Practicum Hours for Substance Use Disorders Associate (SUDA)

Must have 300 hours of Practicum, with at least 10 hours in each of the 12 core functions (so there can be more than 10 hours in any given area to total 300).

A supervisor MUST meet one of the following requirements and MUST be on the IBADCC approved supervisor list:

ADC who has been certified for 3 years and has completed 15 (fifteen) hours of training in supervision.
OR 2. an AADC
OR 3. a CS
OR 4. a person with a master's degree and license in addictions counseling or
Master's degree and certification in addictions counseling
OR 5. an approved Health & Welfare Clinical Supervisor (QP) under IDAPA 16.07.20 216.02 Clinical Supervisor.

Name: _____

I. Screening: ***The process by which the client is determined appropriate and eligible for admission to a particular program.***

Date	Brief Description of Activity	Hours	Supervisor Signature

II. Intake: ***The administrative and initial assessment procedures for admission to a program.***

Date	Brief Description of Activity	Hours	Supervisor Signature

III. Orientation: ***Describing to the client the following- general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.***

Date	Brief Description of Activity	Hours	Supervisor Signature

IV. Assessment: ***The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of the treatment plan.***

Date	Brief Description of Activity	Hours	Supervisor Signature

V. Treatment Planning: ***Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long-term goals; and decide upon a treatment process and the recourses to be utilized.***

Date	Brief Description of Activity	Hours	Supervisor Signature

VI. Counseling: ***(Individual, Group and significant other)- The utilization of special skills to assist individuals, families or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision-making.***

Date	Brief Description of Activity	Hours	Supervisor Signature

VII. Case Management: ***Activities which bring services, agencies, resource or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts.***

Date	Brief Description of Activity	Hours	Supervisor Signature

VIII. Crisis Intervention: ***Those services which respond to an alcohol and/or drug abusers needs during acute emotional and/or physical distress.***

Date	Brief Description of Activity	Hours	Supervisor Signature

IX. Client Education: ***Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.***

Date	Brief Description of Activity	Hours	Supervisor Signature

X. Referral: ***Identifying the needs of a client that cannot be met by counselor or agency and assisting the client to utilize the support systems and community resources available.***

Date	Brief Description of Activity	Hours	Supervisor Signature

XI. Report and Record Keeping: ***Charting the results of assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.***

Date	Brief Description of Activity	Hours	Supervisor Signature

XII. Consultation with Other professionals in regard to Client Treatment/Services: ***Relating with in-house staff or outside professionals to assure comprehensive quality care for the client.***

Date	Brief Description of Activity	Hours	Supervisor Signature

I attest that I received supervision from a qualified Supervisor who meets the standards identified at the beginning of this form. I attest that identified documentation of hours is accurate. I attest that I did not work outside my scope of practice.

_____ ***Signature of Student/Applicant***

_____ ***Date***