THE WHOLE PERSON…

CARE	COMMUNITY
CHANGE	HOPE

Internal Use Only
Supplementary Material re:
An Addiction Services Manual
For The Salvation Army
Canada and Bermuda Territory

February 2011

These supplementary sections should be used in conjunction with the Addiction Services Manual of the Salvation Army, Canada and Bermuda Territory, February 2011

TABLE OF CONTENTS

1 Section One: Excerpt from A Theology of Social Services....1
2 Section Two: Canadian Addiction Counsellors Certification Federation Canon of Ethical Principles 2
3 Section Three: Salvation Army Harm Reduction Guidelines 3
4 Section Four: Data/Assessment/Plan (DAP) Format for Progress Notes...5
5 Section Five: Canadian Privacy Legislation 8
6 Section Six: Canadian Addiction Counsellors Certification Federation Standards for Clinical Supervision....10
7 Section Seven: Training Required for Canadian Addiction Counsellors Certification Federation Certification 14
8 Section Eight: Checklist of Service Components in The Addiction Services Manual 16
9 Section Nine: ARC Interactive Journaling Series 26
10 Section Ten: Competencies and Certification 28
10.1 What Are Competencies and Certification?....28
10.1 How Does The Salvation Army Promote Competencies and Certification? 28
11 Section Eleven: Staff Education and Training 29
11.1 What Are Staff Education and Training?....29
11.1 How Does The Salvation Army Promote Education and Training?....29
11.1 What Is Accreditation?....30
11.1 How Does The Salvation Army Achieve Accreditation?....30
12 Section Thirteen: Additional Resources 32

1 Section One: Excerpt from A Theology of Social Services

By Donald E. Burke, Ph.D.
Vice President and Academic Dean at The Salvation Army's William and Catherine Booth University College, Winnipeg, Canada

We proclaim the Gospel of Jesus Christ in all our ministries.

God's mission is a mission of love and restoration. Through the birth, life, death and resurrection of Jesus, God provided the way of salvation, culminating in the gift of eternal life for all who respond in faith. We value this gift of grace, believing that it has the power to liberate, heal and transform individuals and communities. We seek to embody this same grace and mission in our thoughts, words and deeds.

A full understanding of humanity must include an affirmation of our essential spirituality that can only be satisfied in communion with God.

The Christian Gospel, founded in the character of God as revealed in the Bible and definitively in Jesus Christ, cannot be divided into "evangelism" and "social service," but must address human need at every level.

Therefore, Salvation Army social service ministries must:

[1] be available to all people, regardless of any potential bases for discrimination, because of our Christian affirmation that all have been created in the image and likeness of God;

[2] be focused on the physical, psychological, social and spiritual dimensions of human life, because we affirm that we have been made as creatures who have needs in all of these areas;

[3] take into account the reality of human sinfulness that manifests itself in both an individual's self-detrimental actions and in the sinful social structures that perpetuate injustice;

[4] be shaped fundamentally by the Christian witness to the character of God as One who is deeply concerned about the full dimensions of human life;

[5] be concerned with both the amelioration of human suffering and with social justice;

[6] demonstrate the love and compassion of God that never gives up on people.

Finally, it must be acknowledged that while the provision of our social services is never contingent upon someone accepting our faith, it is nevertheless profoundly informed by our understanding of the Christian Gospel. As "The Salvation Army" we bring and live out a message of salvation in its many dimensions.

2 Section Two: Canadian Addiction Counsellors Certification Federation Canon of Ethical Principles

Members of the Canadian Addiction Counsellors Certification Federation must:

1. Believe in the dignity and worth of all human beings, and pledge their service to the well-being and betterment of all members of society.
2. Recognize the right for humane treatment for anyone suffering from alcoholism or drug abuse, either directly or indirectly.
3. Promote and assist in the recovery and return to society of every person served, assisting them to help themselves, and referring them promptly to other programs or individuals when in their best interests.
4. Maintain a proper professional relationship with all persons served, assisting them to help themselves, and referring them promptly to other programs or individuals, when in their best interests.
5. Adhere strictly to established precepts of confidentiality in all knowledge, records and materials concerning persons served, and in accordance with any current government regulations.
6. Ensure that all interpersonal transactions between counsellors and persons served are non-exploitive and essential to their good recovery.
7. Give due respect to the rights, views and positions of any other alcoholism and/or drug counsellors and related professionals.
8. Respect institutional policies and procedures and cooperate with any agency management with which counsellors may be associated; as long as this remains consistent with recognized standards, procedures, and ethics.
9. Contribute my ideas and findings regarding alcoholism and other drug addictions and their treatment and recovery to any body of knowledge through appropriate channels.
10. Refrain from any activities, including the abuse of alcohol, drugs or other mood-altering chemicals, where my personal conduct might diminish my personal capabilities, denigrate my professional status, or constitute a violation of law.
11. Avoid claiming or implying any personal capabilities or professional qualifications beyond those a counsellor has actually attained. Recognize that competency gained in one field of activity must not be used improperly to imply competency in another.
12. Counsellors regularly self-evaluate in striving for self-improvement and seeking professional development by means of further education and training.

3 Section Three: Salvation Army Harm Reduction Guidelines

Social Services Department
Canada and Bermuda Territory
December 2, 2002

The Salvation Army throughout its history has been involved with persons experiencing addiction to alcohol or drugs. The abuse of alcohol and drugs is prevalent in our society and addiction to substances can lead to poverty and homelessness and other social ills. It is also true that poor social conditions may both cause and contribute to substance abuse.

The Salvation Army has ongoing involvement with persons whose lives are impacted by addictions. In Canada and Bermuda recovery programs, which focus on healing for those who are addicted to drugs or alcohol, are provided through Harbour Light, Anchorage and Addictions Treatment Centres.

1. A critical element of all Salvation Army programs is the presence of a healthy community of support (ideally a corps) that upholds and accepts persons who experience addiction.

2. The principles of hope and personal choice are foundational in ministry with those impacted by addictions.

3. A community capacity development approach is adopted as the "way of working".

4. Salvation Army recovery services are holistic ministries addressing the spiritual, physical, emotional, and psychological needs of persons seeking recovery from their addiction(s).

5. Recovery programs are client centered and support self-determination in decision making and involvement of the person in the planning and implementation of treatment.

6. The Salvation Army recognises that harm reduction is a component of recovery for some people. However, the specific harm reduction approaches of needle exchange, shooting galleries, controlled use (wet shelters), injection sites and methadone treatment are not included in Salvation Army ministries. Persons who choose these interventions are referred to others in the local community who provide these services.

7. Salvation Army recovery programs have been shown to benefit individuals who are involved in methadone maintenance programs as well as those individuals who are prescribed medication to stop alcohol use. These persons are included in Salvation Army recovery programs.

8. All Salvation Army services are evaluated for effectiveness and efficiency and fit with the mission of The Salvation Army.

9. Policies and procedures are developed in all Salvation Army ministries to ensure safety and security for those impacted by addictions and those around them. These policies address behaviour management, intoxication management, house rules or expectations, medication management and relapse prevention.

10. Ministries communicate freely, to Divisional Headquarters/Territorial Headquarters, outcomes of their learning related to treatment approaches and interventions utilised.

4 Section Four: Data/Assessment/Plan (DAP) Format for Progress Notes

DAP NOTE

NAME: _____ CLIENT # _____

DATE: _____

SESSION GOAL:

DESCRIPTION:

ASSESSMENT/DIAGNOSIS:

PLAN:

Signature _____

A Guide to DAP Progress Notes

D – *Data:* a factual description of the session. It generally comprises 2/3 of the body of the note and includes the following information about the general content and process of the session:

- The client's stated feelings, concerns, needs, issues, situations, challenges
- The client's goals and plans
- Pertinent comments by clients concerned others as disclosed by client.
- The counsellor's observations during the session; those things that can be seen, heard, smelled, counted or measured.
- Objective data about the client – what was the counsellor observing during the session about the client's affect, mood, and appearance?
- If therapeutic tasks, homework and/or behaviour plans are a part of treatment, include comments about reviewing those items and tweaking assignments.
- Detail activities that reflect a clear association to the goals and objectives noted in the client's treatment plan.
- Document any referrals you make.

A – *Assessment:* an evaluation by the counsellor of current status and progress toward meeting treatment goals. It generally includes information about:

- The counsellor's current working hypotheses about dynamics and diagnoses.
- The counsellor's description of client's progress in response to the treatment.
- Perceived client insights and motivation to change.

P – *Plan:* statements about what will happen next. It includes two (or three) things:

- When and what is the next session? (e.g., we will continue weekly individual therapy next week). Note gaps due to vacation, holiday, etc.,
- What is the plan for the next session? (e.g., we will continue to focus on anger management, or we will include spouse and address communication issues).
- If new information becomes available, progress (or the lack thereof) occurs, additional problems arise, or the simple passage of time means a treatment plan update is needed, note that too, as a prompt to do the update next session.

Other guidelines for DAP notes:

- Write legibly and use only black ink.
- Spell correctly and use full, grammatically correct sentences.
- Be careful with abbreviations (must be standardized and consistent).
- Content must be written in a way that even someone unfamiliar with the case can easily understand.
- Client name, number, date, time, and other top-of-the-page data elements must be completed.
- Sign every note.
- Do a note for each missed session (client cancellations/no shows).

5 Section Five: Canadian Privacy Legislation

The Government of Canada, and all provinces and territories, have legislation that is relevant to privacy. Addiction services personnel must be familiar with the legislation nationally and in their jurisdiction.

The Acts in force nationally and in each province and territory are listed below. More detailed information on contacts in each jurisdiction related to privacy legislation can be accessed at **http://www.privcom.gc.ca/resource/links-liens/index_e.asp**

1. Canada

- Privacy Act
- Personal Information Protection and Electronic Documents Act (PIPEDA)

2. Alberta

- Freedom of Information and Protection of Privacy Act
- Health Information Act
- Personal Information Protection Act (PIPA)

3. British Columbia

- Freedom of Information and Protection of Privacy Act
- Personal Information Protection Act (PIPA)

4. Manitoba

- Freedom of Information and Protection of Privacy Act
- Personal Health Information Act (PHIA)

5. New Brunswick

- Protection of Personal Information Act

6. Newfoundland and Labrador

- Access to Information and Protection of Privacy Act

7. Northwest Territories

- Access to Information and Protection of Privacy Act

8. Nova Scotia

- Freedom of Information and Protection of Privacy Act

9. Nunavut

- Access to Information and Protection of Privacy Act

10. Ontario

- Freedom of Information and Protection of Privacy Act
- Municipal Freedom of Information and Protection of Privacy Act
- Personal Health Information Protection Act, 2004

11. Prince Edward Island

- Freedom of Information and Protection of Privacy Act

12. Quebec

- Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information
- Act Respecting the Protection of Personal Information in the Private Sector

13. Saskatchewan

- Freedom of Information and Protection of Privacy Act
- Local Freedom of Information and Protection of Privacy Act
- Health Information Protection Act

14. Yukon

- Access to Information and Protection of Privacy Act

6 Section Six: Canadian Addiction Counsellors Certification Federation Standards for Clinical Supervision

Applicants must currently hold certification at the International Certified Alcohol & Drug Counsellor (I.C.A.D.C.) level to be eligible to apply for the International Certified Clinical Supervisor (I.C.C.S.). However, they can hold a CSS with the same standards which is not reciprocal.

Clinical Work Experience

The candidate must have 10,000 hours (5 years) of counselling experience as an alcohol and drug abuse counsellor.

The clinical work experience required is the equivalent of two (2) years of documented clinical supervisory experience (4000 hours) and must include the provision of 200 contact hours of face-to-face clinical supervision. These 4,000 hours may be included in the 10,000 hours of counselling experience required. Candidates have up to 4 years to complete this requirement.

Education

Thirty (30) hours of education in clinical supervision must be documented. This must be in the performance domains for any or all of the following areas: Assessment and Evaluation, Counsellor Development, Professional Responsibility and Management/Administration.

There must be an evaluation component to follow each course.

Assessment and Evaluation

- To have knowledge of the field of alcohol and other drugs of abuse, pharmacology, the 12 core functions, the 12 Step philosophy and traditions, and degree criteria versus experientially-based competence in order to assess a supervisee in these areas;
- To have knowledge of personality factors, leadership styles, interpersonal skills, stress reactions, interview and observational styles in order to assess and promote supervisee growth;
- To have knowledge of functional communication skills, basic teaching, and a variety of counselling techniques in order to evaluate the level of performance of the supervisee by interview, direct observation, and by reviewing case records;
- To have knowledge of various therapeutic modalities and their similarities and differences, the educational materials utilized in the field and how to present them, in order to become familiar with the supervisee's level of clinical functioning.

- To have knowledge of comprehensive supervisee assessments and ways to coordinate supervision with appropriate and reasonable work assignments, while taking into consideration the supervisee's strengths and weaknesses. This involves skills in developing work plans, synthesizing and organizing data, and managing time.

Counsellor Development

- To have a knowledge of clinical supervision models, problem solving/conflict resolution theories, supervisory intervention/methods, critical thinking skills, behaviour change models, human growth/ development theory and process evaluation in order to build a developmental framework for a supervisory relationship with the supervisee;
- To have a knowledge of counselling career progression within the field, the training, education, and motivational techniques required to reach career goals, and networking strategies and resources to promote continuing personal and professional growth;
- To have a knowledge of team building strategies, systems theory, communication processes/techniques, and stress management theories in order to work with the clinical staff to facilitate clinical teamwork behaviours for the purpose of improving and maintaining clinical staff resource utilization and effectiveness;
- To have a knowledge of adult learning and clinical supervision models, and of enrichment and skill building in order to be able to develop and implement a clinical training and education program based on an assessment of the supervisee's learning needs in order to operationalize his/her clinical training;
- To have a thorough knowledge of agency policy, ethics and ethical problem solving, the core treatment philosophy of the agency and related policies and procedures, therapy vs. clinical supervisory boundaries, work environment factors, and special populations as well as the ability to provide direct supervision to the supervisee.

Professional Responsibility

- To have a knowledge of professional organizations, community and civic organizations, community based support groups, public relations techniques, government agencies, and organizational dynamics in order to model and encourage professional involvement by the supervisee;
- To have knowledge of agency, provincial, and professional codes, dual relationship roles/functions, professional standards, consequences and implications of violations of the ethical code, and a knowledge of routes of reporting violations in order to encourage high standards of conduct;

- To have knowledge of how to assess personal training needs, the education and training methods which promote personal and professional growth, current trends, and credentialing requirements in order to improve supervisory competence;
- To have knowledge of professional guidelines for competence, the value of periodic self-assessment regarding physical and mental health, the resources available and consequences of failing to maintain one's physical and mental health and the impact of nutrition and exercise on one's well-being in order to promote professional effectiveness;
- To have knowledge of human needs, motivations, human development, normal range of affect, signs and symptoms of cognitive, affective, and personality disorders, differences found in special populations, various cultures, values and lifestyles in order to recognize the uniqueness of the supervisee and influence him/her in the process of his/her own development;
- To have knowledge of agency, provincial, and federal regulations that apply to alcohol and other drug counselling, knowledge of confidentiality laws, the supervisee's rights, the grievance process, common violations and legal consequences and subscribe to them.

Management and Administration

- To have knowledge of the regulatory agencies' quality improvement and monitoring techniques, and the consequences of non-compliance in order to develop and implement quality improvement guidelines in a continuing plan. Also, to have knowledge of assessment procedures, to include patient care, staff performance, caseload management, program evaluation, and record keeping in order to monitor and upgrade clinical performance;
- To have knowledge of how to interpret agency, provincial and federal regulations regarding client confidentiality, supervisee's and clients' rights and to follow the procedures to explain and protect those rights. Also, to implement existing Quality Improvement mechanisms and monitor compliance with regulations;
- To have knowledge of accreditation bodies' standards and to be able to evaluate and monitor the agency policies and procedures in order to ensure compliance;
- To have knowledge of management practices, clinical programming staff resources, budgetary parameters of the agency, scheduling strategies, concepts of patient care, treatment practices and goals, consultation strategies, linkage and networking, community resources, and the agency grievance procedure in order to plan and coordinate the activities of the supervisees and to promote effective management for clinically effective programming;
- To have knowledge of orientation procedures, program components, performance standards, motivational skills, and specific roles within the therapeutic team in order to enable new staff to adhere to the program's performance standards;

- To have a knowledge of program development and assessment methods in order to identify and assess program needs utilizing available mechanisms to formulate a plan for enhancing clinical services;
- To have knowledge of the difference between consultation and supervision, consultation theories and the rationale for consultation, continuum of care issues in management, the strengths, limitations of peers, self and agency, and the terminology of the profession in order to provide continuity of quality care for the clients;
- To have knowledge of the agency's hiring and termination policies, interviewing and grievance process, performance appraisals, and agency staffing pattern in order to recommend the selection, employment, evaluation, and termination of clinical staff.

Professional References

Submission of three (3) references from individuals familiar with the applicant's work as a clinical supervisor, one of whom must have supervised the applicant's clinical supervision.

Written Examination

Applicants must pass the IC&RC Clinical Supervisor Written Examination, which is based on the knowledge and skills under the four performance domains.

7 Section Seven: Training Required for Canadian Addiction Counsellors Certification Federation Certification

Pharmacology: (20 hours)
Knowledge and a basic understanding of the pharmacology of psychoactive drugs. Topics should include: basic principles of pharmacology, pharmacokinetics, tolerance and dependence, dependence liability, therapeutic and toxic effects of specific psychoactive drugs.

Signs & Symptoms: (15 hours)
Alcohol and other drug addiction specific signs and symptoms as indicated by assessment. Topics should include: what influences what we assess, how to assess addictive behaviour and other life areas, what questions to ask and how to ask them, and how to engage clients in treatment planning. Knowledge and practical experience in the use of screening and assessment tools currently in use is essential.

Human Development: (32 hours)
Knowledge of some of the many theories that attempt to explain human development: lifespan (developmental) theory, role theory, self-actualization theory, self-in-relations theory. An understanding of how these and other theories explain human development and how their concepts can be utilized in working with people affected by addiction.

Counselling: (133 hours)
Consisting of a combination of: a) Individual; b) Group; c) Family, and d) Treatment approaches/Options.

a) Individual – Effective counselling techniques to establish a therapeutic relationship with the client. This should include skills such as empathetic listening, paraphrasing, reflecting, effective questioning, clarification, challenging, and other communication skills essential for effectively helping the client. Both theory and practical training (role play) should be studied.

b) Group – Counselling techniques to establish a therapeutic relationship in a group setting to facilitate life skills, problem solving, as well as techniques and knowledge regarding group dynamics. Knowledge of group intervention, process and goals as well as the nature of therapeutic, educational, and self-help groups should also be explored.

c) Family – Knowledge of the effects of addiction on the family and family dynamics. As well, appropriate interventions and counselling techniques should be considered.

d) Treatment Approaches/Options – An overview of what treatment is, when it is necessary, the evidence for what works in addiction treatment, and how treatment groups work. Knowledge regarding the development of individualized treatment plans, goal setting, contracting, problem solving, evaluation, and management of treatment and/or services available is required. Approaches such as Brief Solution Focused, Cognitive-Behavioural, and others should be studied.

Special Populations: (12 hours)
Knowledge of cultural values and attitudes as they pertain to alcohol and drug addiction. Some specific education in areas of youth, women, natives, geriatric, dual disorders (mental health and addiction), HIV/Aids, and/or corrections is required; education regarding high risk populations.

Case Management: (17 hours)
Knowledge of the role and function of the case manager, with emphasis on functions, service co-ordination, liaison with other addiction and non-specific resources. Education in how to follow the client from intake to aftercare, and follow-up is essential. Record keeping and report writing, with reference to communication and legal aspects should be explored.

Professional Ethics: (6 hours)

Education must relate to alcohol and other drugs and touch upon the following areas:
1. Client welfare as primary concern.
2. Boundaries of the therapeutic relationship.
3. Professional competence: supervision & development.
4. Consent and negligence
5. Confidentiality, record keeping, and disclosure.
6. Relationship to other counsellors and institutions.
7. Legal issues/Reporting obligations.
8. Financial issues.
9. Personal wellness.

Any Alcohol and Other Drug Knowledge Area: (35 hours)
Other courses or workshops/seminars with an evaluative component can be slotted into this category, such as specializing in a particular population or treatment approach.

8 Section Eight: Checklist of Service Components in The Addiction Services Manual

This checklist is not a test. It is meant to give the reader an opportunity to review the suggestions in the Addiction Services Manual of the Salvation Army, Canada and Bermuda Territory, and to determine whether the manual's suggested quality features are already in place in the reader's addiction program.

.

	FAITH BASED DIMENSION
1.	*Is your service's care holistic, involving care for the body, mind, spirit and relationships?*
2.	*Does your service act on the basis that healing is possible through relationships?*
3.	*Does your service act on the basis that hope is a catalyst, giving energy for change and faith?*
4.	*Does your service enhance care, community, change and hope?*
	VALUES DIMENSION
5.	*Is your service **client centered**?*
6.	*Is your service committed to **creativity and relevance**?*
7.	*Is your service committed to **innovation**?*
8.	*Is your service committed to **excellence**?*
9.	*Is your service committed to **responsibility**?*
10.	*Is your service committed to **stewardship and efficiency**?*
11.	*Is your service committed to **authentic life change**?*
12.	*Is your service committed to **self-determination**?*
13.	*Do your service staff act on the basis of the Canon of Ethical Principles of the Canadian Addiction Counsellors Certification Federation?*
14.	*Are your services **evidence-informed**?*
15.	*Are your services based on **best practices**?*
16.	*Are your services based on **best fit** (i.e., methods are chosen based on the unique needs of each client, to maximize effectiveness)?*
17.	*Does your service measure its success by the degree to which clients achieve specified outcomes?*
18.	*Are your service's services integrated with corrections, justice, social, mental health, and medical services to produce these outcomes?*
19.	*Does your service have a statement of client rights and responsibilities? Is this statement given to clients during orientation and is it posted prominently at your site(s)?*
	POPULATIONS SERVED
20.	*Does your service address the needs of people with profound and multiple personal and social challenges?*
21.	*Does your service serve people living with concurrent disorders (an addiction disorder and a mental health disorder)?*

22.	*Does your service serve clients with a mental health disorder except when the disorder is of such magnitude that the person poses a threat to themselves or others, or unless the mental health disorder is so severe that it rules out the possibility that the person can benefit from addiction treatment?*
23.	*If your service cannot or should not serve a client, does the service take on the responsibility of trying to link the person to appropriate other resources?*
24.	*Does your service recognize and support mental health services a client may already be receiving when she/he enters addictions treatment?*
25.	*If your service serves women, does it address the unique challenges faced by women in terms of their addictions and in terms of the social context (including stigmatization) within which service is provided to women – in particular, women with children, with child-caring roles or with child custody issues?*
26.	*Does your service help all people in need - regardless of race, colour, creed?*
27.	*Does your service act in accordance with The Salvation Army's harm reduction guidelines?*
28.	*Does your service have a tobacco use policy that sets restrictions on when and where tobacco can be used on or near the service's premises?*
29.	*Are all staff, volunteers and clients in your service made aware of the tobacco use policy and do they abide by it?*
30.	*Do your service staff refer a client to tobacco use cessation services or resources if the client expresses an interest in stopping his/her use of tobacco?*
THE SCREENING CORE FUNCTION	
31.	*Are your counsellors and intake workers able to evaluate psychological, social, and physiological signs and symptoms of alcohol and other drug use and abuse?*
32.	*Do your screening personnel use the MAST, DAST and URICA screening tools?*
33.	*Does the intake worker should obtain information on the client's basic history as well as demographic and medical information?*
34.	*During the screening process, is the client should be made to feel comfortable and encouraged?*
35.	*Does the screening process use a decision tree to assist it with decision-making with prospective clients?*
THE INTAKE CORE FUNCTION	
36.	*During intake does your service assign a counsellor to the client?*
37.	*During intake is the client notified that she/he will be admitted, along with details related to the time, place and conditions of admission?*
THE ORIENTATION CORE FUNCTION	
38.	*During orientation, is the client provided with a statement of The Salvation Army's client centered philosophy and values-based commitments?*
39.	*During orientation, is the client provided with information on requirements related to daily living issues such as storage of personal items, fire safety regulations and visiting policies?*
40.	*During orientation, is the client provided with an overview of the service, to be used as an aid during the treatment plan development phase?*
THE ASSESSMENT CORE FUNCTION	
41.	*Does your service use the Addiction Severity Index (ASI) and the Admission and Discharge Criteria and Assessment Tool (ADAT) as part of the assessment process?*

	THE TREATMENT AND RECOVERY PLANNING CORE FUNCTION ***INITIAL PLANNING***
42.	*Do your service's treatment/recovery plans specify:* • *Treatment and recovery goals (the issues that the client and counsellor agree are important to accomplish)?* • *what each party will contribute toward achievement of these goals (the methods chosen to achieve them)?*
43.	*Is each treatment/recovery plan signed by both the client and the counsellor, is a copy entered into the client's file and does the client receive a copy?*
44.	*Do the client and the counsellor together review, discuss and assess the treatment/recovery plan frequently as goals are achieved, as strategies fail or as new information becomes available?*
45.	*As part of treatment/recovery planning, is the client asked to complete the life satisfaction scale?*
46.	*After the client has completed the life satisfaction scale, does the counsellor help the client to define specific goals and strategies for the eleven life dimensions used in the scale – and is this information then entered into the treatment/recovery plan?*
47.	*Are the goals of the treatment/recovery plan brief, specific (measurable) and stated in positive terms (stating what the client will do, as opposed to what he/she will not do anymore)?*
48.	*In the treatment/recovery plan, are strategies marked with an asterisk if the client needs to develop skills necessary for achievement of the strategy, as a reminder that these skills need to be taught?*
	THE TREATMENT AND RECOVERY PLANNING CORE FUNCTION: ***DISCHARGE PLANNING***
49.	*Does your service's discharge planning include the following components?* • *assisting the client in the exploration of potential high risk situations and creating a plan of action to manage these situations* • *identifying aftercare to be provided by The Salvation Army's service* • *identifying other appropriate aftercare providers* • *referring the client to these aftercare providers and if necessary using the referral core function* • *encouraging and arranging for the client to continue attending Twelve Step groups* • *formation of a personal recovery team with significant other persons* • *completing arrangements for supportive housing, employment and education if necessary* • *preparing a written discharge plan, to be shared with the client and entered into the client's file* • *maintaining contact with the client and, if necessary, with aftercare providers to help monitor and measure the effectiveness of the discharge plan.*
	THE COUNSELLING AND GROUP FACILITATION CORE FUNCTION
50.	*Does your service offer counselling:* • *while the client is taking part in the service?* • *during the aftercare component, emphasizing relapse prevention approaches in particular?*

51.	*Does your service offer counselling during the client screening phase, to prepare the client to take a positive attitude toward the admission or to encourage him/her to follow through on a referral to some other necessary resource?*
THE CASE MANAGEMENT CORE FUNCTION	
52.	*Does the counsellor assigned to the client also act as the client's case manager during the treatment/recovery process?*
53.	*Does your service provide **internal case management**, involving management (in partnership with the client) of all services provided by the service, whether provided at the same time or one after the other?*
54.	*Does your service provide **external case management**, involving management of addiction services with services provided by other agencies, carried out in partnership with case managers from the other agencies?*
THE CRISIS INTERVENTION CORE FUNCTION	
55.	*Does your service have a set of crisis intervention guidelines that:* • *identifies the kinds of crises that may occur* • *specifies internal roles, as well as external resources when appropriate, to be used in crises (including up-to-date contact information for these external resources)* • *includes guidelines for documenting the crisis and the actions taken in response to the crisis?*
56.	*Are these crisis intervention guidelines:* • *updated at least once every six months* • *kept in a prominent place in the workplace* • *provided to all new employees* • *reviewed annually at a staff meeting?*
57.	*Are all employees of your service required to take non-violent crisis intervention training?*
THE CLIENT EDUCATION CORE FUNCTION	
58.	*In your service is client education carried out throughout the treatment and recovery process, starting as early as the initial screening?*
59.	*Does your service provide **reactive client education**, in which education is provided in response to the client's expression of need for education?*
60.	*Does your service provide **proactive client education**, in which the education is provided at the initiative of the treatment service?*
61.	*Do your counsellors explore education needs with each client during the treatment and recovery planning phase?*
62.	*Does your service have an up-to-date library of pamphlets, books, articles and videos?*
63.	*Does your service have an evaluation/refresher component to it?*
64.	*If a client shows a need for education on an issue not directly related to addiction, does the client's counsellor try to provide the client with information on the issue or refer the client to an information or education resource?*
THE REFERRAL CORE FUNCTION	
65.	*Are counsellors fully familiar with The Salvation Army's addiction service resources (for internal referrals) and with community's resources (for external referrals)?*
66.	*Are referrals recorded as part of the case management plan?*
67.	*Except in crises, are referrals made with the client's knowledge and agreement?*

68.	*Is as much client information as feasible transmitted to the receiving agency (with the client's written consent), including a clear statement of the reason for the referral?*
69.	*Is each counsellor is also aware of, and willing and able to search, community resource databases to identify unique resources to which clients can be referred?*
70.	*Are complaints from agencies about inappropriate referrals investigated thoroughly, quickly and non-defensively, to preserve partnerships with these agencies?*
THE CORE FUNCTION OF CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT/SERVICE	
71.	*Does your service keep an up-to-date inventory of professionals with whom your service can consult, including:* • *personnel within the service who have specialized skills and knowledge* • *personnel in other Salvation Army addiction services who have specialized skills and knowledge* • *personnel in Salvation Army programs not directly involved in addictions treatment and recovery* • *personnel in the community who have specialized skills and knowledge (local family practitioners and medical specialists for instance)?*
72.	*If the consultation requires the transmission of client information, does your service only transmit once the written agreement of the client has been obtained?*
THE SPIRITUAL CARE FUNCTION	
73.	*Does your service offer one or more chaplains appointed or designated to meet spiritual and religious needs of clients, their families, staff and volunteers?*
74.	*Does the chaplain inform other members of the clinical team if they have concerns about a client's mental or physical health?*
75.	*Does the chaplain determine and refer those individuals who require professional mental health and medical treatment and who are able to participate in any prescribed multi-disciplinary form of treatment?*
76.	*Does the chaplain lead the community of faith in worship services at the addiction service centre?*
77.	*Does the chaplain provide and/or coordinate Christian education programs for people in recovery in your centre?*
78.	*Does your service's chaplain provide Christian leadership for the multicultural transformation of all spiritual and treatment/recovery programs, to ensure diversity and cultural awareness among the staff of the addiction service and to reduce cultural barriers to full participation by both staff and clients in the service's spiritual and treatment/recovery programs?*
79.	*Does your service ensure that appropriate referrals for spiritual support are made for clients belonging to other faith communities, whether Christian or non-Christian, when it appears that the client would benefit from such spiritual support?*
80.	*Does your service identify secular ethnocultural resources that can partner with The Salvation Army to help ensure culturally appropriate service is provided?*
81.	*Is your service's chaplain, as much as possible, a full member of the treatment and recovery team, participating in treatment and recovery meetings?*
82.	*If your chaplain cannot participate in all team meetings, does she/he receive and provide written reports on client progress (within the limitations of confidentiality) and kept fully informed of treatment and recovery decisions to help them integrate the pastoral role with the therapeutic roles of others on the team?*

83.	*Is your chaplain aware of restrictions on the information he/she can reveal to other team members, since clients may perceive a chaplain as someone to whom they can confess acts and feelings without fear that such confessions will be revealed to others?*
84.	*Is your chaplain assigned a non-administrative chaplaincy supervisor, either someone "in house" or through an arrangement with an external supervisor/mentor who is aware of current quality standards for chaplaincy?*
THE REPORTING AND RECORD KEEPING CORE FUNCTION	
85.	*Do counsellors in your service use the DAP progress note format?*
86.	*Does your service compile and use document/ record preparation and retention guidelines that specify:* • *all client documents and records that must be prepared (client files and consent forms for example) and the recommended structure and content sections of these documents* • *guidelines for correcting and amending documents and records* • *requirements for preserving the confidentiality of client information in these documents and records. At a minimum, these guidelines specify what authorization process must be used for access to these documents and records, and what secure record storage provisions must be in place.* • *guidelines for secure storage and disposal of client-related documents and records?*
87.	*Do personnel of your service abide by all privacy legislation, both in terms of records and communications relating to clients?*
88.	*Do staff in your service have easy access to The Salvation Army Canada and Bermuda Territory's privacy manual, The Expectation of Privacy and the Use of Personal Information in The Salvation Army?*
89.	*Does your service use an appropriate form of client consent to collect, use or disclose information about clients?*
90.	*Does your service limit its collection, use and disclosure of personal information to what is required to deliver its services effectively?*
91.	*If a new use for information comes about after it has been collected, do staff of your service consider whether the new use may have been implicitly authorized by the client at the time of collection or whether consent to the new use must be obtained?*
92.	*Does your service ensure that only individuals with valid reasons are granted access to personal client information?*
93.	*Do all staff and volunteers sign a privacy and confidentiality statement upon commencing employment/volunteer service, and do they abide by the service's privacy and confidentiality policies throughout their employment/ volunteer service?*
94.	*Is all personal information about clients as accurate, complete and up-to-date as possible?*
95.	*Are clients given access to their personal information when possible, so any demonstrated inaccuracy or incompleteness can be amended?*
96.	*Are clients permitted to access the personal information contained in their files, either by viewing the file, or by receiving photocopies?*
97.	*Are clients told what personal information will be collected, used and disclosed?*
98.	*Unless consent can be implied, are clients requested to consent to the collection, use and disclosure of personal information for purposes not previously identified?*

99.	*Are all requests for access to information fulfilled within 30 days of the date of the request, unless, at the time the request is made, it becomes clear that additional time will be required to obtain the information?*
100.	*If more time to fulfill the request for access to information is required, is the client notified of this within the initial 30 day period, and is the request fulfilled no later than 60 days after the request was received?*
101.	*When granting clients access to personal information, is all personal information relating to other people deleted or blocked out?*
102.	*Does your service specify the circumstances under which clients' personal information may be shared with relatives?*
103.	*Does your service specify the circumstances under which clients' personal information may be shared with other organizations (including agents or partners of The Salvation Army)?*
104.	*Are clients informed at the time information is collected that any personal information will be or may be shared with other agencies?*
105.	*Are staff made aware of the provisions of federal and provincial legislation covering situations in which access to personal information may or must be denied?*
THE CLINICAL SUPERVISION CORE FUNCTION	
106.	*Is every clinical staff member assigned a clinical supervisor responsible for:* • *providing initial orientation* • *establishing specific clinical service standards, as well as measures to gauge achievement of these standards* • *gathering information on performance measures* • *meeting regularly and as-needed with the clinical staff member to provide mentoring and support (including advice, feedback and information on emerging clinical issues and techniques)* • *responding to requests for information, advice or support* • *conducting an annual performance review with the clinical staff member* • *working together to design an annual education and training plan, and helping to ensure resources are made available* • *documenting the results of the supervisory process?*
107.	*In your service, is the supervised clinical staff member responsible for:* • *acting in accordance with supervisory directions* • *seeking appropriate advice from the supervisor in a timely way* • *providing input into performance standards and measures* • *stating what supervisory support, education and training she/he requires?*
108.	*Do your service's staff take into account The Salvation Army's standards for the personal conduct and performance of its staff?*
109.	*Are all employees expected to* • *be supportive of The Salvation Army, its mission and goals* • *respect confidentiality of clients, staff, and the organization* • *fulfill his/her commitment, or notify the supervisor when unable to do so* • *follow guidelines established by the organization regarding rules, regulations, and policies and procedures* • *participate in the orientation and training required for the position* • *perform assignments to the best of his or her abilities; to be dependable, cooperative, accountable; and to consult his or her supervisor for guidance* • *be considerate and respectful of others' abilities, and to work as a team member with fellow employees and volunteers*

	• *refrain from pressuring others to accept his or her standards or beliefs* • *contribute constructively in the resolution of problems and conflicts?*
110.	*Are all employees aware that they can expect the following from The Salvation Army:* • *to be treated with dignity, kindness and fairness* • *to have all records and personal information handled with professionalism and in confidentiality* • *to receive respect and appreciation for their efforts, contributions and service* • *to be accepted and respected as a co-worker and team player.* • *to receive a written position description which clarifies the agreed-upon assignment and responsibilities* • *to receive an orientation to The Salvation Army and the position as well as necessary training to carry out the responsibilities of the position* • *to be provided with guidance, supervision, encouragement and the needed resources for meaningful and effective service* • *to have questions, suggestions, and/or concerns heard?*
111.	*Does an in-house supervisor supervise the supervisor, providing mentoring and support for the supervisory core function, or is supervision provided through an agreement with an external supervisor/mentor?*
112.	*If your service uses volunteers, does it have a designated Local Coordinator of Volunteer Services reporting to the program's Executive Director or her/his designate but also maintaining a strong supportive relationship with the Divisional Volunteer Services Secretary?*
113.	*Does your service's Coordinator of Volunteer Services perform these functions:* • *reporting quarterly to the appropriate level of administration regarding volunteer activities and direction* • *developing goals and objectives for the volunteer programs* • *preparing and being responsible for an annual volunteer budget* • *serving as consultant to administration in areas related to volunteerism* • *developing and reviewing the program's handbook for volunteers as it relates to their involvement* • *developing, implementing and evaluating volunteer activities* • *serving on committees as appropriate?*
114.	*Does your service's Coordinator of Volunteer Services ensure these functions are in place:* • *recruiting, selecting, placing, orientating, training, recognizing and evaluating all in-service volunteers* • *developing written assignment descriptions and other appropriate written materials to guide volunteers in their overall performance* • *developing on-going liaison between staff and volunteers* • *developing and maintaining an appropriate record-keeping system* • *planning on-going training in cooperation with the Divisional Volunteer Services Secretary.* • *ensuring written policies and procedures are followed?*
THE PARTNERSHIP DEVELOPMENT CORE FUNCTION	
115.	*Is your service a participant in inter-agency liaison and joint planning activities in your community, particularly among addiction and mental health agencies?*
116.	*Does your service's strategic plan identify opportunities for partnership?*

117.	*Does your service review its referrals-in and referrals-out to identify those agencies and services that rely most heavily on your service to meet the needs of their clients, and that are most heavily relied upon by your service to meet the needs of their clients?*
118.	*Does your service determine whether it is satisfied with the results of referrals to its partners, and whether these partners are satisfied with the results of their referrals to your service?*
119.	*If satisfaction is low, does your service work with these partners to find ways to improve service delivery, as a way to strengthen the partnerships?*
THE OUTCOMES AND EVALUATION CORE FUNCTION	
120.	*At the end of each stage of treatment and recovery, does your service evaluate specific client outcomes through:* • *weekly client surveys* • *standardized measures such as The 32-item Behavior and Symptom Identification Scale ® (BASIS-32)* • *client satisfaction surveys upon completion of program* • *client progress surveys three months after discharge from the program* • *any other evaluation tools?*
121.	*Does your service document its evaluation findings at least annually in reports that focus on whether services meet and satisfy the needs of people served?*
122.	*Does your service use the results of evaluation to help make decisions throughout the service's programs?*
THE COMPETENCIES AND CERTIFICATION CORE FUNCTION	
123.	*Does your service encourage and help all clinical staff to become certified or re-certified by the Canadian Addiction Counsellors Certification Federation?*
124.	*Does your service help staff to earn certification by providing clinical supervision, providing time for study and for writing the exam, and financial assistance in obtaining the required education hours?*
THE ACCREDITATION CORE FUNCTION	
125.	*Does your service cooperate fully with The Salvation Army's Social Services Accreditation Review process, and does it endeavour to make service improvement fully and in a timely way, consistent with accreditation findings?*
THE COMMUNITY REINFORCEMENT APPROACH	
126.	*Does your service use the community reinforcement approach as its preferred treatment/recovery approach?*
127.	*If you use the community reinforcement approach, do your service's staff:* • *have a working knowledge of this approach* • *possess skills in the use of motivational interviewing and other cognitive-behavioural therapies, as techniques to supplement the community reinforcement approach* • *support clients in the further development of treatment/recovery plans* • *have an ability to establish a helping relationship with the client, characterized by warmth, respect, genuineness, concreteness and empathy* • *recognize professional and personal limitations* • *incorporate information obtained through the comprehensive assessment process and comprehensive treatment/recovery plan to inform the counselling approach* • *keep clear and accurate records of all key information gathered?*

RELATED THERAPIES	
128.	*Does your service use any of these optional related therapies:* • *cognitive behavioural therapy* • *motivational interviewing* • *rational emotive behaviour therapy (REBT)* • *reality therapy (Glasser model)* • *stages of change model (Prochaska and DiClemente)* • *relapse prevention (Gorski model)?*

9 Section Nine: ARC Interactive Journaling Series

The ARC Interactive Journaling Series was developed in 2007 for use in adult rehabilitation centres in the United States. The series is based on the concept of client readiness to change and motivational interviewing. In The Salvation Army, Canada and Bermuda Territory, addiction services units may find these an excellent resource tool for use with some clients.

They are not to be used in place of treatment as described in the Salvation Army Addiction Service Manual. They can be effective for some clients as an aid to recovery. With this in mind the following Journals could be beneficial:

What Got Me Here?
What Got Me Here? provides a client with an opportunity to explore the various reasons they are entering treatment and prepares them for the work of positive life change that lies ahead.

Steps To Spiritually
Steps to Spirituality introduces a client to the importance of God in their recovery. It provides an opportunity to:

- Recognize that God has the power to change us.
- Decide to ask God to be in control.
- Make a fearless and moral inventory of oneself.
- Confess our sins to God, ourselves, and another human being.

Feelings
In this Journal a client is encouraged to explore their feelings as part of the recovery process and also develop coping strategies to help manage their difficult emotions.

Life Management
Life Management offers practical tips to help clients get their lives back in order "one day at a time." It provides information about stress management, nutrition, finances, time management and leisure time

Living As If
Dr. William Miller provided to the development of this Journal. It is designed to help clients examine the underlying assumptions that guide their perceptions and behaviour. It helps individuals develop the understanding that they have a choice about how they perceive reality, which leads them to the awareness that their future need not be a repeat of their past.

Lessons Learned
This Journal was developed and edited by Dr. James O. Prochaska, the developer of the Transtheoretical Model of Behavior Change. In this Journal a client will have the opportunity to learn:

- The normal cycle of change.
- Effective strategies for making changes.
- Specific strategies they believe will be most helpful in their efforts to reinvest in their change process.

Changing Course
Changing Course assists clients to begin the process of making positive life changes. Clients reflect on their current choices and consider the connection between alcohol, other drugs and crime. Emphasis is placed on weighing the costs and benefits of making life changes, effective strategies for successful self-change and developing a plan to follow through with the choice to change.

Women in Recovery
The *Women in Recovery* Journal provides gender-specific information on alcohol and other drug abuse and addiction. It is a guide for women that assists them to examine the connection between substance abuse and high-risk behaviours.

Successful Living with a Co-occurring Disorder
This Journal is for those clients who suffer from a co-occurring disorder. The intent of this book is to provide clients with an opportunity to:

- Recognize that they have two distinct conditions and they interact.
- Consider the facts surrounding their co-occurring disorder.
- Explore important aspects of their life.
- Develop a recovery team.
- Understand the role medications have in their recovery.
- Design a self-health plan that will prepare them for events and challenges in the future.

Living Tobacco-free
The purpose of this Journal is to assist clients who have made the decision to quit smoking. It will guide them in the creation and implementation of an action plan. The plan is based on how people successfully make challenging life changes.

10 Section Ten: Competencies and Certification

10.1 What Are Competencies and Certification?

The term ***competency*** refers to descriptions of the abilities needed to perform a role in an organization. Competencies are described in terms such that they can be measured. Success for the client depends largely on the competence of clinical staff. This competency is measured not only on the counsellor's interpersonal skills but also on the ability to implement evidenced based practices. ***Certification*** is the attestation, by an independent certification body, that a person has achieved one or more levels of competence.

10.1 How Does The Salvation Army Promote Competencies and Certification?

It is The Salvation Army's policy to have all clinical staff certified, re-certified or in the process of seeking certification, by the Canadian Addiction Counsellors Certification Federation (CACCF). Further material on dimensions of CACCF certification can be found in Appendices Two, Five and Six.

CACCF's certification process requires:

- 6,000 hours (three years) of addiction work experience
- 270 hours of addiction education
- 300 hours of supervision
- successful completion of a 3.5 hour written exam.

More detailed information can be found at www.caccf.ca or can be provided by clinical supervisors.

The Salvation Army assists staff to earn certification by:

- providing clinical supervision
- possible financial assistance, dependent upon budgetary provision and administrative approval, in obtaining the required education hours (see the next section).

11 Section Eleven: Staff Education and Training

11.1 What Are Staff Education and Training?

Education and training are two related and overlapping dimensions of knowledge development.

Education refers to the broad and often comprehensive formalized[1] body of knowledge a person brings to their profession or job.

Training involves formalized learning that is related to specific skills and skill sets.

11.1 How Does The Salvation Army Promote Education and Training?

The Salvation Army specifies the entry-level education and training levels required of any of its clinical staff. These specifications are included in the job description for each clinical position.

Appropriate additional education and training for clinical staff, to allow them to perform the core functions described in this manual, is a Salvation Army priority. The training may be provided in-house or through external education programs and workshops.

A training program is discussed with the counsellor's clinical supervisor. Top priority is given to education and training that helps the staff member to achieve certification or re-certification as outlined in the previous section. Appendix Eight outlines the training required for Canadian Addiction Counsellors Certification Federation (CACCF) certification.

All staff education is in accordance with The Salvation Army minimum standard as found in The Salvation Army *Employee Relations Policies and Procedures Manual*, *Canada and Bermuda**.*** The minimum standard is shown on the next page.

[1] "Formalized" means that:

- the knowledge has been acquired through participation in a reputable learning process or program (a college, university or continuing education session for instance), and
- the participant's successful completion of the learning process is recognized through a test or a certificate of process or program completion.

Section Twelve: Accreditation

11.1 What Is Accreditation?

Accreditation is the procedure of attesting that a facility is providing services of a reasonable quality, so that the public can trust in the quality of its services. Accreditation is a ***formal, visible, credible*** process to help an organization to meet quality standards. It is like a Good Housekeeping Seal of Approval for an organization or service.

11.1 How Does The Salvation Army Achieve Accreditation?

The Salvation Army maintains its own accreditation process, called The Salvation Army Social Services Accreditation Review. The Salvation Army's accreditation process is a **program and risk management tool** to support programs. It has four goals:

1. to provide operating standards for each Social Service program
2. to provide a process for reviewing the performance of individual programs against these standards
3. to identify high risk and critical issues in programs that represent liability for The Salvation Army
4. to provide a tool to help a program to improve its practices.

Each accreditation review uses a standard format provided in advance to the service and includes a visit by an accreditation team. Each review looks at five standard dimensions of any service:

1. governance: leadership and management
2. human resources
3. financial systems
4. facility
5. spiritual care.

As well, dimensions specific to each type of social service are examined. Dimensions specified for addiction services comprise the following:

- "There shall be written statements describing the mission of the service and program goals and objectives.
- There shall be documented evidence of the development of a planning process, which shall ensure regular review of goals, objectives and outcomes.
- The goals, objectives and outcomes shall be reflected in written policies, procedures and plans.
- There shall be adequate and competent staff. Staff members will comply with the professional and ethical standards of The Salvation Army and respective professional disciplines. There shall be effective mechanisms for systematic, regular review of the quality and quantity of service provided. The quality assurance program shall incorporate the methodologies of structured client care review as well as program evaluation techniques.

- A milieu shall be promoted that fosters effective communication among staff, clients, families and community.
- Services shall be coordinated with other appropriate community resources, shall build on community assets, shall be responsive to community need/referral sources, and shall demonstrate continuing progress in meeting the spiritual, physical, mental and social needs of the clients.
- The personal dignity of the client shall be respected. The rights of the client and their families, including their personal and informational privacy, shall be protected. Clients shall be made aware of their responsibilities as recipients of the service. Posting of "client rights" is required.
- No individual shall be excluded from receiving services of the centre, or membership of the Community Council or staff, on the basis of race, creed, sex, or national origin. Residential facilities may provide service to males or females exclusively and some programs may have an appropriate age restriction. There will be no discrimination of clients based on diagnosis except where stated publicly in program admission criteria.
- Attainment of accreditation by The Salvation Army Social Services Department's Accreditation process and perhaps where appropriate, the accreditation by the acknowledged association in a particular field of service shall be a stated goal of the facility."[2]

To achieve accreditation for a three year period, each program must achieve satisfactory levels of performance on at least 80% of the standards in each chapter or component of the review.

Each Salvation Army addiction service cooperates fully with The Salvation Army's Social Services Accreditation Review process and endeavours to make service improvements fully and in a timely way, consistent with accreditation findings.

[2] *Salvation Army Social Services Accreditation Manual*, Chapter 9, *Program: Addiction Services* (September 2006 version)

12 Section Thirteen: Additional Resources

The Salvation Army Canada and Bermuda Territory

The website of The Salvation Army Canada and Bermuda Territory provides extensive background on The Salvation Army's history, mission and values, position statements and services. This information can be accessed through its home page at
http://www.salvationarmy.ca.

Health Canada

Within its Healthy Living initiative, the Health Canada website contains a number of publications relevant to substance abuse treatment and recovery. An index listing and providing access to these documents can be found at
http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/index-eng.php.

Canadian Centre on Substance Abuse (CCSA)

The Canadian Centre on Substance Abuse (CCSA), established by the Government of Canada, provides national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol- and other drug-related harms. Its activities include transferring knowledge, developing and informing policy, and building partnerships that help Canadian addictions stakeholders leverage their resources, build capacity and share information.

CCCSA publishes *Action News*, a quarterly newsletter on current events related to substance abuse. CCSA's newsletters, its published reports and its statistical studies can be accessed through its home page at
http://www.ccsa.ca/CCSA/EN/TopNav/Home.

Canadian Network of Substance Abuse and Allied Professionals

This national website developed for Canada's substance abuse workforce provides access to a number of resources of use to addiction counsellors, including manuals for treatment for special populations and for specific substances. The website is also a point of access to *Network News*, an electronic quarterly newsletter providing information to Canada's substance abuse and allied professionals on the latest workforce development initiatives, evidence-informed resources and upcoming events. The website also allows addiction professionals to post notices and messages. The website can be accessed at
http://www.cnsaap.ca/cnsaap/index.htm?Language=EN.

Centre for Addictions and Mental Health (CAMH)

Located in Toronto, the Centre for Addictions and Mental Health (CAMH) provides a number of clinical services in the addictions and mental health fields. It also offers training courses and publishes reports and other documents relevant to addiction treatment and recovery. These resources can be accessed through the CAMH home page at **http://www.camh.net.**

Centre for Addictions Research of BC (CARBC)

The Centre for Addictions Research of BC (CARBC), affiliated with the University of Victoria, conducts research that increases understanding of substance use and addiction, and informs effective responses and disseminates research findings that increase understanding of substance use and addiction. It also provides the "SILINK" on-line library of resources. CARB's home page is at **http://www.carbc.ca.**

Alberta Alcohol and Drug Abuse Commission (AADAC)

An Agency of the Government of Alberta, the Alberta Alcohol and Drug Abuse Commission (AADAC) issues research-based publications and has an online resource catalogue that can be accessed through AADAC's home page at **http://www.aadac.com/Default.asp.**

Canadian Addiction Counsellors Certification Federation (CACCF)

The Canadian Addiction Counsellors Certification Federation (CACCF) is the credentialing body for addiction counsellors in Canada. Information on CACCF's certification processes can be accessed through its home page at **http://www.caccf.ca.**

Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) is part of the U.S. Government's Department of Health and Human Services. Its website contains a number of interesting resources on addiction, including reports and a "tip" series providing advice and guidance on a number of specific addiction treatment and recovery issues. SAMHSA's home page is at **http://www.samhsa.gov/index.aspx.**

Addictions Foundation of Manitoba (AFM)

Provision of services to Manitobans with co-occurring mental health and substance use disorders, and emphasizing collaboration between mental health and addiction services. The AFM's home page is at: **http://www.afm.mb.ca**

Books

Addiction and Change: How Addictions Develop and Addicted People Change, Carlo C. DiClemente (2003), The Guilford Press, ISBN 1-59385-344-0

Addiction and Grace, Gerald G. May, (1998), HarperCollins Publishers, ISBN 978-0-06-112243-9

Addiction Treatment: Theory & Practice, Sandra Rasmussen (2000), SAGE Publications, ISBN 0-7619-0843-9

Alcohol & Drug Problems: A Practical Guide for Counsellors 3rd Edition, Susan Harrison and Virginia Carver (2004), Centre for Addiction and Mental Health, ISBN 0-88868-445-2

Anger and Addiction: Breaking the Relapse Cycle, Jo Clancy (1996), Psychosocial Press, ISBN 1-887841-02-4

Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach, Robert J. Meyers and Jane Ellen Smith (1995), The Guilford Press, ISBN 0-89862-857-1

Clinical Manual for Treatment of Alcoholism and Addictions, Avram H. Mack, Amy L. Harrington, Richard J. Frances (2009), American Psychiatric Pub, Inc, ISBN 978-1585623730

Clinical Supervision in Alcohol and Drug Abuse Counseling (Revised Edition), David J. Powell, (2004), Jossey-Bass, ISBN 978-0787973773

Clinical Supervision in the Helping Professions: A Practical Guide, 1st Edition, Robert Haynes , Gerald Corey , Patrice Moulton (2003), Brooks Cole ISBN 9780534563134

Concurrent Substance Use and Mental Health Disorders: An Information Guide, W.J. Wayne Skinner, Caroline P. O'Grady, Christina Bartha, and Carol Parker (2004), Centre for Addiction and Mental Health, ISBN 978-88868-474-5

Criminal Conduct & Substance Abuse Treatment: Strategies for Self-Improvement and Change 2nd Edition, (The Providers Guide) Kenneth Wanberg and Harvey B. Milkman (2008), SAGE Publications, ISBN 978-1-4129-0592-3

Diagnostic Issues in Substance Use Disorders: Refining the Research Agenda for DSM-V, John B. Saunders, Marc A. Schuckit, Paul J. Sirovatka, Darrel A. Regier, (2009). American Psychiatric Pub, Inc., ISBN 978-0890422991

Dual Disorders: Counseling Clients with Chemical Dependency and Mental Illness, Dennis C. Daley and Howard B. Moss (2002), Hazelden, ISBN 1-56838-802-0

Evidence-Based Addiction Treatment, Peter M. Miller (2009), Academic Press, ISBN 978-0-12-374348-0

Evidence-Based Practice of Cognitive–Behavioural Therapy, Deborah Dobson and Keith S. Dobson, (2009), Guilford Press, ISBN 978-1-60623-020-6

Foundations of Addictions Counseling, David Capuzzi and Mark D. Stauffer, (2008), Allyn and Bacon, ISBN 978-0-205-48312-9

Harm Reduction, G. Alan Marlatt, (2002), Guilford Press, ISBN 978-1572308251

Highs & Lows: Canadian Perspectives on Women and Substance Use, Nancy Poole and Lorraine Greaves (2007), Centre for Addiction and Mental Health, ISBN 978-0-88868-534-6

Integrating Spirituality Into Treatment: Resources for Practitioners, William Miller (1999), American Psychological Association, ISBN 1-55798-581-2

Integrated Treatment for Dual Disorders: A Guide to Effective Practice, Kim T. Mueser, Douglas L. Noordsy, Robert E. Drake, and Lindy Fox, (2003), The Guilford Press, ISBN 1-57230-850-8

Judeo-Christian Perspectives on Psychology, William R. Miller and Harold D. Delaney, (2005), American Psychological Association, ISBN 1-59147-161-3

Managing Addictions: Cognitive, Emotive, and Behavioural Techniques, F. Michler Bishop (2001), Roman & Littlefield Publishers, Inc. ISBN 0-7657-0267-3

Overcoming Your Alcohol or Drug Problem: Effective Recovery Strategies, 2nd Edition, Dennis C. Daley and G. Alan Marlatt (2006), Oxford University Press. ISBN 13-978-0-19-53077-3

Passages Through Recovery: An Action Plan for Preventing Relapse, Terence T. Gorski (1989), ISBN 1-56838-139-5

Practical Psychology for Pastors 2nd Edition, (1985), Prentice-Hall Inc, ISBN 0-13-171829-0

Psychosocial Treatments, Elinore F. McCance-Katz & Westley Clark (2004), Brunner–Routledge, ISBN 0-415-94781-2

Methamphetamine Addiction, Perry N. Halkitis, (2009), American Psychological Association, ISBN 978-1-4338-0423-6

Motivational Interviewing & Stages of Change: Integrating Best Practices for Substance Abuse Professionals, Kathyleen M. Tomlin and Helen Richardson (2004), Hazelden, ISBN 1-59285-085-5

Motivational Interviewing: Preparing People for Change 2nd Edition, William R. Miller and Stephen Rollnick (2002), The Guilford Press, ISBN 1-57230-563-0

Relapse Prevention Counselling Workbook: Practical Exercises for Managing High-Risk Situations, Terence T. Gorski with Arthur B. Trundy (2000), Herald House/Independence Press, ISBN 0-8309-0739-4

Responding to the Oppression of Addiction, Rick Csiernik and William S. Rowe, (2003), Canadian Scholars' Press Inc., ISBN 978-1-55130-240-9

Staying Sober: A Guide for Relapse Prevention, Terence T. Gorski and Marlene Miller (1986), Herald House/Independence Press, ISBN 0-8309-0459-X

Stop Spinning Your Wheels, James M. Montagnes (2006), James Montagnes and Associates, ISBN 0-9739627-0-4

Stress and Addiction, Mustafa Al'Absi, (2007), Academic Press, ISBN 978-0-12-370632-4

Substance Misuse: The Implications of Research, Policy and Practice, Joy Barlow, (2010), Jessica Kingsley Publishers, ISBN 978-1843106968

The Addiction Counselor's Desk Reference, Robert Holman Coombs and William A. Howatt (2005), John Wiley & Sons, ISBN 0-471-43245-8

The Feeling Good Handbook (Revised Edition), David D. Burns, M.D. (1999), Plume-The Penguin Group, ISBN 978-0-452-28132-5

Treating Concurrent Disorders: A Guide for Counsellors, W. J. Wayne Skinner (2005), Centre for Addiction and Mental Health, 0-88868-499-1

The Handbook of Addiction Treatment for Women: Theory & Practice, Shulamith Lala Ashenberg Straussner and Stephanie Brown (2002), Jossey-Bass, ISBN 0-7879-5355-5

Tackling Addiction: Pathways to Recovery, Rowdy Yates and Margaret S. Malloch, (2010), Jessica Kingsley Publishers, ISBN 978-1849050173

Treatment Planning for Person-Centered Care: The Road to Mental Health and Addiction Recovery, Neal Adams and Diane M. Grieder (2005), Elsevier Academic Press, ISBN 0-12-044155-1

Understanding The Twelve Steps: An Interpretation and Guide For Recovering People, Terence T. Gorski (1989), Simon & Schuster, ISBN 0-671-76558-2