licensee who meets the professional community's standard of care
       with respect to such clients.
B. An alcohol and drug counselor fluently speaks the primary or preferred language of the client, works with a certified or qualified interpreter according to Minnesota Statutes, section 546.44, and uses the services of a certified or qualified interpreter or refers the client to a licensee who either is fluent in the client's primary or preferred language or works with qualified interpreters.

C. Licensees who practice alcohol and drug counseling with deaf, deaf-blind, hard-of-hearing, or late-deafened clients:
   (1) Are proficient in American Sign Language at the advanced-plus level or higher of the Sign Communication Proficiency Interview (SCPI) ratings, if the client's primary or preferred language is American Sign Language; or
   (2) Are trained in working with and work with an American Sign Language interpreter who qualifies as both a certified interpreter and a certified transliterator by the Registry of Interpreters for the Deaf or certified at level four or higher by the National Association of the Deaf; or
   (3) Refer the client to a licensee who is either proficient in American Sign Language at the advanced-plus or higher level or who is trained to work with a certified American Sign Language interpreter or transliterator. Licensees who practice with such clients must submit a statement signed by a supervisor that the licensee has demonstrated a minimum proficiency in practicing with such clients.

D. Licensees inexperienced compared to the professional community's standard of care in practicing alcohol and drug counseling with members of identified population groups:
   (1) Engage in ongoing consultation with a licensee who meets the professional community's standard of care with respect to such clients;
   (2) Practice under the supervision of a licensee who meets the professional community's standard of care with respect to such clients; or
   (3) Refer the client to a licensee who meets the professional community's standard of care with respect to such clients.

Subp. 10. Impaired objectivity or effectiveness.
A. An alcohol and drug counselor must make an appropriate referral for a client or potential client if the counselor's objectivity or effectiveness is impaired.

B. An alcohol and drug counselor's objectivity or effectiveness is impaired if the counselor:
   (1) Has a dual relationship with a client;
   (2) Is dysfunctional as a result of a severe physical or mental health problem, including the abuse of drugs or alcohol;
   (3) Exploits or has exploited the professional relationship for the counselor's emotional, financial, sexual, or personal advantage or benefit; or
   (4) Holds convictions that interfere with the professional relationship.

C. An alcohol and drug counselor must not practice while under the influence of alcohol or other controlled substances not prescribed by a physician. An alcohol and drug counselor must not use or possess controlled substances as defined by Minnesota Statutes, chapter 152, unless prescribed by, and used in accordance with the direction of, a practitioner, as defined by Minnesota Statutes, section 151.01, subdivision 23.

Subp. 11. Public statements. Public statements made by an alcohol and drug counselor must not directly or by implication contain any false or misleading representations about professional qualifications such as education, experience, the license, affiliations, purposes, or characteristics of institutions and organizations with which the counselor is associated, or any other aspect of the professional services provided by the counselor.
Subp. 12. Fees and statements.

A. An alcohol and drug counselor must disclose the cost of services provided and must clearly explain financial matters to clients. Arrangements for fees and payments must be made at the beginning of the counseling relationship. Bartering for services is prohibited.

B. If alcohol and drug counseling services are requested or paid for by one person or agency on behalf of a client, the counselor must inform both parties that any information gained by the counselor in the course of rendering services to the client may not be disclosed to any third party, including the person or agency paying for the services without the informed, written consent of the client.

C. An alcohol and drug counselor must not aid or abet an unlicensed individual engaged in the practice of alcohol and drug counseling. An alcohol and drug counselor who supervises an individual engaged in supervised alcohol and drug counselor experience, an alcohol and drug counselor practicum, or an alcohol and drug counselor internship is not in violation of this part.

Subp. 13. Violation of law. An alcohol and drug counselor must not violate any law in which the facts giving rise to the violation involve the provision of alcohol and drug counseling services. In determining whether a violation involves the provision of alcohol and drug counseling services, the commissioner must consider:

A. The nature of the violation the alcohol and drug counselor is alleged to have committed;
B. The relationship of the alleged violation to the purposes of regulating the practice of alcohol and drug counseling; and
C. The relationship of the violation to the ability, capacity, or integrity of the alcohol and drug counselor in rendering alcohol and drug counseling services. In any proceeding alleging a violation of this chapter, the proof of a conviction of a crime shall constitute proof of the factual elements necessarily underlying that conviction.