

ALCOHOL AND DRUG ABUSE COUNSELOR INTERN

Supervision Agreement

Intern Address _____

Counselor Interns Name (Print or Type) _____

Organization _____

Supervisors Name (Print or Type) _____

License # _____

Co-Supervisors Name _____

Co-Supervisors Name _____

Organization _____

Address _____

City _____

State _____

Zip _____

ARTICLE I Parties

This agreement is made by and between _____ and _____
Here-after referred to as Intern and Supervisor respectively. Intern Supervisor

ARTICLE II Purpose

The purpose of this agreement is the provision of internship supervision for the practice of Alcohol and Drug Abuse Counseling in Nevada as defined by Nevada Administrative Code 641C.

ARTICLE III Term

This agreement is effective from _____ and will remain in effect until (please insert dates) _____ or (Circle) Until Intern passes the oral examination or supervision agreement has been terminated. Any change in supervision status must be submitted to the Board of Examiners for Alcohol, Drug and Gambling Counsel ~~within FIVE (5) calendar days.~~

ARTICLE IV Observation and Six Month Reporting

The Supervisor will provide a minimum of one-hour of individual supervision during each week, where the supervisor and intern review the intern's activities during the period. Supervision will also include the supervisor observing the intern conducting a minimum of one counseling session each month. Supervision will also include the supervisor verifying all educational and CEU's required during each reporting period.

The supervisor and ~~intern~~ will jointly submit the required 6-month report and notify the Board in writing within five calendar days of any change in the supervision status.

In order for a counselor intern to pass the certification examination, the intern must have knowledge and/or experience in all aspects of alcohol and drug abuse counseling. During each supervision period you should evaluate growth/change in each area and identify specific learning activities. The assessment of knowledge and planning of activities should be made in conjunction with the intern. Use the following codes to evaluate current knowledge:

5	Advanced or full knowledge	5	Advanced or full experience
4	Intermediate knowledge	4	Intermediate experience
3	Basic or entry level knowledge	3	Basic or entry level experience
2	Limited knowledge	2	Limited experience in area
1	No knowledge, no training	1	No experience

This is meant as a tool to guide the intern and supervisor in planned activities while preparing for the examination	CURRENT LEVEL OF KNOWLEDGE	CURRENT LEVEL OF EXPERIENCE	PROPOSED ACTIVITIES DURING THE INTERNSHIP
EXAMINATION CATEGORIES			
Section 1. TRANSDISCIPLINARY FOUNDATIONS: The following knowledge and attitudes are prerequisite to the development of competency in the professional treatment of substance use disorders. Such knowledge and attitudes form the basis of understanding upon which discipline-specific proficiencies are built.			
UNDERSTANDING ADDICTIONS			
TREATMENT KNOWLEDGE			
APPLICATION TO PRACTICE			
PROFESSIONAL READINESS			
Section 2. PROFESSIONAL PRACTICE OF ADDICTION COUNSELING: Professional practice for addiction counselors is based on eight Practice Dimensions, each of which is necessary for effective performance of the counseling role. Several of these dimensions include sub-elements. The dimensions we have identified, along with the competencies that support them, form the heart of this section of the document.			
1. Clinical Evaluation: The systematic approach to screening and assessment.			
a. Screening			
Assessment			
b. ASAM PPC 2			
c. DSM - IV			
II. Treatment Planning and Theories: A collaborative process through which the counselor and client develop desired treatment outcomes and identify the strategies for achieving them.			
III. Referral: The process of facilitating the client's			

utilization of available support systems and community resources to meet needs identified in clinical evaluation and/or treatment planning.				
<p>IV. Service Coordination: 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.</p>				
a. Implementing the Treatment Plan				
b. Consulting				
c. Continuing Assessment & Treatment Planning				
<p>V. Counseling Skills and Practice: A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling include methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context. Competence in counseling is built upon an understanding of, appreciation of, and ability to appropriately use the contributions of various addiction counseling models as they apply to modalities of care for individuals, groups, families, couples, and significant others.</p>				
a. Individual Counseling				
b. Group Counseling				
c. Counseling Families, Couples, & Significant Others				
<p>VI. Client, Family & Community Education: 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.</p>				
<p>VIII. Professional & Ethical Responsibilities: The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of</p>				

conduct and continuing professional development.				
NAADAC'S ETHICAL STANDARDS OF PRACTICE				
CONFIDENTIALITY				
DOT'S PROFESSIONA SERVICES				
PHARAMACOLOGY OF PSYCHOACTIVE CHEMICAL USE, ABUSE AND DEPENDENCE				
HIV AND AIDS				
Other areas assigned by Supervisor				

Use the following space to describe the proposed working relationship between the counselor and the intern. Discussion should include number of hours worked per week, activities performed, volunteer versus employed, etc.:

ARTICLE V Supervisor Qualifications

If you have not been previously approved as an intern supervisor, please contact the Board for an application. You will need to provide three references that are able to critique your qualifications as a Licensed Alcohol and Drug Abuse Counselor and supervisor of Counselors Interns.

QUESTION	YES	NO
Are you able to demonstrate at least two (2) years of experience as an alcohol and drug abuse counselor or have equivalent experience?		
Have you completed the Board approved intern supervisor training? If not on file with the Board please provide a current copy of the certificate.		
Are you related to the applicant by blood, marriage or shared household? Please explain on the back the relationship.		
Are you involved in a close, personal relationship or friendship with the applicant?		
Do you have or have you ever had a client relationship with the applicant?		
Number of alcohol and drug abuse counselor interns currently under your supervision. There should not be more than 5 at any one time with out prior Board approval.		

Supervisors should be cognizant of the responsibility for supervising interns, please refer to NAC641C.285 for a detailed list of the supervisors duties. Supervisors may be subject to disciplinary action by the board for non-compliance of supervisory duties and/or held civilly liable by the courts for the practice of interns under their supervision. Supervisor should be available to consult with the Board about a certified intern being supervised by the licensed counselor concerning the record, competence in practice, emotional and mental stability, and professional and ethical conduct of the certified Intern.

ARTICLE VI General Provisions

This agreement supersedes any and all other agreements, oral or written, between Intern and Supervisor hereto with respect to the rendering of supervision of Intern by Supervisor. This document contains all of the covenants and agreements between Intern and Supervisor with respect to representations, inducements, promises or agreements, orally or otherwise, made by any party, or anyone acting on behalf of any party, which are not embodied herein, and that no other agreement, statement or promise not contained in the agreement will be void.

Any modification of this agreement will be effective only if in writing, signed by Intern and Supervisor, submitted to and approved by the Board of Examiners for Alcohol, Drug and Gambling Counselors. Such modifications must be in compliance with applicable Nevada Revised Statutes and Nevada Administrative Code and submitted within five days of any changes. **I understand the progress reports runs from January 1 until June 30 and July 1 until December 31 of each year, unless this is the first report. I understand that all progress reports will be shared with future supervisors and the Board in the event that I apply to the Board for a different supervisor in the future.**

I understand it is my responsibility to familiar with the Standards Practice and comply with them.

If any action at law or in equity, including an action for declaratory relief, is brought to enforce or interpret the provisions of this agreement, the prevailing party will be entitled to reasonable attorney's fees, which may be set for that purpose, in addition to any other relief that the party may be entitled.

This agreement will be governed by and constructed in accordance with the laws of the State of Nevada.

Executed at _____ City/State _____ On _____ Month/day/year _____.

Intern Signature _____ **Supervisor Signature** _____ **and/or** _____ **Co-supervisors Signature(s)** _____