

**INSTRUCTIONS FOR
GACA COUNSELOR-IN-TRAINING (CIT) ENDORSEMENT APPLICATION SUBMISSION**

GACA COUNSELOR-IN-TRAINING ENDORSEMENT APPLICATION

It is the responsibility of the applicant to submit a complete application with all supporting documentation. Please check each item before submitting to be certain your application is complete. All applicants must meet the minimum requirements before applying for the CIT Endorsement.

PURPOSE OF COUNSELOR-TRAINING-ENDORSEMENT

Georgia Addiction Counselors Association (GACA) has implemented the Counselor-In-Training Endorsement (CIT) to assist individuals who are seeking to become Certified Addiction Counselors. CIT candidates will be required to receive direct supervision and support from a GACA Certified Clinical Supervisor. This process must be completed within 3 years.

MINIMUM REQUIREMENTS FOR CIT ENDORSEMENT CANDIDATES

- 21 years of age
- High School Diploma or GED-Submit Proof of Education
- Counselor-in-Training (CIT) Endorsement requires 50 training/continuing education hours that must include Ethics (6 hours)
- A person must be cleared of all criminal charges/misdemeanors and/or felonies/probation and parole requirements prior to applying for the CIT Endorsement. All individuals who have prior criminal record with felony convictions/charges will be required to submit a GCIC report to the Certification Committee.
- Applicants must complete contract with a GACA Clinical Supervisor to provide supervision. A contract must be submitted at the time of application and any updates/changes to supervision status (change of CCS) must be updated within 30 days by the CIT applicant.

ITEMS TO BE SENT BY APPLICANT

Part I. Main Application and Application Fee

Complete the entire application in detail. The application fee is \$125.00 for a GACA Member and \$200 for a non-GACA member that can be paid by completing the CIT Endorsement Fee Form. This non-refundable application fee is good for a 3-year period, which is the maximum allowable time for a CIT to get the CACI/CACII credential. GACA will accept checks, money orders or VISA/MasterCard for payment of the fees.

Part 11: Worksheet for Evaluating CIT Endorsement Educational Clock Hours

Complete the Worksheet for Evaluating CIT Endorsement Educational Clock Hours Form to see if you have met the 50 hours of educational requirements in the Eight (8) Counseling Skill Groups. Send in a copy of each training certificate to verify education provider, course, dates taken, and number of hours. If academic hours from a college transcript are being used to satisfy educational requirements, it is required that you include an original copy of your transcript along with your other training certificates. Also send in a copy of your High School Diploma or GED if you have not attended college. It is not necessary to send in your Worksheet for Evaluating CIT Endorsement Educational Clock Hours Form.

PART III: CIT Endorsement Receipt of Acknowledgement

Each applicant will be responsible for reading the Code of Ethics, Oath and Assurance and the Eight Counselor Skill Groups. Upon reading these documents, the applicant must sign the CIT Endorsement Receipt of Acknowledgment and submit to GACA.

PART IV: Clinical Supervision Requirements

Each applicant must be under the supervision of a GACA Certified Clinical Supervisor and will be responsible for submitting the GACA Clinical Supervisor/Clinical Supervisor Change form. Any updates/changes to supervision status must be updated regularly by the CIT applicant. All applicants should meet with the supervisor for an initial supervision plan that includes specific training in the Eight Counselor Skill Groups and also should meet with the supervisor for a minimum of 4 hours monthly for individual and group supervision. Each CCS/CIT should record supervision on the Counselor-In-Training Core Functions Monthly Supervision Form.

APPLICATION CHECKLIST FOR DOCUMENTATION SUBMISSION

After completion of CIT Endorsement application, please check list

- Counselor-In-Training (CIT) Endorsement Application
- Initial Application Fees: Member \$125 / Non-Member \$200 – non-refundable
- Documentation of 50 training hours with Certificates and Transcript(s)
(Certificates must have valid provider number, date, facilitator signature/must meet training requirements)
- Official Education Transcript(s) mailed directly to GACA: High School Diploma (GED Certificate or College Transcripts) (Georgia Addiction Counselors Association, 4015 South Cobb Drive, Suite 160, Smyrna, GA 30080)
- CIT Endorsement Receipt of Acknowledgement
(Keep copies of CIT Endorsement, Code of Ethics, Oath and Assurance and Eight (8) Counseling Skill Groups, for professional reference)
- GACA Clinical Supervisor Initial/Change or Termination Application
(For each GACA CCS providing/terminating supervision)
- Please make copy of ALL submitted document(s) for your personal records

**WORKSHEET FOR EVALUATING CIT ENDORSEMENT
EDUCATION CLOCK HOURS**

	CIT ENDORSEMENT	HRS
GACA Providers (have a Provider Number and be in-classroom, addiction specific)	(Minimum 20 hrs)	
College or University and other providers face to face–addiction specific course work	(Minimum 15 hrs)	
In-Service	(Max Allowed 5 hrs)	
Addiction-specific internet/web-based/correspondence training/college courses	(Max Allowed 10 hrs)	
TOTAL	(Minimum 50 hrs)	
THE TOTAL HOURS MUST INCLUDE:		
Courses in the Eight Counselor Skill Groups, which includes the following: 1. Treatment Admission, 2. Clinical Assessment, 3. Ongoing Treatment Planning, 4. Counseling Services, 5. Case Management, 6. Documentation, 7. Discharge and Continuum of Care and Legal, 8. Ethical and Professional Growth Issues	(Minimum 44 hrs)	
Ethics	(Minimum 6 hrs)	

EXPLANATION/CLARIFICATION:

Basic Skills Courses – Each candidate should be well educated in the basic counselor skills. Courses should cover basic counseling knowledge and skills as outlined in the ENDORSEMENT GUIDELINES.

1. GACA Providers-All education hours for Endorsement or re-endorsement in this category must have a GACA provider number, current at the time of the course completion, printed on the certificate to meet this requirement.
2. NAADAC Providers/Approved Providers – Other counseling related training hours. NAADAC provider number must be on printed on the certificate.
3. In-service–Training/education hours required by employers to keep employees current may be counted toward Endorsement/Re-endorsement. In-service time must be appropriately documented as to date, subject, time involved, and individual’s name and signature that provided the in-service. If hours are kept by the employer in a compiled listing, the staff member responsible for giving credit for the in-service may sign this sheet. These hours must be documented as “In- service” and in a form of an Endorsement.
 - a.) These hours must be directly related to counseling skills and/or knowledge needed to keep up to date in the field of addiction. (Defensive driving, CPR, hand-washing techniques, etc. cannot be counted as in-service hours for Endorsement.)

- b.) Group therapy/seminars in which the applicant participated while in treatment at a facility cannot be counted for Endorsement.
 - c.) Films and video tapes counted cannot be counted for Endorsement.
4. College Courses – Must be in subjects that have specific relevance to the field of counseling and/or addiction. (Core courses such as English, Science and Math cannot be counted for Endorsement.)
- a.) One (1) semester hour equals fifteen (15) clock hours. One (1) quarter hour equals ten (10) clock hours. One (1) trimester hour equals five (5) clock hours.
 - b.) An official transcript noting course date, grade, and credit hours earned is required when using college course for clock hours credit. The official transcript must be mailed directly to GACA or included with the application in a sealed envelope directly from the college or university.
 - c.) The college must be accredited and listed on the Council for Higher Education Accreditation web site. (www.chea.org)
5. Continuing education must be sponsored by an organization, group or individual recognized as knowledgeable in the field of chemical dependence/abuse. A CEU is not the same as contact/clock hours. The value is 1:10
- a.) Courses must be specifically relevant to chemical dependency/abuse
 - b.) One (1) C.E.U. equals ten (10) clock hours (Example: .6 CEU's is equal to 6.0 clock/contact hours)
6. Ethics Education – Six (6) hours of ethics education must be documented. GACA has determined that the following areas should be minimally covered in the six hours of education: legal issues, client welfare, professional competence, development, supervision, therapeutic boundaries, financial issues, personal wellness, conduct relationship to other counselors and code of ethics, etc.

CIT ENDORSEMENT FEE FORM

Fees for Service All Fees are Non-Refundable		
CIT Initial Application	GACA MEMBER	NON GACA MEMBER
Counselor-In-Training (CIT) Endorsement Application Submission	125.00	200.00
Total Fees for Initial CIT Endorsement	125.00	200.00
<i>Fees are payable at time of each individual</i>		
<p>CIT Endorsement is valid for 3 years at a fee of \$125.00 (member) / \$200.00 (non-member); CIT Endorsement has a max. 3 year term to assist individuals with becoming a CACI / CACII.</p>		
TOTAL AMOUNT DUE	\$ _____	
<p>Make check or money order payable to Georgia Addiction Counselors Association</p>		

COMPLETE BELOW ONLY IF PAYMENT IS TO BE MADE BY **VISA OR MASTERCARD**

X _____
 Print name as it appears on card)

Acct# _____ - _____ - _____ - _____

Expiration Date on Card ____/____ VIN# _____ (last 3 digits on back of card)

X _____
 _____ (cardholder signature)
 _____ (Company, If Applicable)

Cardholder Billing Address: Street: _____

City, State, ZIP _____

(Zip Code Required to Process
Credit Card)

Applications submitted without fee cannot be processed or reviewed. Mail

application, documentation and fee to:

Georgia Addiction Counselors Association
4015 South Cobb Drive Suite 160, Smyrna, Georgia 30080

**CIT ENDORSEMENT APPLICATION FOR COUNSELOR-IN-
TRAINING**

Name: _____
Last First Middle Maiden

Address: _____
Street or PO Box City County State Zip

Daytime Phone: _____ Cell Phone _____ E-mail: _____

Date of Birth: _____ Social Security No: _____

(For statistical purposes only)

GENDER:	_____ Male	_____ Female	_____ Race		
MARITAL STATUS:	_____ Single	_____ Married	_____ Separated	_____ Divorced	_____ Widowed

EDUCATION / DEGREE STATUS: Please check all that may apply

High School/GED Associate Bachelor's Master's Doctorate Other: _____

Please submit ALL documentation to support education status. This may include diplomas, transcripts or certifications. Education documentation must be submitted at the time of application.

LEGAL STATUS

Have you ever been arrested, charged and/or convicted of any misdemeanor Yes No
Do you have any pending misdemeanor / felony charges? Yes No

If YES to EITHER QUESTION, please explain and give present status of charge; include a GCIC report.

DISCLAIMERS and INSTRUCTIONS

I hereby understand that by seeking a CIT endorsement it does not guarantee any employment options or opportunities. I will not hold GACA, GACA clinical supervisor, officers, Committee members, employees and examiners liable for any lack of ability to obtain employment. The CIT Endorsement does not guarantee certification as a CACI or CACII.

Provide detailed information for all sections of this application. Print legibly or type. Incomplete or unsigned applications will be returned to applicants for completion, causing delay or disqualification. Applications without payment will not be processed. A resume may be attached but will not be accepted as a substitute for a completed application form.

COUNSELOR-IN-TRAINING (CIT) ENDORSEMENT

Client - A person who seeks or is assigned the services of an addiction professional, regardless of the setting in which the Counselor-In-Training (CIT) or specialist works. The professional-consumer relationship, once established, is deemed to continue for a minimum of 2 years after the termination of services or the date of the last professional contact with the consumer. The burden of proof that there is no harm or potential harm to that client shall be with the professional.

PROHIBITED ACTIVITIES

No person shall hold himself out as holding, or knowingly allow others to conclude or believe he holds, a credential, certification or status issued or recognized by the GACA, unless he has qualified for such under the provisions of the addictive disorders practice act and been granted the credential, certification or status pursuant to the GACA's rules.

ENFORCEMENT AUTHORITY

GACA shall have the power to deny, revoke, or suspend its endorsement of any person upon proof that such person:

- A. Has been convicted of any offense, which constitutes a felony or misdemeanor under the laws of this state, whether or not the conviction was in a court in this state.
- B. Is convicted of a felony or other serious crimes.
- C. Violates any provision of the ethical standards to which the GACA subscribes.
- D. Attempts to practice medicine, psychology, or social work without being licensed in such professions.
- E. Is impaired in delivery of professional services because of alcohol or drug abuse, compulsive gambling or because of medical or psychiatric disability.
- F. Provides drugs or other restricted chemical substances to another person.
- G. Allows his certificate to be used by another person to illegally represent himself as a certified substance abuse professional.
- H. Engages in sexual misconduct with a client or a family member of a client.
- I. Obtained certification by means of fraud, misrepresentation, or concealment of material facts.
- J. Has been found guilty of fraud or deceit in connection with services rendered.
- K. Has been grossly negligent in practice as a substance abuse CIT.
- L. Has violated any lawful order, rule, or regulation rendered or adopted by the GACA.
- M. Has violated any provision of the Rules and Regulations of the GACA.
- N. Or ANY other violation that may violate the Ethical standards of GACA / NAADAC Code of Ethics

CODE OF ETHICS

PROFESSIONAL REPRESENTATION

- A. A CIT shall not misrepresent any professional qualifications or associations.
- B. A CIT shall not misrepresent any agency or organization by presenting it as having qualifications and certifications which it does not possess.
- C. A CIT shall not make claims about the efficacy of any service that go beyond those which the CIT would be willing to subject to professional scrutiny through publishing the results and claims in a professional journal.

- D. A CIT shall not encourage or, within the CIT's power, allow a client to hold exaggerated ideas about the efficacy of services provided by the CIT.

RELATIONSHIPS WITH CLIENTS

- A. A CIT shall make known to a prospective client the important aspects of the professional relationship including fees and arrangements for payment which might affect the client's decision to enter into the relationship.
- B. A CIT shall inform the client of the purposes, goals, techniques, rules of procedure, and limitations that may affect the relationship at or before the time that the counseling relationship is entered.
- C. A CIT shall provide counseling services only in the context of a professional relationship and not by means of newspaper or magazine articles, radio or television programs, mail or means of a similar nature.
- D. No commission or rebate or any other form or remuneration shall be given or received by a CIT for the referral of clients for professional services.
- E. A CIT shall not use relationships with clients to promote, for personal gain or the profit of an agency, commercial enterprises of any kind.
- F. A CIT shall not under normal circumstances be involved in the counseling of family members, intimate friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- G. A CIT shall not in normal circumstances offer professional services to a person concurrently receiving counseling assistance from another professional except with knowledge of the professional.
- H. A CIT shall take reasonable personal action to inform responsible authorities and appropriate individuals in cases where a client's condition indicates a clear and imminent danger to the client or others.
- I. In group counseling settings, the CIT shall take reasonable precautions to protect individuals from physical and/or emotional trauma resulting from interaction within the group.
- J. A CIT shall not engage in activities that seek to meet the CIT's personal needs at the expense of a client.
- K. A CIT shall not engage in sexual intimacies with any client.
- K. A CIT shall terminate a professional relationship when it is reasonably clear that the client is not benefiting from it.

CIT'S and GACA

- A. Irrespective of any training other than training in counseling which a person may have completed, or any other certification which a person may possess, or any other professional title or label which a person may claim, any person holding CIT status is bound by the provisions of the CIT Act and the rules of the GACA in rendering counseling services.
- B. A CIT shall have the responsibility of reporting alleged misrepresentations or violations of GACA rules to the GACA.
- C. A CIT shall keep his/her GACA file updated by notifying the GACA of changes of address, telephone number and employment.
- D. GACA may ask any applicant for certification (or recertification) as a CIT or specialty designation whose file contains negative references of substance abuse to come before the GACA for an interview before the certification or specialty designation process may proceed.
- E. GACA shall consider the failure of a CIT to respond to a request for information or other correspondence as unprofessional conduct and grounds for disciplinary proceedings.
- F. A CIT must participate in continuing education programs, which are required by GACA rule.
- G. Applicants for certification as a CIT or for specialty designations shall not use current employees of the GACA as references.

ADVERTISING AND ANNOUNCEMENTS

- A. Information used by a CIT in any advertisement or announcement of services shall not contain information, which is false, inaccurate, misleading, partial, out of context, or deceptive.
- B. GACA imposes no restrictions on advertising by a CIT with regard to the use of any medium, the CIT's personal appearance or the use of his personal voice, the size or duration of an advertisement by a CIT, or the use of a Georgia Addiction Counselors Association (GACA) Certification Committee

trade name.

Every CIT-In-Training (CIT) Must Agree to Affirm:

- A. That my primary goal is recovery for client and family, that I have a total commitment to provide the highest quality care for those who seek my professional services.
- B. That I shall evidence a genuine interest in all clients and do hereby dedicate myself to the best interest of my clients, and to assisting my clients to help themselves.
- C. That at all times I shall maintain an objective, non-possessive, professional relationship with all clients.
- D. That I will be willing to recognize when it is to the best interest of a client to release or refer him to another program or individual. E. That I shall adhere to the rule of confidentiality of all records, material, and knowledge concerning the client.
- E. That I shall not in any way discriminate between clients or professionals, based on race, creed, age, sex, handicaps, or personal attributes. G. That I shall respect the rights and views of other CITs and professionals.
- F. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but will take the
 - a. initiative toward improving such policies, if it will best serve the interest of the client.
- G. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis, that I shall continuously strive for self-improvement, that I have a personal responsibility for professional growth through further education and training.
- H. That I have an individual responsibility for my own conduct.

AFFIRMATION OF GACA CODE OF ETHICS

I subscribe to and commit myself to professional conduct in keeping with the Code of Ethics of Georgia Addiction Counselors Association (GACA).

I DO AFFIRM

In the practice of my profession, I will assert the ethical principles of autonomy, beneficence, and justice as a guide to my professional conduct.

I will not discriminate against clients or professionals based on race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition.

I will espouse objectivity and integrity, and maintain the highest standards in the services I offer.

I recognize that the profession is founded on national standards of competency which promote the best interest of society, of the client, of myself and of the profession as a whole. I also recognize the need for ongoing education as a component of professional competency.

I will uphold the legal and accepted moral codes which pertain to professional conduct.

I will respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

I will assign credit to all who have contributed to any published materials and for the work upon which the

publications are based. I will respect the integrity and protect the welfare of the person or group with whom I am working.

I will embrace, as a primary obligation, the duty of protecting the privacy of clients and will not disclose confidential information acquired in teaching, practice or investigation.

I will inform the prospective client of the important aspects of the potential relationship.

I will treat colleagues with respect, courtesy and fairness, and will afford the same professional courtesy to other professionals.

I will establish financial arrangements in professional practice and in accord with the professional standards that safeguard best interests of the client, of myself, and of the profession.

I will advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. I will inform the public through active civic and professional participation in community affairs of the effects of alcoholism and drug addiction and will act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. I will adopt a personal and professional stance, promoting the well-being of all human beings.

OATHS

I HEREBY CERTIFY THAT ALL OF THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO AUTHORIZE ANY NECESSARY INVESTIGATIONS AND THE RELEASE OF MANUSCRIPTS AND OTHER PERSONAL INFORMATION RELATIVE TO MY ENDORSEMENT. (FALSIFICATION WILL NULIFY THIS APPLICATION AND MAY RESULT IN REVOCATION OF ENDORSEMENT.)

ASSURANCES AND RELEASE

PLEASE NOTE: GACA reserves the right to request further information from all employers and other persons listed on the application form. The Certification Committee and its review committees reserve the option of requesting an oral interview with the applicant. This information will be strictly used to evaluate the professional competence of the applicant as requested in order to verify education, employment, etc. This information is not available to anyone outside this process without the written consent of the applicant.

“I give my permission for GACA and its staff to investigate my background as it relates to statements contained in this Application for Endorsement. All of the information given herein is true and complete to the best of my knowledge and belief. I understand that intentional false or misleading statements or intentional omissions shall result in denial or revocation of Endorsement.”

“I consent to the release of information contained in my application file and other pertinent data submitted to or collected by GACA to officers, members, and staff of the aforementioned Committee.”

“I further agree to hold GACA, its officers, Committee members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with application and subsequent examinations, and/or the failure of GACA to issue Endorsements.”

“By affixing my signature on receipt of acknowledgement, I certify my complete understanding of these statements and my intention to be fully bound thereby.”

Signature of applicant

Date Signed

**GEORGIA ADDICTION COUNSELORS ASSOCIATION
COUNSELOR-IN-TRAINING ENDORSEMENT (CIT)**

THE EIGHT COUNSELOR SKILL GROUPS

The GACA CIT Endorsement was created for candidates who are in process of certification as CACI or CACII to provide documentation to present to potential employers showing that they have met basic criteria and are seeking supervised clinical work hours to meet requirements as a certified addiction counselor. In efforts to provide additional support to CIT applicants, a quick reference of the Eight (8) Counselor Skill Groups is provided. (See below)

<p>I. TREATMENT ADMISSION (SCREENING, INTAKE, ORIENTATION)</p> <p>Interaction with the client to determine suitability for alcoholism and/or drug abuse treatment. Information necessary for admission, appropriate assessment and appropriate treatment is collected; the client is oriented to the counseling process. Rules and expectations including financial responsibilities.</p> <ol style="list-style-type: none">1. Evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse.2. Determine the client's appropriateness for admission or referral.3. Determine the client's eligibility for admission or referral.4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate need for additional professional assessment and/or services.5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.6. Complete required documents for admission to the program.7. Complete required documents for program eligibility and appropriateness.8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.9. Provide an overview to the client by describing program goals and objectives for client care.10. Provide an overview to the client by describing program rules, and client obligations and rights.11. Provide an overview to the client of program operations.
<p>II. CLINICAL ASSESSMENT</p> <p>To synthesize and interpret the data collected during the treatment admission in order to determine the client's immediate problems, internal/external resources that may facilitate or inhibit the treatment process. This assessment forms the basis for the treatment goals and program established for the client</p> <ol style="list-style-type: none">1. Gather relevant history from client including but not limited to alcohol and other drug abuse, using appropriate interview techniques.2. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.3. Identify appropriate assessment tools.4. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.5. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.
<p>III. ONGOING TREATMENT PLANNING</p> <p>A specific, individualized treatment plan that addresses the therapeutic needs of the client and places him/her in the appropriate placement on the continuum of care. The client's strengths and weaknesses must be considered in setting priorities for long and short-term goals and treatment. This plan must ultimately be formulated with the client.</p> <ol style="list-style-type: none">1. Explain assessment results to client in an understandable manner.2. Identify and rank problems based on individual client needs in the written treatment plan.3. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.4. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

IV. COUNSELING SERVICES (Individual, Group, Family, Crisis Intervention, Client Education)

The interactive process providing assistance to a client to help him/her change and maintain attitudes, beliefs and behaviors that are more constructive. The counselor must determine the most appropriate type of assistance and the counseling intervention to facilitate the change in behaviors, attitudes and beliefs. Counseling services included individual, family, group and crisis intervention counseling.

1. Select the counseling theory or theories that apply.
2. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
3. Apply technique(s) to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings, if appropriate in the treatment setting.
4. Individualize counseling in accordance with cultural, gender and lifestyle differences.
5. Interact with the client in an appropriate therapeutic manner.
6. Elicit solutions and decisions from the client.
7. Implement the treatment plan.

A. CRISIS INTERVENTION

1. Recognize the elements of the client crisis.
2. Implement an immediate course of action appropriate to the crisis.
3. Enhance overall treatment by utilizing crisis events.

V. CASE MANAGEMENT

This encompasses case consultation and interfacing with other agencies and professionals to provide the services needed by the client in order to achieve the treatment goals. Consultation and case review by a clinical supervisor is a vital component of managing the counseling process and providing quality care.

1. Coordinate services for client care.
2. Explain the rationale of case management activities to the client.

A. REFERRAL

1. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
2. Explain the rationale for the referral to the client.
3. Match client needs and/or problems to appropriate resources.
4. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
5. Assist the client in utilizing the support systems and community resources available.

VI. DOCUMENTATION - REPORT AND RECORD KEEPING

This encompasses maintaining and recording the results of the treatment process accurately, descriptively and in a timely fashion. The legal document describes treatment including forms, releases, and consent forms and records.

1. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
2. Chart pertinent ongoing information pertaining to the client.

VII. DISCHARGE AND CONTINUUM CARE

Discharge involves the reinforcement of the changed attitudes, beliefs and behaviors, assessment that there are no other pressing needs, following up on the client's status, making appropriate referrals for continuing services if necessary, and assessing the adequacy of support systems. Information on relapse prevention, continuation of self-help programs and other support mechanisms should be provided to the client as a part of the termination process.

CONSULTATION WITH OTHER PROFESSIONALS IN REGARDS TO CLIENT TREATMENT/SERVICES

1. Recognize issues that are beyond the counselor's base of knowledge and/or skill.
2. Consult with appropriate resources to ensure the provision of effective treatment services.

VIII. LEGAL, ETHICAL AND PROFESSIONAL GROWTH

This skill group includes the federal and state legislation governing the counselor/client relationship, adherence to the Code of Ethics that addiction counselors are expected to follow in their practice and areas of continuing self-education and growth. The dynamic nature of the therapeutic process demands continual self-evaluation, monitoring and self-awareness

COUNSELOR-IN-TRAINING ENDORSEMENT (CIT)

RECEIPT OF ACKNOWLEDGEMENTS*

I ACKNOWLEDGE THAT:

- 1. I have received and read the CIT ENDORSEMENT, GACA AFFIRMATION CODE OF ETHICS and OATH AND ASSURANCES.

I understand that as a CIT I must operate under the professional and ethical guidelines.

Please initial to verify receipt for each Ethical Standard and Oath and Assurance provided for you in your CIT Endorsement application:

_____ (initial) _____ (date rec'd) CIT Endorsement

_____ (initial) _____ (date rec'd) GACA Affirmation Code of Ethics

_____ (initial) _____ (date rec'd) Oaths and Assurances

Oath and Assurance. Please Read:

I certify that all of the information given is true and complete. I also authorize GACA to conduct any necessary investigations and obtain any other information relative to my endorsement. I further agree to absolve GACA, its officers, Committee members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of performance of their duties which they may take in connection with the application, examinations and/or the failure of GACA to issue the CIT Endorsement.

_____ (initial) _____ (date)

- 2. _____ (initial) _____ (date rec'd) I have received a structured outline of the Eight (8) Counselor Skill Groups in efforts to provide basic knowledge of professional areas needed to becoming a certified addiction counselor.

- 3. _____ (initial) _____ (date rec'd) I agree to review the GACA.org website to throughout the process of my CIT training to obtain knowledge and understanding of the requirements needed to become a Certified Addiction Counselor CACI or CACII.

- 4. CIT ENDORSEMENT DISCLAIMER: _____ (initial) _____ (date) I hereby understand that by seeking a CIT endorsement it does not guarantee any employment options or opportunities. I will not hold GACA, GACA clinical supervisor, officers, Committee members, employees and examiners liable for any lack of ability to obtain employment. The CIT Endorsement does not guarantee Certification as a CACI or CACII.

By signing the CIT Endorsement Receipt of Acknowledgement, I acknowledge that I have read and understood the Ethical Standards, Oath and Assurance, Release of Information and the Eight Counselor Skill Groups. I also agree that if I do not understand any of my ethical duties or responsibilities that I will seek support from my GACA Clinical Supervisor or GACA Office. I also agree that I will review the GACA website for certification information, so that I will understand the process/requirements/duties of an individual seeking certification as an addictions counselor with the Georgia Addiction Counselors Association.

Print Name: _____ Date: _____

Signature: _____

****Form must be submitted with CIT Endorsement application

**GEORGIA ADDICTION COUNSELORS ASSOCIATION
COUNSELOR-IN-TRAINING (CIT) FUNCTIONS**

MONTHLY SUPERVISION FORM

Month / Year of Supervision: _____ Date Begun: _____ Date Ended: _____ (Must be completed)
(Four (4) hour minimum monthly required by the CCS)

Program: _____

Program Director: _____

CIT / Supervisee Name: _____ CIT #: _____

Projected Certification Test Date: _____

**Only complete the areas discuss this month

INDIVIDUAL HOURS: _____ <small>(Min 1 hours monthly)</small>		GROUP HOURS: _____ <small>(Must provide documented proof of group attendance)</small>	
EIGHT (8) COUNSELOR SKILL GROUPS	HOURS OF DIRECT SUPERVISION	HOURS OF MONTHLY WORK ACTIVITY	ACCUMULATIVE HOURS COMPLETED
SCREENING, INTAKE, ORIENTATION			
CLINICAL ASSESSMENT			
ONGOING TREATMENT PLANNING			
COUNSELING SERVICES			
CASE MANAGEMENT			
DOCUMENTATION			
DISCHARGE / CONTINUING CARE			
LEGAL, ETHICAL AND PROFESSIONAL GROWTH			
OTHER:			
HOURS FOR THE MONTH:	<small>INDIVIDUAL (1 HR MONTH / MIN. 12 HRS YEAR)</small>	<small>GROUP</small>	<small>CASE MANAGEMENT DOCUMENTATION</small>

Separate Documentation: Short / Long Term Goals/Action Required: GACA CCS must define expectations, timelines, areas needing improvement, CIT Endorser needs to be progressing toward certification, licensure and/or other areas of professional growth

Training Hours Completed: _____ (Monthly Total Only) Next Scheduled Supervision: _____

CIT Signature: _____ Date: _____

Clinical Supervisor Signature: _____ Date: _____