Louisiana Addictive Disorder Regulatory Authority (ADRA)
Certified Clinical Supervisor (CCS) Policy

Definitions

For the purposes of the ADRA the following terms are defined as follows:

Counselor-in-training or CIT: any person who has not yet met the qualification to become a licensed, certified or registered counselor, but who has made application to the board in accordance with the provisions of this Chapter and procedures established by the board

Certified Clinical Supervisor: any person holding the necessary credential of licensed, certified, or registered addiction counselor, or Qualified Mental Health Professional who has satisfied the requirements established by the board to provide clinical supervision

Supervision (as defined by TAP 21): an intervention that is provided by a senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that they see, and serving as a gatekeeper of those who are to enter the particular profession (Bernard and Goodyear, 2004, p. 8). Supervision is a social influence process that occurs over time, in which the supervisor participates with supervisees to ensure quality clinical care. Effective supervisors observe, mentor, coach, evaluate, inspire, and create an atmosphere that promotes self-motivation, learning, and professional development. They build teams, create cohesion, resolve conflict, and shape agency culture, while attending to ethical and diversity issues in all aspects of the process. Such supervision is key to both quality improvement and the successful implementation of consensus- and evidence-based practices.

Direct Clinical Supervision: responsible, continuous, on-the-premises observation, by a certified clinical supervisor or Credentialed addiction professional approved by the ADRA, whereby the supervisor is personally present in the servicing facility and immediately available to the service area. Direct supervision may include treatment team or staffing meetings, observation in group, individual, family, education or other, private conversations (one to one) discussing cases, core functions, KSA's or reviews of charts or medical records. The professional providing direct supervision shall be ultimately responsible for the acts or omissions of the counselor in training or prevention specialist in training he is supervising. Where off-the-premises experience is arranged for the candidate being supervised, the supervision plan shall so indicate and shall designate an appropriate professional at the off premises site to act in a supervisory capacity. Direct supervision is the interpersonal tutorial relationship between a certified clinical supervisor and other licensed, certified, or registered addiction counseling professionals centered on the goals of skill development and professional growth through learning and practicing. Through observation, evaluation, and feedback, clinical supervision enables the supervisee to acquire the competence needed to deliver effective patient care while fulfilling professional responsibility. Clinical supervision is understood to emphasize improvement of the counseling skills and effectiveness of the supervisee and is to be distinguished from administrative supervision.

Clinical Supervision (as defined in TAP 21): a disciplined, tutorial process wherein principles are transformed into practical skills, with four overlapping foci: administrative, evaluative, clinical, and supportive (Powell, 2004, p. 11)

Knowledge, Skills, and Attitudes or KSA: designated by the ADRA as being necessary for effective addiction counseling and required by the board to be utilized by addiction counselors in providing services.

Competency: possessing the education and skill to demonstrate the knowledge in a daily work setting

Competency (as defined by TAP 21): Marrelli and colleagues (2004, p. 4) define competency as follows:[A] measurable human capability that is required for effective performance . . . [composed] of knowledge, a single skill or ability, a personal characteristic, or a cluster of two or more of these attributes. Competencies are the building blocks of work performance. The performance of tasks requires the simultaneous or sequenced demonstration of multiple competencies.

Qualified Mental Health Professional (QMHP): a psychiatrist licensed pursuant to R.S. 37:1261 et seq., a psychologist licensed pursuant to R.S. 37:2351 et seq., or a medical psychologist licensed pursuant to R.S. 37:1360.51 et seq., a licensed clinical social worker licensed pursuant to R.S. 37:2701 et seq., a mental health counselor licensed pursuant to R.S.37:1101 et seq.

Credentialed Addiction Professional/Addiction Counselor: a licensed addiction counselor, certified addiction counselor, or registered addiction counselor pursuant to RS.37:3387-3387.2.

Eligibility Requirements for CCS

To become a CCS an individual must meet the following criteria:

- Hold a valid and current credential as a licensed, certified or registered addiction counselor and/or qualified mental health professional qualified to practice independently with the added ADC or AADC credential through LASACT CEB, EMAC or other Addiction Specialty Certificate;
- Complete Clinical Supervision Training Approved by the ADRA;
- Is at least twenty-one (21) years of age;
- Is a citizen or legal resident of the United States;
- Has not been engaged in addictive behaviors for at least a minimum of two (2) years;
- Has not been convicted of, pleaded guilty, or entered a plea of nolo contendere to a felony (the ADRA may waive this requirement for good cause upon request);
- Is not in violation of any ethical standard subscribed to by the ADRA;
- Does not have any pending disciplinary actions with the board or in the case of a Credentialed addiction professional, with the appropriate regulatory board;
- Authorize the ADRA to obtain a criminal background check;
- Successfully completed 90 total clock hours of education approved by the ADRA. 30 hours of the 90 hours must be specific to the first five clinical supervision domains with a minimum of four hours in each domain with the remaining 60 hours being specific to addiction treatment. All hours are subject to approval by the ADRA;
- Obtain 4000 hours (2 full time years) of experience in a supervisory position;
- Obtain 10,000 hours (5 full-time years) of experience in the treatment of people with addictive disorders;
- Demonstrate professional competence by passing the written exam for clinical supervision.

Maintenance of CCS Credential

Once the CCS credential is issued, the individual must meet the following criteria to maintain the status:

- Maintain good standing with the ADRA Board per the Code of Ethical Responsibility and Accountability;
- Ensure that the CIT(s) under supervision gain three hundred hours (300) of "Direct Clinical Supervision" under a Certified Clinical Supervisor (CCS)
    - *These hours shall only be gained in the practice of the 12 "Core Functions" of addiction counseling (as defined by the IC&RC) while in the presence of a CCS;*
- Ensure that the CIT(s) gain 2000, 4000, or 6000 hours of Supervised "work experience" under the supervision of any Credentialed addiction professional or other licensed mental health professional (LMHP);
- Within the two (2) years prior to application for renewal, all CCS's must complete at least 8 clock hours directly applicable to clinical supervision and 6 clock hours specific to professional ethics of continuing education;.
- Keep letters of reference, background checks and contact/demographic information current with the ADRA Office. Any changes in information including supervision of CITs and/or contact information must be reported to the ADRA as soon as the changes become effective;
- Establish a contract for supervision with your CITs. Maintain files and a record of supervision for each CIT;
- Understand the goals and objectives of your CITs. Assess their current education/ experience level in order to identify a timeline for preparing them to test;
- Maintain supervision of 1-4 CITs if you have a working client load. The CCS can apply for an exemption of up to 9 total CITs if they complete the exemption form;
  This supervision is described as taking two distinct forms:
    - "Direct Clinical Supervision" (face to face) that may be accumulated at a rate of a minimum of one (1) hour per week;
    - "Supervised Work Experience" that may be accumulated at a maximum of two thousand hours in any calendar year, total required varies by credential;
- In coordination with the CIT, develop a learning plan that incorporates acquiring the outlined in the Substance Abuse and Mental Health Services Administration (SAMHSA) Technical Assistance Publication Series for Addiction Counseling Competencies (TAP 21) (attached for reference). This progressive process must be documented in the learning plan annually as a requirement of the renewal of the status;
    - *Progress will be measured by the evidence of a CCS approval and signature on each competence when acquired. The CCS's signature will attest to the fact that the competence has been gained and demonstrated in the presence of the supervising CCS.*
    - *The TAP 21 competencies should be gained through regular addiction education activities and supervised work experience. The competencies must be demonstrated during direct supervision provided by your CCS. For further elaboration about what activities will specifically enhance the achievement of these competences refer to: SAMHSA*

Scope for CCS

- The CCS status is granted for 2 year period;
- An LAC that holds the CCS credential may provide clinical supervision for any other LAC, CAC, RAC, CIT or ATA;
- A CAC that holds the CCS credential may provide clinical supervision for any other CAC, RAC, CIT or ATA;
- An RAC that holds the CCS credential may provide clinical supervision for any other RAC, CIT or ATA;
- The CCS must document and verify with the ADRA that the CIT is capable of performing all core functions AND has completed, with documentation and verification of, the TAP 21 competencies for the specific Practice Dimensions. All 123 competencies must be signed off on by the CCS prior to the CIT testing.

Scope of Work for CIT

- After the CIT has completed the 300 hours of "Direct Clinical Supervision", the CIT may work in the following four core functions only if a credentialed addiction professional or qualified mental health provider (QMHP) is in the building or available by phone for consultation and supervision:
    - Screening;
    - Intake;
    - Orientation;
    - Client Education.
- After the CIT has completed the 300 hours of "Direct Clinical Supervision", the CIT may to work in the following eight (8) core functions under the "Direct Supervision" of a credentialed addiction professional or qualified mental health professional (QMHP). The CCS should be present in the building or available by phone for consultation and supervision, and only after the current CCS on file with the ADRA has documented and verified with the ADRA that the CIT is capable of performing that core function AND has completed, with documentation and verification of, the TAP 21 competencies for that specific Practice Dimension. All 123 competencies must be signed off on by the CCS prior to the CIT testing:
    - Assessment;
    - Treatment Planning;
    - Counseling;
    - Referral;
    - Crisis Intervention;
    - Report and Record Keeping;
    - Consultation;
    - Case Management.

APPENDIX A

Substance Abuse and Mental Health Services Administration (SAMHSA) Technical Assistance Publication Series for Addiction Counseling Competencies (TAP 21)

The following is an abbreviated list of the competencies without the detailed knowledge, skills, and attitudes. (For details refer to TAP 21)

TRANSDISCIPLINARY FOUNDATION I: UNDERSTANDING ADDICTION

COMPETENCY 1: Understand a variety of models and theories of addiction and other problems related to substance use.
COMPETENCY 2: Recognize the social, political, economic, and cultural context within which addiction and substance abuse exist, including risk and resiliency factors that characterize individuals and groups and their living environments.
COMPETENCY 3: Describe the behavioral, psychological, physical health, and social effects of psychoactive substances on the person using and significant others.
COMPETENCY 4: Recognize the potential for substance use disorders to mimic a variety of medical and mental health conditions and the potential for medical and mental health conditions to coexist with addiction and substance abuse.

TRANSDISCIPLINARY FOUNDATION II: TREATMENT KNOWLEDGE

COMPETENCY 5: Describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems.
COMPETENCY 6: Recognize the importance of family, social networks, and community systems in the treatment and recovery process.
COMPETENCY 7: Understand the importance of research and outcome data and their application in clinical practice.
COMPETENCY 8: Understand the value of an interdisciplinary approach to addiction treatment.

TRANSDISCIPLINARY FOUNDATION III: APPLICATION TO PRACTICE

COMPETENCY 9: Understand the established diagnostic criteria for substance use disorders, and describe treatment modalities and placement criteria within the continuum of care.
COMPETENCY 10: Describe a variety of helping strategies for reducing the negative effects of substance use, abuse, and dependence.
COMPETENCY 11: Tailor helping strategies and treatment modalities to the client's stage of dependence, change, or recovery.
COMPETENCY 12: Provide treatment services appropriate to the personal and cultural identity and language of the client.
COMPETENCY 13: Adapt practice to the range of treatment settings and modalities.
COMPETENCY 14: Be familiar with medical and pharmacological resources in the treatment of substance use disorders.

COMPETENCY 15: Understand the variety of insurance and health maintenance options available and the importance of helping clients access those benefits.
COMPETENCY 16: Recognize that crisis may indicate an underlying substance use disorder and may be a window of opportunity for change.
COMPETENCY 17: Understand the need for and use of methods for measuring treatment outcome.

TRANSDISCIPLINARY FOUNDATION IV: PROFESSIONAL READINESS

COMPETENCY 18: Understand diverse cultures, and incorporate the relevant needs of culturally diverse groups, as well as people with disabilities, into clinical practice.
COMPETENCY 19: Understand the importance of self-awareness in one's personal, professional, and cultural life.
COMPETENCY 20: Understand the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.
COMPETENCY 21: Understand the importance of ongoing supervision and continuing education in the delivery of client services.
COMPETENCY 22: Understand the obligation of the addiction professional to participate in prevention and treatment activities.
COMPETENCY 23: Understand and apply setting-specific policies and procedures for handling crisis or dangerous situations, including safety measures for clients and staff.

PRACTICE DIMENSION I: CLINICAL EVALUATION

Element: Screening

COMPETENCY 24: Establish rapport, including management of a crisis situation and determination of need for additional professional assistance.
COMPETENCY 25: Gather data systematically from the client and other available collateral sources, using screening instruments and other methods that are sensitive to age, developmental level, culture, and gender. At a minimum, data should include current and historic substance use; health, mental health, and substance-related treatment histories; mental and functional statuses; and current social, environmental, and/or economic constraints.
COMPETENCY 26: Screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide; and co-occurring mental disorders.
COMPETENCY 27: Assist the client in identifying the effect of substance use on his or her current life problems and the effects of continued harmful use or abuse.
COMPETENCY 28: Determine the client's readiness for treatment and change as well as the needs of others involved in the current situation.
COMPETENCY 29: Review the treatment options that are appropriate for the client's needs, characteristics, goals, and financial resources.
COMPETENCY 30: Apply accepted criteria for diagnosis of substance use disorders in making treatment recommendations.
COMPETENCY 31: Construct with the client and appropriate others an initial action plan based on client needs, client preferences, and resources available.
COMPETENCY 32: Based on the initial action plan, take specific steps to initiate an admission or referral and ensure follow through.

PRACTICE DIMENSION I: CLINICAL EVALUATION

Element: Assessment

COMPETENCY 33: Select and use a comprehensive assessment process that is sensitive to age, gender, racial and ethnic culture, and disabilities that include but are not limited to:

- History of alcohol and drug use
- Physical health, mental health, and addiction treatment histories
- Family issues
- Work history and career issues
- History of criminality
- Psychological, emotional, and worldview concerns
- Current status of physical health, mental health, and substance use
- Spiritual concerns of the client
- Education and basic life skills
- Socioeconomic characteristics, lifestyle, and current legal status
- Use of community resources
- Treatment readiness
- Level of cognitive and behavioral functioning

COMPETENCY 34: Analyze and interpret the data to determine treatment recommendations.
COMPETENCY 35: Seek appropriate supervision and consultation.
COMPETENCY 36: Document assessment findings and treatment recommendations.

PRACTICE DIMENSION II: TREATMENT PLANNING

COMPETENCY 37: Use relevant assessment information to guide the treatment planning process.
COMPETENCY 38: Explain assessment findings to the client and significant others.
COMPETENCY 39: Provide the client and significant others with clarification and additional information as needed.
COMPETENCY 40: Examine treatment options in collaboration with the client and significant others.
COMPETENCY 41: Consider the readiness of the client and significant others to participate in treatment.
COMPETENCY 42: Prioritize the client's needs in the order they will be addressed in treatment.
COMPETENCY 43: Formulate mutually agreed-on and measurable treatment goals and objectives.
COMPETENCY 44: Identify appropriate strategies for each treatment goal.
COMPETENCY 45: Coordinate treatment activities and community resources in a manner consistent with the client's diagnosis and existing placement criteria.
COMPETENCY 46: Develop with the client a mutually acceptable treatment plan and method for monitoring and evaluating progress.
COMPETENCY 47: Inform the client of confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
COMPETENCY 48: Reassess the treatment plan at regular intervals or when indicated by changing circumstances.

PRACTICE DIMENSION III: REFERRAL

COMPETENCY 49: Establish and maintain relationships with civic groups, agencies, other professionals, governmental entities, and the community at large to ensure appropriate referrals, identify service gaps, expand community resources, and help address unmet needs.
COMPETENCY 50: Continuously assess and evaluate referral resources to determine their appropriateness.
COMPETENCY 51: Differentiate between situations in which it is most appropriate for the client to self-refer to a resource and situations requiring counselor referral.
COMPETENCY 52: Arrange referrals to other professionals, agencies, community programs, or appropriate resources to meet the client's needs.
COMPETENCY 53: Explain in clear and specific language the necessity for and process of referral to increase the likelihood of client understanding and follow through.
COMPETENCY 54: Exchange relevant information with the agency or professional to whom the referral is being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care.
COMPETENCY 55: Evaluate the outcome of the referral

PRACTICE DIMENSION IV: SERVICE COORDINATION

Element: Implementing the Treatment Plan

COMPETENCY 56: Initiate collaboration with the referral source.
COMPETENCY 57: Obtain, review, and interpret all relevant screening, assessment, and initial treatment planning information.
COMPETENCY 58: Confirm the client's eligibility for admission and continued readiness for treatment and change.
COMPETENCY 59: Complete necessary administrative procedures for admission to treatment.
COMPETENCY 60: Establish accurate treatment and recovery expectations with the client and involved significant others, including but not limited to:

- The nature of services
- Program goals
- Program procedures
- Rules regarding client conduct
- The schedule of treatment activities
- Costs of treatment
- Factors affecting duration of care
- Clients' rights and responsibilities
- The effect of treatment and recovery on significant others

COMPETENCY 61: Coordinate all treatment activities with services provided to the client by other resources.
COMPETENCY 62: Summarize the client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress to ensure quality of care, gain feedback, and plan changes in the course of treatment.
COMPETENCY 63: Understand the terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders.
COMPETENCY 64: Contribute as part of a multidisciplinary treatment team.
COMPETENCY 65: Apply confidentiality rules and regulations appropriately.

COMPETENCY 66: Demonstrate respect and nonjudgmental attitudes toward clients in all contacts with community professionals and agencies.

PRACTICE DIMENSION IV: SERVICE COORDINATION

Element: Continuing Assessment and Treatment Planning

COMPETENCY 67: Maintain ongoing contact with the client and involved significant others to ensure adherence to the treatment plan.
COMPETENCY 68: Understand and recognize stages of change and other signs of treatment progress.
COMPETENCY 69: Assess treatment and recovery progress, and, in consultation with the client and significant others, make appropriate changes to the treatment plan to ensure progress toward treatment goals.
COMPETENCY 70: Describe and document the treatment process, progress, and outcome.
COMPETENCY 71: Use accepted treatment outcome measures.
COMPETENCY 72: Conduct continuing care, relapse prevention, and discharge planning with the client and involved significant others.
COMPETENCY 73: Document service coordination activities throughout the continuum of care.
COMPETENCY 74: Apply placement, continued stay, and discharge criteria for each modality on the continuum of care.

PRACTICE DIMENSION V: COUNSELING

Element: Individual Counseling

COMPETENCY 75: Establish a helping relationship with the client characterized by warmth, respect, genuineness, concreteness, and empathy.
COMPETENCY 76: Facilitate the client's engagement in the treatment and recovery process.
COMPETENCY 77: Work with the client to establish realistic, achievable goals consistent with achieving and maintaining recovery.
COMPETENCY 78: Promote client knowledge, skills, and attitudes that contribute to a positive change in substance use behaviors.
COMPETENCY 79: Encourage and reinforce client actions determined to be beneficial in progressing toward treatment goals.
COMPETENCY 80: Work appropriately with the client to recognize and discourage all behaviors inconsistent with progress toward treatment goals.
COMPETENCY 81: Recognize how, when, and why to involve the client's significant others in enhancing or supporting the treatment plan.
COMPETENCY 82: Promote client knowledge, skills, and attitudes consistent with the maintenance of health and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.
COMPETENCY 83: Facilitate the development of basic and life skills associated with recovery.
COMPETENCY 84: Adapt counseling strategies to the individual characteristics of the client, including but not limited to disability, gender, sexual orientation, developmental level, culture, ethnicity, age, and health status.
COMPETENCY 85: Make constructive therapeutic responses when the client's behavior is inconsistent with stated recovery goals.
COMPETENCY 86: Apply crisis prevention and management skills.

COMPETENCY 87: Facilitate the client's identification, selection, and practice of strategies that help sustain the knowledge, skills, and attitudes needed for maintaining treatment progress and preventing relapse.

PRACTICE DIMENSION V: COUNSELING

Element: Group Counseling

COMPETENCY 88: Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling with clients with substance use disorders.
COMPETENCY 89: Carry out the actions necessary to form a group, including but not limited to determining group type, purpose, size, and leadership; recruiting and selecting members; establishing group goals and clarifying behavioral ground rules for participating; identifying outcomes; and determining criteria and methods for termination or graduation from the group.
COMPETENCY 90: Facilitate the entry of new members and the transition of exiting members.
COMPETENCY 91: Facilitate group growth within the established ground rules and movement toward group and individual goals by using methods consistent with group type.
COMPETENCY 92: Understand the concepts of process and content, and shift the focus of the group when such a shift will help the group move toward its goals.
COMPETENCY 93: Describe and summarize the client's behavior within the group to document the client's progress and identify needs and issues that may require a modification in the treatment plan.

PRACTICE DIMENSION V: COUNSELING

Element: Counseling Families, Couples, and Significant Others

COMPETENCY 94: Understand the characteristics and dynamics of families, couples, and significant others affected by substance use.
COMPETENCY 95: Be familiar with and appropriately use models of diagnosis and intervention for families, couples, and significant others, including extended, kinship, or tribal family structures.
COMPETENCY 96: Facilitate the engagement of selected members of the family or significant others in the treatment and recovery process.
COMPETENCY 97: Assist families, couples, and significant others in understanding the interaction between the family system and substance use behaviors.
COMPETENCY 98: Assist families, couples, and significant others in adopting strategies and behaviors that sustain recovery and maintain healthy relationships.

PRACTICE DIMENSION VI: CLIENT, FAMILY, AND COMMUNITY EDUCATION

COMPETENCY 99: Provide culturally relevant formal and informal education programs that raise awareness and support substance abuse prevention and the recovery process.
COMPETENCY 100: Describe factors that increase the likelihood for an individual, community, or group to be at risk for, or resilient to, psychoactive substance use disorders.
COMPETENCY 101: Sensitize others to issues of cultural identity, ethnic background, age, and gender in prevention, treatment, and recovery.
COMPETENCY 102: Describe warning signs, symptoms, and the course of substance use disorders.
COMPETENCY 103: Describe how substance use disorders affect families and concerned others.

COMPETENCY 104: Describe the continuum of care and resources available to the family and concerned others.
COMPETENCY 105: Describe principles and philosophy of prevention, treatment, and recovery.
COMPETENCY 106: Understand and describe the health and behavior problems related to substance use, including transmission and prevention of HIV/AIDS, tuberculosis, sexually transmitted diseases, hepatitis C, and other infectious diseases.
COMPETENCY 107: Teach life skills, including but not limited to stress management, relaxation, communication, assertiveness, and refusal skills.

PRACTICE DIMENSION VII: DOCUMENTATION

COMPETENCY 108: Demonstrate knowledge of accepted principles of client record management.
COMPETENCY 109: Protect client rights to privacy and confidentiality in the preparation and handling of records, especially in relation to the communication of client information with third parties.
COMPETENCY 110: Prepare accurate and concise screening, intake, and assessment reports.
COMPETENCY 111: Record treatment and continuing care plans that are consistent with agency standards and comply with applicable administrative rules.
COMPETENCY 112: Record progress of client in relation to treatment goals and objectives.
COMPETENCY 113: Prepare accurate and concise discharge summaries.
COMPETENCY 114: Document treatment outcome, using accepted methods and instruments.

PRACTICE DIMENSION VIII: PROFESSIONAL AND ETHICAL RESPONSIBILITIES

COMPETENCY 115: Adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client.
COMPETENCY 116: Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.
COMPETENCY 117: Interpret and apply information from current counseling and psychoactive substance use research literature to improve client care and enhance professional growth.
COMPETENCY 118: Recognize the importance of individual differences that influence client behavior, and apply this understanding to clinical practice.
COMPETENCY 119: Use a range of supervisory options to process personal feelings and concerns about clients.
COMPETENCY 120: Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
COMPETENCY 121: Obtain appropriate continuing professional education.
COMPETENCY 122: Participate in ongoing supervision and consultation.
COMPETENCY 123: Develop and use strategies to maintain one's physical and mental health.