SUBSTANCE ABUSE COUNSELOR II

This class recognizes work with substance abuse clients in providing in-depth diagnostic and psychosocial evaluations and professional counseling which focus on more complicated life problems in conjunction with their addiction. Positions are located in local mental health centers or in state alcohol and drug treatment centers and state institutions. Work involves developing, implementing, and coordinating the primary therapeutic treatment which includes individual, group, or family counseling. Treatment goals are more abstract as opposed to those that are more concrete at the Substance Abuse Counselor I level. Employees may: cover after hours emergency duty and referrals; conduct classroom lectures to patients and conduct lectures to community groups; provide crisis intervention information and referral services to jails, hospital emergency rooms, and police departments. May work with state institutions or residential programs to provide follow-up therapy and after-care.

I. DIFFICULTY OF WORK:

Variety and Scope: - Work assignments include conducting an in-depth clinical interview to determine past and present history and the current mental status. Treatment goals may include individual, marital, group and family therapy. These services are provided in the following service areas. Outpatient, inpatient, day treatment, or residential care. Work may involve leading closed therapeutic groups or conducting special sessions of assertiveness training or relaxation therapy. Emergency services may require crisis intervention and/or evaluation for acute withdrawal or intoxication signs and symptoms. Employees serve as a member on a multi-disciplinary team where treatment plans are formulated, reviewed, and modified. Maintaining relationships with state institutions, residential programs, or ARC requires on-site visits for case conference planning.

Intricacy - Employees receive referrals on addicted clients from intake on a rotation basis. Intake involves interviewing the new client and/or family member, assessing the situation and making a referral to a physician or appropriate agency. Analysis of the in-depth diagnostic psychosocial evaluation provides subjective and objective data for identifying the strength of the client and planning treatment approaches. Individual counseling may range from helping the client to understand his problems and be able to handle stress and anger more appropriately, to helping the clients develop a sense of self. In conducting closed groups, work involves facilitating and mediating the group toward promoting growth, but at the same time protecting individual from traumatic experiences. Employees perform counseling with independence and seek assistance as required for more complex problems.

Subject Matter Complexity - Work requires considerable 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, communication skills, crisis and family intervention. Considerable knowledge of counseling techniques and their application to substance abuse casework is required.


II. RESPONSIBILITY:
Nature of Instructions - Employees are members of a treatment team 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 would hold 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 of 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** - In-depth knowledge of substance abuse addiction processes, alcohol, and drug withdrawal. In-depth knowledge of psycho-pharmacy, including drug interactions. In-depth knowledge and practical application of different therapeutic approaches, group dynamic, crisis intervention, and family therapy. In-depth 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 a human service field or related curriculum and two years of substance abuse experience; or Bachelor’s degree in a human services field with substance abuse internship and one year of substance abuse experience; or graduation from a four year college or university and two years of experience as a Substance Abuse Counselor II Trainee; or graduation from a four year college or university and three years of substance abuse experience; or a Master’s degree in a human services area and one year of substance abuse counseling experience; or an equivalent combination of training and experience.
Minimum Training and Experience for a Trainee Appointment - Graduation from a four-year college or university.

Administering the Class - Master’s in social work or related human service degree including an internship in a Substance Abuse Program may be hired at the eighteen month rate of the trainee progression and then in six months, enter the full class. Applicants possessing a Master’s degree in substance abuse, psychology, counseling, or rehabilitation counseling with a strong substance abuse internship (600 to 1000 clock hours) will fully qualify for the class. Applicants possessing a Master’s degree from an accredited school of social work and substance abuse experience or a Master’s degree in psychology and substance abuse experience may be hired at a higher salary within the range based upon current labor market conditions.

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.