

NOTICE TO ADMINISTRATORS, CLINICAL SUPERVISORS, AND PERSONS ASSIGNED TO BE AN APPROVED SUPERVISOR OF A CHEMICAL DEPENDENCY PROFESSIONAL (CDP) TRAINEE:

The attached sample Training Plan Documentation form has been designed to assist the Approved Supervisor of a CDP Trainee in meeting the requirements of Washington Administrative Code (WAC) 388-805-210(7):

Approved supervisors must supervise, assess and document the progress the CDP Trainees under their supervision are making toward meeting the requirements described in WAC 246-811-030 and 246 811-047. This documentation must be provided to Trainees upon request.

This sample Training Plan Documentation Form is provided by the Division of Behavioral health and Recovery (DBHR) as a courtesy. Agencies may choose to develop their own forms.

Prior to beginning training:

- WAC 388-805-210(1) requires that when an administrator decides to provide training opportunities for persons seeking to become CDP Trainees, the administrator must assign the responsibilities and duties of an Approved Supervisor to a specific individual who meets the qualifications of WAC 246-811-049.

It is recommended that the assignment of a specific individual as an Approved Supervisor be done in writing, through a letter of appointment or with the addition of a new job description. A copy of either of these documents should be placed in the Approved Supervisor's personnel file. Either of these documents should list the responsibilities of an Approved Supervisor of CDP Trainees as listed in WAC 388-805-210(3-7).

The administrator should ensure the Approved Supervisor understands the importance of this appointment and that the Approved Supervisor accepts professional responsibility for all clinical work and clinical decisions made by the CDP Trainee.

- WAC 388-805-210(2) requires that the Approved Supervisor must provide the CDP Trainee assigned to them with documentation to substantiate their qualifications as an Approved Supervisor before the initiation of training. A sample Approved Supervisor Documentation of Qualifications Form is attached.

This training plan documentation form has been designed in a "one page" format, with the intent that some of the pages may need to be copied in order to document the total number of required hours in specific areas.

Please note the CDPT Training Progress Documentation form at the end of these forms, which may be used to document supervision by the Approved supervisor.

SAMPLE

CHEMICAL DEPENDENCY PROFESSIONAL TRAINEE TRAINING PLAN/TRAINING DOCUMENTATION

Name of CDP Trainee:

Beginning Date of Training:

Approved Supervisor Assigned:

Estimated Training
Completion Date:

Date Approved Supervisor gave to the CDP Trainee
documentation of qualifications to be an Approved
Supervisor:

NUMBER OF SUPERVISED HOURS REQUIRED:

- _____ 2500 (Associate Degree)
- _____ 2000 (Baccalaureate Degree in Human Services or related field)
- _____ 1500 (Master or Doctoral Degree in Human Services or related field;
- _____ 1000 (Advanced Registered Nurse Practitioner, marriage and family therapists, mental health counselors, advanced social workers, independent clinical social workers, or Licensed Psychologist)

FIRST 50 HOURS FACE-TO-FACE ACTIVITIES Number of Hours: 50 Date attained: _____

DATES ADDICTION COUNSELING COMPETENCIES ATTAINED:

Face-to-face Clinical Evaluation: Number of hours: 100 Date attained: _____

Other Clinical Evaluation: Number of hours: 100 Date attained: _____

Face-to-Face Counseling: Number of hours: 600 Date attained: _____

Professional and Ethical Responsibilities: Number of Hours: 50 Date attained: _____

TRANSDISCIPLINARY FOUNDATIONS. THE NUMBER OF HOURS PLUS THE ABOVE HOURS ARE TO TOTAL THE NUMBER OF SUPERVISED HOURS REQUIRED BY THE CDP TRAINEE'S EDUCATIONAL DEGREE:

Understanding Addiction: Number of hours: _____ Date attained: _____

Treatment Knowledge: Number of hours: _____ Date attained: _____

Application to Practice: Number of hours: _____ Date attained: _____

Professional Readiness: Number of hours: _____ Date attained: _____

Referral: Number of hours: _____ Date attained: _____

Service Coordination: Number of hours: _____ Date attained: _____

Client, Family, and Community Education: Number of hours: _____ Date attained: _____

Documentation: Number of hours: _____ Date attained: _____

TOTAL NUMBER OF SUPERVISED HOURS: _____ **DATE ATTAINED:** _____

Minimum Educational Requirements for CDP Certification

Date of successful completion of 90 quarter or 60 semester college credits from an approved school: _____

Note: At least 45 quarter or 30 semester credits must be in courses relating to the chemical dependency profession, and shall include the following topics specific to alcohol and drug addicted individuals:

TOPIC AREA	COURSE TITLE	COURSE NUMBER	NUMBER CREDITS Q=QUARTER; S=SEMESTER	COLLEGE OR UNIVERSITY AND QTR/YR COMPLETED
(a) Understanding addiction				
(b) Pharmacological actions of alcohol and other drugs				
(c) Substance abuse and addiction treatment methods				
(d) Understanding addiction placement, continuing care, and discharge criteria, including American Society of Addiction Medicine (ASAM)				
(e) Cultural diversity including people with disabilities and its implication for treatment				
(f) Chemical dependency clinical evaluations				
(g) HIV/AIDS brief risk intervention for the chemically dependent				
(h) Chemical dependency treatment planning				
(i) Referral and use of community resources				
(j) Service coordination (implementing the treatment plan, consulting, continuing assessment and treatment planning)				
(k) Individual counseling				
(l) Group counseling				
(m) Chemical dependency counseling for families, couples and significant others				
(n) Client, family and community education				
(o) Development psychology				
(p) Psychopathology/abnormal psychology				
(q) Documentation, to include, screening, intake, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client related data				
(r) Chemical dependency confidentiality				
(s) Professional and ethical responsibilities				
(t) Relapse prevention				
(u) Adolescent chemical dependency assessment and treatment				
(v) Chemical dependency case management				
(w) Chemical dependency rules and regulations				

CDP TRAINING PROGRESS DOCUMENTATION

Document the CDP Trainee's progress toward achieving goals in the education/training plan and evaluate the Trainee's clinical skills. Document what the CDP Trainee is doing well and what needs improvement as well as the plan to achieve needed improvement.

CDP Trainee

Approved Supervisor

DATE: _____ **SATISFACTORY:** _____ **NEEDS IMPROVEMENT** _____

Knowledge and skills gained in counselor competencies since last review:

APPROVED SUPERVISOR SIGNATURE

CDP TRAINEE SIGNATURE

DATE: _____ **SATISFACTORY:** _____ **NEEDS IMPROVEMENT** _____

Knowledge and skills gained in counselor competencies since last review:

APPROVED SUPERVISOR SIGNATURE

CDP TRAINEE SIGNATURE