

SUBSTANCE ABUSE COUNSELOR I

This class recognizes work with substance abuse clients in providing counseling and education services which are limited in complexity and which focus on the immediate addictive process and specific goals to achieve a drug free status. Positions are located in local mental health centers and in state alcoholic and drug treatment centers and state institutions. Work involves developing, implementing, and coordinating the primary therapeutic treatment. This includes intake, social history; group, individual, and family counseling; after-care planning and community liaison. Employee may teach particular DUI classes on a relief basis; assist the court counselor with consultation to lawyers and judges; serve as intake worker on a periodic schedule; and may do diagnostic/referral interview for the Employee Assistance Program.

I. DIFFICULTY OF WORK:

Variety and Scope - Employees develop a social evaluative profile of the client which includes gathering information about the physical, social, cultural, economic, legal situation, and then develop a social history. Treatment goals are determined and documented on the treatment plan which outlines the specific goals and how and when the goals will be accomplished. Goals may include individual, family counseling, or topical group counseling. The counselor is a member of the multi-disciplinary treatment team and would be responsible for supplying the team with an overview of the database and for recommending a diagnosis on his assigned cases. Work assignments include after-care planning and community liaison.

Intricacy - Employees receive referrals on addicted clients from intake on a rotation basis. Screening is done by questioning the current status of the client, and judgment must then be exercised in determining the most appropriate treatment at that time. In obtaining the client history, employees follow a standard format outlining the required information; however, detailed historical data must be integrated with the current status to make decisions about the client's needs at this time. Treatment plans focus on concrete immediate needs and maintaining a substance drug-free status. Typical treatment goals are: remain drug free by way of methadone/antabuse and attend A.A. and/or supportive counseling sessions; find suitable housing through referral to Social Services or Halfway House; obtain employment through Vocational Rehabilitation referral. During supportive counseling sessions, the counselor must determine where and to what extent the client should be confronted; where to be supportive of appropriate behavior; when to give advice, point out options, or when to refer to other agencies. The client-therapist relationship is used to teach the client trust, communication skills, feelings awareness, and taking responsibility for their problem behavior. Employees consult with a more experienced clinician or psychiatrist on cases with more difficult problems. Detailed documentation is required for the medical record.

Subject Matter Complexity - Work requires the knowledge of alcohol and drug addictions, alcohol and drug withdrawal, and ability to assess situations and propose the best treatment; knowledge and practical application of different therapeutic approaches, group dynamics, communications skills, crises and family intervention.

Guidelines - Employees follow grant guidelines, State Drug Minimum Standards, standard literature in substance abuse field including Alcoholics Anonymous and Twelve Steps and Twelve Traditions, Agency Personnel Policies and Procedures Manuals, confidentiality guidelines, and medical record standards.

II. RESPONSIBILITY:

Nature of Instructions - Employees are members of a treatment usually headed by a senior clinician with direct or indirect consultation from a psychiatrist. The treatment team is responsible for developing and monitoring the treatment plan. The treatment team may conduct daily meetings in the

inpatient setting and usually holds weekly diagnostic and treatment conferences in the outpatient setting.

Counselors may meet individually with clinical supervisors on a weekly basis to discuss more difficult cases. Changes in program regulations or policies are usually received through memos or in monthly staff meetings.

Nature of Review - Work is reviewed through periodic program reports, formal performance reviews, medical record audits, quality assurance monitoring, and through program goal achievements.

Scope of Decisions - Work affects the individuals in treatment, family members, and community agencies involved and the substance abuse program.

Consequence of Decisions - Errors in clinical judgment would affect the treatment process and the quality of care of the center. Delays or errors in medical records documentation could cause problems in meeting certification accreditation standards.

III. INTERPERSONAL COMMUNICATIONS:

Scope of Contacts - Employees work directly with other professionals and have contact with a variety of agencies on a frequent to infrequent basis.

Nature and Purpose - Contacts with other professionals in the work unit are necessary to coordinate treatment plans, referral, to participate in meetings for the purpose of clarifying policy changes, and implementation of procedures. Contacts with organizations are necessary to coordinate interagency service with common client.

IV. OTHER WORK DEMANDS:

Work Conditions - Settings range from locations in local mental health centers to alcoholic rehabilitation programs which serve clients whose problems are very demanding mentally and emotionally.

Hazards - May have contact with potentially dangerous persons who are intoxicated from drugs or alcohol or both.

V. RECRUITMENT STANDARDS:

Knowledges, Skills, and Abilities - Knowledge of substance abuse addiction processes, alcohol and drug withdrawal; some knowledge of psycho-pharmacy, including drug interactions; some knowledge and practical application of different therapeutic approaches, group dynamics, crisis intervention, and family therapy. Knowledge of Alcoholics Anonymous and other community resources. Ability to evaluate and screen clients for appropriate treatment and referral. Ability to formulate clear goal oriented treatment plans and to record concisely required medical records documentation. Ability to develop and maintain effective clinical relationships with clients, and effective rapport with families and significant others.

Minimum Training and Experience - Bachelor's degree in social work or related human services field with substance abuse course work and a practice or internship in a substance abuse program; or graduation from a four year college or university and one year experience as a Substance Abuse Counselor Trainee, or graduation from high school or equivalent and three years experience in

substance abuse field, two of which must have been at the level of Substance Abuse Worker; or an equivalent combination of training and experience.

Minimum Training and Experience for a Trainee Appointment - Graduation from a four year college or university; or graduation from a high school and two years in Substance Abuse field, one of which must have been at the level of the Substance Abuse Worker.

Administering the Class - A college degree in social work or human services that does not include a practice/internship in a substance abuse program may enter at the six-month step of the trainee progression and may progress to the hiring rate in six additional months.

Special Note - This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this class, but may not be applicable to all positions.