

# **SAMHSA** ADVISORY

Substance Abuse and Mental Health  
Services Administration

## **THE SUBSTANCE USE DISORDER COUNSELING COMPETENCY FRAMEWORK: AN OVERVIEW**

Counselors who treat people with substance use disorders (SUDs) have diverse training experiences and skill levels. They include both credentialed counselors and peer support workers with lived experience. While this diversity can be a strength, a common foundation that guides the training and practice of SUD counselors is crucial to providing clients with SUDs consistent, high-quality care for optimal recovery. This common foundation also supports workforce retention among SUD counselors because it helps ensure that vacant positions are filled by qualified staff (Hoge et al., 2013; Sherman et al., 2017). Successful training and retention of counselors requires that they receive appropriate resources and sufficient training in evidence-based practices and cultural responsiveness, while also being appropriately supervised (Alagoz et al., 2017; Altschul et al., 2018; Substance Abuse and Mental Health Services Administration [SAMHSA], 2007).

To support training needs and enhance program efficacy, SAMHSA published [Technical Assistance Publication \(TAP\) 21, \*Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice \(The Competencies\)\*](#) to highlight competencies that are essential to the effective practice of SUD counseling, as well as the knowledge, skills, and attitudes (KSAs) that counselors need to become proficient in each competency.

This *Advisory* will discuss the development of the counseling competencies as well as the model and validated research on which they are based, provide a simplified overview of their structure and the elements of a typical competency, and outline how these competencies are changing the field of SUD treatment nationwide, including the critical role of cultural competency.

### **Key Messages**

- Effective SUD counseling demands a comprehensive knowledge base of current research, principles, and methods for helping people with SUDs. Guidance framing the KSAs is critical to ensuring that counselors feel confident in their ability to provide evidence-based, high-quality care to clients with SUDs.
- Provider competencies are focused around four foundational areas: (1) understanding SUDs, (2) knowledge of treatment approaches, (3) application to practice, and (4) professional readiness.
- Competencies are applied to a range of practice dimensions, including clinical evaluation; treatment planning; referral; service coordination; counseling; client, family, and community education; documentation; and professional and ethical responsibilities.
- Working with clients in a culturally sensitive way is a key component emphasized across all foundational areas and practice dimensions.

## **History and Framework for the Competencies**

In the 1990s, the Addiction Technology Transfer Center (ATTC) Network convened the National Curriculum Committee and charged it with collecting and evaluating existing SUD educational and professional development curriculums, while also establishing future priorities for ATTC curriculum development. The goal was to help ensure that every SUD treatment professional, regardless of experience or skill level, possesses the general competencies needed to provide effective SUD care across any setting or treatment model.

A key part of the development process for the competencies was a national validation study that sought feedback from the SUD treatment field. More than 1,200 respondents with varying experience levels offered a strong consensus on the need for a core set of skills for treatment professionals and on the validity of the 121 specific competencies identified (the competencies would eventually be expanded to 123). Results of this study were published as the *National Validation Study: Defining and Measuring the Competencies of Addiction Counselors* (included as Appendix C in TAP 21). This seminal work prompted the SAMHSA Center for Substance Abuse Treatment (CSAT) to develop a comprehensive publication (TAP 21) to advance standards on counseling competencies, informed by input from an expert panel and key stakeholders. [TAP 21](#) remains a foundational text in the SUD treatment field.

## **Practical Application and Dissemination**

Since the publication of these competencies, the ATTC Network has developed performance rubrics as a companion to [TAP 21](#). These performance rubrics provide a continuum of counselor proficiencies that serve as benchmarks, allowing counselors to critically evaluate their own competencies in SUD assessment and treatment. Further, the rubrics provide flexibility so that these proficiencies can be adapted in response to scientific advances in SUD treatment and evolving systems of care.

The competencies have been endorsed and adopted by state agencies and state-level organizations in their training curriculums and certification programs. For example, the Illinois Alcohol and Other Drug Abuse Professional Certification Association has incorporated the KSAs into its models for Certified Alcohol and Other Drug Abuse Counselors as well as a certificate credential for people who are employed in support positions for SUD treatment programs. Additionally, Texas is using the competencies as a training standard for the Licensed Chemical Dependency Counselor credential as well as incorporating them into academic coursework and supervised work experiences with the assistance of a companion evaluation tool to assess mastery.

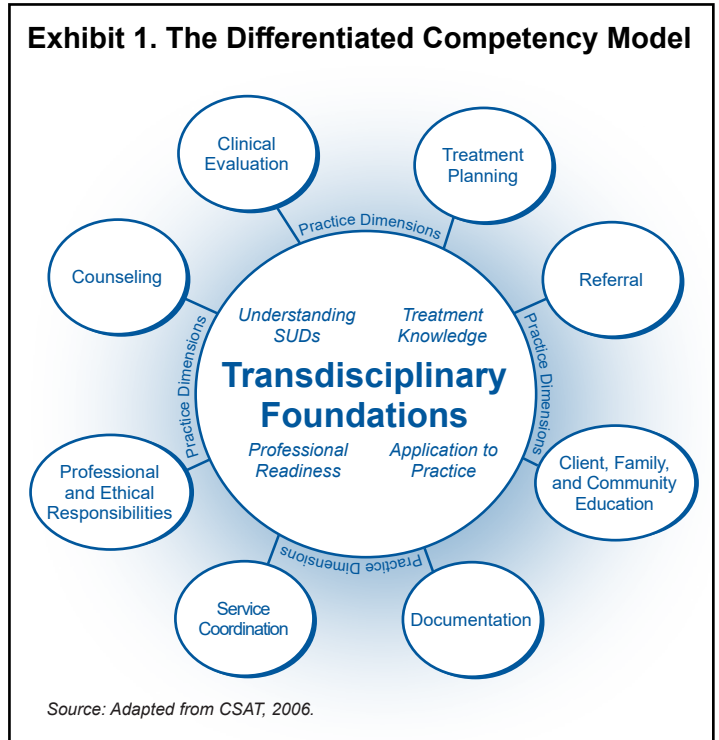
The ATTC Network has promoted and disseminated the competencies via trainings, workshops, seminars, and online learning. TAP 21 is also used for professional development and in-service events by member organizations, independent behavioral health service agencies and contractors, and individual programs.

## The Competency Model

SUD counselors need both core foundational competencies related to SUD treatment as well as more specific and extensive competencies that go beyond foundational knowledge. The Differentiated Competency Model provides a framework for understanding the relationship between these core and extended competencies. As illustrated by Exhibit 1, these foundational and extended skills can be thought of as a hub and its spokes, with the four transdisciplinary foundational competencies at the center (or hub) of a counselor’s skill set, and the eight SUD-specific practice dimensions (the spokes) representing expanded competencies.

## The Four Transdisciplinary Foundations

Providers with a broad range of backgrounds and in a wide variety of settings encounter clients with SUDs. This highlights the need for basic knowledge and understanding about substance-related factors that can interact with social and environmental contexts and contribute to medical and psychological comorbidities. The transdisciplinary foundations comprise four sets of competencies:<sup>1</sup>



### Understanding SUDs

- Understand a variety of models and theories of SUDs and other problems related to substance use
- Recognize the social, political, legal, economic, and cultural context within which SUDs exist, including risk and resiliency factors that characterize individuals and groups and their living environments
- Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using them and significant others
- Recognize the potential for SUDs to mimic a variety of medical and mental health conditions and the medical and mental health conditions that co-occur with SUDs

### Treatment Knowledge

- Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for SUDs and other substance-related problems
- Recognize the importance of family, social networks, and community systems in the treatment and recovery process
- Understand the importance of research and outcome data and their application in clinical practice
- Understand the value of an interdisciplinary approach to SUD treatment

<sup>1</sup> Slight adaptations were made to the competencies to align the language with current terminology. Detailed information about specific KSAs within these competencies is available from the source document, [TAP 21](#).

## ***Application to Practice***

- Understand the established diagnostic criteria for SUDs and describe treatment modalities and placement criteria within the continuum of care
- Describe a variety of strategies to reduce the negative effects of substance use and SUDs
- Tailor strategies and treatment modalities to the client's stage of psychological and physiological dependence, change, or recovery
- Provide treatment services appropriate to the personal and cultural identity and language of the client
- Adapt practice within the scope of treatment settings and modalities
- Be familiar with medical and pharmacological resources in the treatment of SUDs
- Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits
- Recognize that crisis may indicate an underlying SUD and may represent an opportunity for change
- Understand the need for and the use of methods for measuring treatment outcome

## ***Professional Readiness***

- Understand diverse cultures and incorporate the relevant needs of culturally diverse groups as well as people with disabilities into clinical practice
- Understand the importance of self-awareness in one's personal, professional, and cultural life
- Understand the SUD professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship
- Understand the importance of ongoing supervision and the requirements of continuing education in the delivery of client services
- Understand the obligation of the SUD professional to participate in both prevention and treatment activities
- Understand and apply setting-specific policies and procedures for handling crises or dangerous situations, including safety measures for clients and staff

## **The Eight Practice Dimensions**

In addition to the general KSAs reflected in the four transdisciplinary foundations, it is essential that counselors who specialize in the assessment and treatment of SUDs master the application of more specific and extensive KSAs that go beyond foundational knowledge to address various areas of routine clinical practice. The eight practice dimensions are clinical evaluation; treatment planning; referral; service coordination; counseling; client, family, and community education; documentation; and professional and ethical responsibilities.<sup>2</sup>

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<sup>2</sup> Slight adaptations were made to the competencies to align the language with current terminology. The list of examples provided within each dimension should not be considered exhaustive of the 123 available competencies. A full list is provided in [TAP 21](#).

## ***Clinical Evaluation: Screening and Assessment***

Clinical evaluation is a systematic approach to the screening and assessment of individuals thought to have an SUD, being considered for admission to SUD-related services, or presenting in a crisis situation. Examples of competencies in this dimension include establishing rapport; gathering data systematically from the client and other available sources; analyzing and interpreting the outcomes of standardized assessment data to determine treatment recommendations; determining the client's readiness for treatment and change, as well as the recovery environment and the needs of others involved in the current situation; reviewing the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources; and seeking appropriate supervision and consultation.

## ***Treatment Planning***

Treatment planning is a collaborative process in which professionals and the client develop a written document that identifies important treatment goals; describes measurable, time-sensitive action steps toward achieving those goals with expected outcomes; and reflects a verbal agreement between a counselor and client. Counselors should be able to use relevant assessment information to guide the treatment planning process, to explain assessment findings to the client and significant others, to examine treatment options in collaboration with the client and significant others, to formulate mutually agreed-on and measurable treatment goals and objectives, and to reassess the treatment plan at regular intervals or when indicated by changing circumstances.

## ***Referral***

This dimension refers to the process of facilitating the client's use of available support systems and community resources to meet needs identified in clinical evaluation or treatment planning. These competencies include continually assessing and evaluating referral resources to determine their appropriateness; arranging referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs; explaining in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow-through; exchanging relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care; and evaluating the outcome of the referral.

## ***Service Coordination: Implementing the Treatment Plan, Consulting, and Continuing Assessment and Treatment Planning***

Service coordination involves the administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan. Counselors who are competent in service coordination should be able to initiate collaboration with the referral source; to obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information; to summarize the client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment; to contribute as part of a multidisciplinary treatment team; to demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies; to maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan; and to describe and document the treatment process, progress, and outcome.

## ***Counseling: Individual Counseling, Group Counseling, and Counseling Families, Couples, and Significant Others***

Counseling is described as a collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. This dimension includes competencies such as facilitating the client's engagement in the treatment and recovery process; working with the client to establish realistic goals consistent with achieving and maintaining recovery; describing, selecting, and appropriately using strategies from accepted and culturally appropriate models for group counseling with clients with SUDs; facilitating group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type; understanding the characteristics and dynamics of families, couples, and significant others affected by substance use; and assisting families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.

## ***Client, Family, and Community Education***

This dimension refers to the process of providing clients, families, significant others, and community groups with information on risks related to psychoactive substance use, as well as available prevention, treatment, and recovery resources. Counselors should be able to provide culturally relevant formal and informal education programs that raise awareness and support SUD prevention and the recovery process; to sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery; to describe warning signs, symptoms, and the course of SUDs; to describe principles and philosophy of prevention, treatment, and recovery; and to teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.

## ***Documentation***

Documentation is the recording of the screening and intake process, assessment, treatment plan, clinical reports, clinical progress notes, discharge summaries, and other client-related data. Examples of competencies specific to documentation include the counselor's ability to demonstrate knowledge of accepted principles of client record management; to protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties; to prepare accurate and concise screening, intake, and assessment reports; to record progress of the client in relation to treatment goals and objectives; and to document treatment outcome, using accepted methods and instruments.

## ***Professional and Ethical Responsibilities***

The dimension of professional and ethical responsibilities encompasses the obligations of a counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development. Counselors with an understanding of these obligations can adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client; to adhere to federal and state laws and agency regulations regarding the treatment of SUDs; to use a range of supervisory options to process personal feelings and concerns about clients; to conduct evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance; and to obtain appropriate continuing professional education.

## The Importance of Culture

Cultural competency is defined in TAP 21 as “the capacity of a service provider or organization to understand and work effectively in accord with the beliefs and practices of persons from a given ethnic/racial/religious/social group or sexual orientation. It includes the holding of knowledge, skills, and attitudes that allow the treatment provider and program to understand the full context of a client’s current and past socioenvironmental situation” (p. 172). Clients from diverse racial, ethnic, and cultural groups often experience disparities in the healthcare system that negatively affect health outcomes (Healey et al., 2017), highlighting the need for the recruitment and retention of providers who are trained in culturally competent, evidence-based approaches (Baffour, 2017).

Although cultural competency is an underlying theme throughout the counseling competencies and is woven into nearly all transdisciplinary foundations and practice dimensions, competency #84 specifically encourages counselors to adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status. In practical terms, what does that mean for a counselor? As with each competency, TAP 21 provides KSAs needed for proficiency (i.e., what is important for you to know before you become proficient in this competency, the skills you must possess to demonstrate that proficiency, and the attitudes you must embrace as part of that proficiency) (Exhibit 2).

While a full exploration of each reference to cultural competency in TAP 21 is beyond the scope of this *Advisory*, a helpful introduction to this critical topic has been provided by the consensus panel that developed [TIP 59, Improving Cultural Competence](#) (CSAT, 2014).

### Exhibit 2. KSAs of Competency #84

#### Knowledge

- The effect of culture on substance use
- Cultural factors affecting responsiveness to various counseling strategies
- Current research concerning differences in drinking and substance use patterns based on the characteristics of the client
- SUD counseling strategies
- How to apply appropriate strategies based on the client’s treatment plan
- The client’s family and social systems and relationships between each
- The client’s and social system’s cultural norms, biases, and preferences
- Literature relating spirituality to SUDs and recovery

#### Skills

- Knowing how to individualize treatment plans
- Adapting counseling strategies to match unique client characteristics and circumstances
- Applying culturally and linguistically responsive communication styles and practices

#### Attitudes

- Recognition of the need for flexibility to meet the client’s needs
- Willingness to adjust strategies in accordance with the client’s characteristics
- A nonjudgmental, respectful acceptance of cultural, behavioral, and value differences

Source: CSAT, 2006.

## **Uses of the Competencies**

Since they were drafted, one of the main uses of the competencies promoted in [TAP 21](#) has been to support education and training of SUD counselors across the country. The competencies have been integral to curriculum design and evaluation for continuing education and higher education, professional development programs, student assessment and supervision, and certification standards. The publication of a competency framework for counselors who interact with SUD clients has promoted scientific knowledge in the real-world settings of mental and substance use disorder treatment.

## **Resources**

- **[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)**
  - [Addiction Technology Transfer Center \(ATTC\) Network: National Hispanic and Latino ATTC](#)
  - [ATTC Network: National Native American & Alaska Native ATTC](#)
  - [ATTC Performance Assessment Rubrics for the Addiction Counseling Competencies](#)
  - [Directory of Single State Agencies \(SSAs\) for Substance Abuse Services, 2019](#)
  - [TAP 21, Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice](#)
  - [TAP 21-A, Competencies for Substance Abuse Treatment Clinical Supervisors](#)
  - [TIP 46, Substance Abuse: Administrative Issues in Outpatient Treatment](#)
  - [TIP 47, Substance Abuse: Clinical Issues in Intensive Outpatient Treatment](#)
  - [TIP 52, Clinical Supervision and Professional Development of the Substance Abuse Counselor](#)
  - [TIP 59, Improving Cultural Competence](#)
- **[American Counseling Association \(ACA\)](#)**
  - [Addiction Counseling Practice Competencies and Curriculum in CACREP \[Council for Accreditation of Counseling and Related Educational Programs\]-Accredited Programs](#)
- **[Center for Credentialing & Education \(CCE\)](#)**
- **[International Certification & Reciprocity Consortium \(IC&RC\)](#)**
- **[National Board for Certified Counselors \(NBCC\)](#)**



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