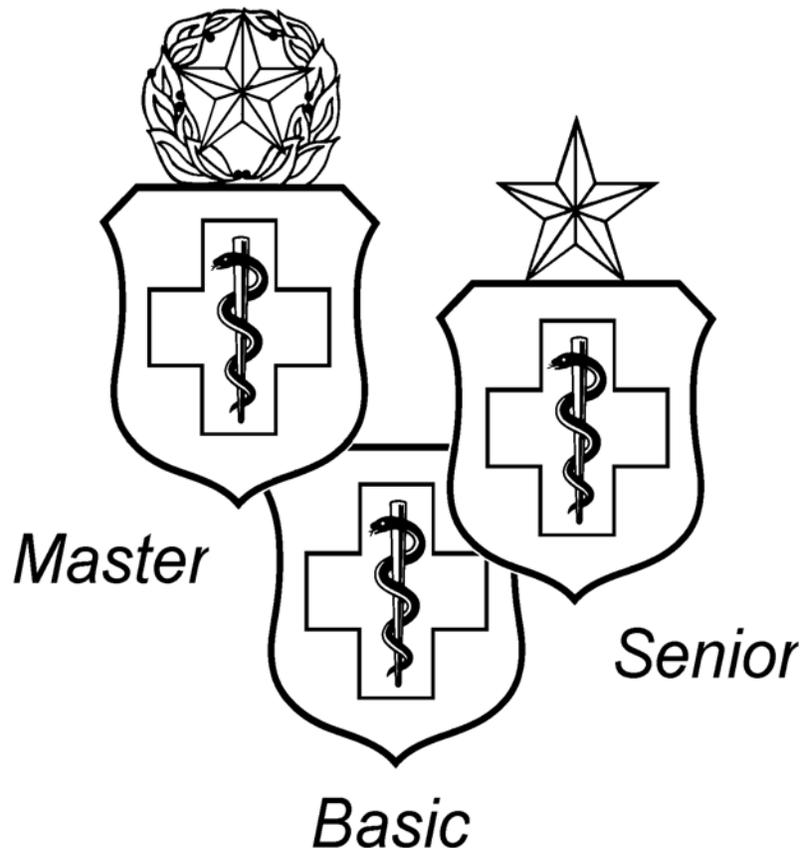


DEPARTMENT OF THE AIR FORCE
Headquarters US Air Force
Washington, DC 20330-1030

QTP 4C0X1 - 1
September 1998

MENTAL HEALTH SERVICE SPECIALTY

THE TWELVE CORE FUNCTIONS OF SUBSTANCE ABUSE COUNSELING



**TRAINING THE BEST MENTAL HEALTH TECHNICIANS
FOR THE BEST AIR FORCE IN THE WORLD**

383 Training Squadron
Training Management Section
939 Missile Road STE 3
Sheppard Air Force Base, TX 76311-2262

PERFORM THE TWELVE CORE FUNCTIONS

SUBJECT AREA: AF Substance Abuse Counselor Certification Program.

TASK(S): Perform the Twelve Core Functions.

CFETP/STS REFERENCE(S): 1.2.2.1.

EQUIPMENT REQUIRED: None

TRAINING REFERENCE(S): AFI 44-121; USAF Alcohol and Drug Abuse Counselor Certification Handbook; Alcohol and Drug Abuse Counselor Certification Exam Home Study Guide, Vol I & II., DSM IV, local guidance

REMARKS/NOTES: Review steps of the process one-on-one with Mental Health Trainer/Certifier skilled and verified in the Twelve Core Functions. Eyes on task performance for hours indicated.

OBJECTIVE: The trainee will successfully demonstrate without error the performance aspects of the Twelve Core Functions.

EVALUATION INSTRUCTIONS:

1. After the trainee has received instructions, allow indicated number of hours for practice in each core function. Evaluate task for proficiency.
2. Use the performance checklist to ensure all steps of the task are accomplished.
3. Document task competency upon completion of the evaluation in the trainee's OJT record. Initial evaluation should be documented in the CFETP. All recurring evaluations should be documented on AF Form 1098.

QTP 4C0X1-1

MENTAL HEALTH SERVICE SPECIALTY

Volume 1: Twelve Core Functions

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PERFORMANCE ITEMS	SAT	UNSAT
1. Evaluated signs and symptoms of alcohol and other drug use and abuse in the following areas: *10		
a. psychological		
b. social		
c. physiological		
2. Determined client is eligible for admission to program. *2		
a. Check patient's beneficiary status.		
b. Check if patient is age appropriate for treatment programs.		
3. Determined client is appropriate for admission or referral. (based on ASAM criteria) *3		
4. Identified any coexisting conditions that indicate need for additional professional assessment and/or services: *10		
a. medical		
b. psychiatric		
c. physical		
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services. *2		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

TRAINEE
SIGNATURE/DATE: _____

TRAINER
SIGNATURE/DATE: _____

Vol. 1 Module 2

Intake (minimum of 16 hours)

PERFORMANCE ITEMS	SAT	UNSAT
1. Completed required documents for admission to program. *10		
2. Completed required documents for eligibility/appropriateness. *3		
3. Obtained a signed consent from patient to protect confidentiality and rights: *3		
a. prior to soliciting from or providing information to outside sources.		
b. to verify patient's understanding that staff does not have total confidentiality according to the UCMJ.		
c. to verify patient's understanding of their rights as a patient.		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

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TRAINER
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Vol. 1 Module 3

Orientation (minimum of 16 hours)

PERFORMANCE ITEMS	SAT	UNSAT
1. Provided an overview to the client by describing program goals and objectives for patient care. *10		
2. Provided an overview to the client by describing program rules, and client obligations and rights. *3		
3. Provided an overview to the patient of program operations (e.g., hours, days, etc.) *3		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

TRAINEE
SIGNATURE/DATE: _____

TRAINER
SIGNATURE/DATE: _____

PERFORMANCE ITEMS	SAT	UNSAT
1a. Gather relevant history from client including, but not limited to alcohol and other drug abuse. *15 b. Use appropriate interview techniques as outlined in tech training and CDCs. *15		
2. Demonstrated working knowledge of methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history (e.g., 1st Sgt.) *5		
3. Has a working knowledge of appropriate assessment tool (e.g., SASSI). *5		
4. Explained to the client the rationale for the use of assessment techniques in order to facilitate understanding. *2		
5 a. Develop diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments. *10		
b. Used assessment to provide an integrated approach to treatment planning based on the client's: *10		
1) strengths		
2) weaknesses		
3) identified need		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

TRAINEE
SIGNATURE/COMMENTS: _____

TRAINER
SIGNATURE/COMMENTS: _____

PERFORMANCE ITEMS	SAT	UNSAT
1. Explain assessment results to client in an understandable manner. *5		
a. Use information from intake interview.		
b. Explain diagnosis criterion according to DSM-IV and ASAM.		
c. Use results from psychological testing.		
d. Elicited understanding from client about assessment results.		
2. Identified and ranked problems based on individual client needs in the written treatment plan. *10		
a. Assisted client in identifying individual problems or needs in written treatment plan.		
b. Assisted client in ranking individual problems or needs in treatment plan.		
3. Formulated agreed upon immediate and long-term goals using behavioral terms in the written treatment plan. *10		
a. Assisted client in establishing: a) immediate and b) long-term goals in the written treatment plan.		
b. Utilized specific behavioral modality to determine goals in the written treatment plan.		
c. Patient verbalized agreement.		
4. Identified the treatment methods and resources to be utilized as appropriate for the individual client. *10		
a. List agencies and programs used (e.g., AA, Family Support Center, stress management, etc.).		
b. Frequency of services delivered.		
c. Define delivery of services (e.g., individual, group, etc.)		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

TRAINEE
SIGNATURE/DATES: _____

TRAINER
SIGNATURE/DATES: _____

PERFORMANCE ITEMS	SAT	UNSAT
1. Selected the counseling theory(ies) that apply. *5		
2. Applied techniques to assist the patient, group, and/or family in exploring problems and ramifications. *25		
3. Applied techniques to assist the client, group, and/or family in examining the patient’s behavior, attitudes, and/or feelings if appropriate in the treatment setting. *25		
a. Applied selected counseling theory to assess patient behavior, attitude and/or feelings.		
b. Explain rationale for using specific counseling theory in the treatment setting.		
4. Individualized counseling in accordance with cultural, gender, and lifestyle differences. *10		
5. Interact with the client in an appropriate therapeutic manner. *10		
a. Adhered to ethical and professional standards.		
b. Maintained appropriate setting for counseling session.		
6. Elicited solutions and decisions from the client. *5		
7. Describe treatment plan implementation. *10		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

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TRAINER
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PERFORMANCE ITEMS	SAT	UNSAT
1. Demonstrate coordination of services for patient care. *10		
2. Explain the rationale of case management activities to the patient. *3		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

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TRAINER
SIGNATURE/DATE: _____

Vol. 1 Module 8

Crisis Intervention (minimum of 20 hours) **

PERFORMANCE ITEMS	SAT	UNSAT
1a. List/identify the emotional, behavioral and/or physical aspects of the client's crisis. *5		
b. Describe how it was a crisis for the client.		
2. Implemented an immediate course of action to the crisis. *10		
a. Describe action taken for crisis.		
b. Describe rationale for taking above actions.		
3. Enhanced the overall treatment by utilizing crisis events. *5		

* indicates suggested number of hours in on-the-job training

** Task performance of this item requires mock scenario practice or actual incident assessment

EVALUATOR COMMENTS:

TRAINEE
SIGNATURE/DATE: _____

TRAINER
SIGNATURE/DATE: _____

Vol. 1 Module 9

Client Education (minimum of 35 hours)

PERFORMANCE ITEMS	SAT	UNSAT
1. Presented relevant alcohol and other drug use/abuse information (video, pamphlets, workbooks, etc.) to the client through: *25		
a. formal processes (classroom).		
b. informal processes (1:1).		
2. Presented information about available alcohol and other drug services and resources (e.g., self-help groups). *10		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

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TRAINER
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Vol. 1 Module 10

Referral (minimum of 28 hours)

PERFORMANCE ITEMS	SAT	UNSAT
1. Identified need(s) and/or problem(s) that the agency and/or counselor cannot meet. *4		
2. Explained the rationale for the referral to the client. *4		
3. Matched the client needs and/or problems to appropriate resources (e.g., Family Support Center, Area Defense Counsel, outside rehab center, etc.). *10		
4. Adhered to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality. *3		
5. Assisted the client in utilizing the support systems and community resources available. *7		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

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SIGNATURE/DATE: _____

TRAINER
SIGNATURE/DATE: _____

Vol. 1 Module 11

Reports and Record Keeping (minimum of 35 hours)

PERFORMANCE ITEMS	SAT	UNSAT
1. Prepared reports and relevant records integrating available information to facilitate continuum of care. * 15		
2. Charted pertinent ongoing information pertaining to the client. *10		
3. Utilized relevant information from written documents for patient care. *10		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

TRAINEE
SIGNATURE/DATE: _____

TRAINER
SIGNATURE/DATE: _____

Vol. 1 Module 12

Consultation (minimum of 21 hours)

PERFORMANCE ITEMS	SAT	UNSAT
1. Recognized issues that are beyond the counselor's base of knowledge and/or skill. *5		
2. Consulted with appropriate resources to ensure the provision of effective treatment services. *10		
3. Adhered to applicable laws, regulations and agency policies governing the disclosure of patient-identifying data. *3		
4. Explained the rationale for the consultation to the client, if appropriate. *3		

* indicates suggested number of hours in on-the-job training

EVALUATOR COMMENTS:

TRAINEE
SIGNATURE/DATE: _____

TRAINER
SIGNATURE/DATE: _____