

**RHODE ISLAND BOARD FOR THE CERTIFICATION OF  
CHEMICAL DEPENDENCY PROFESSIONALS  
31 Smith Avenue -3 Rear  
Smithfield, Rhode Island 02917**

**CLINICAL SUPERVISOR'S REFERENCE FORM  
CONFIDENTIAL**

Dear Clinical Supervisor:

Your employee named on the accompanying form is applying to the Rhode Island Board for the Certification of Chemical Dependency Professionals (RIBCCDP) for certification as indicated below. The information requested here is an essential part of the Board's evaluation of the competence of the applicant and must be on file before the application can be processed.

**Requirements for Clinical Supervisors:**

Clinical Supervisor credentials:

- 1) Licensed/Certified Chemical Dependency Clinical Supervisor (CDCS/LCDCS), or;
- 2) Master's degree in Behavioral Sciences with two (2) years clinical experience and documentation of 120 clock hours Substance Abuse Specific training. Included in this 120 clock hours must be 30 hours chemical dependency clinical supervisor education which includes training in the following Domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, Administration, and Treatment Knowledge, or;
- 3) LCDP/ACDP/ACDP II with 30 clock hours Clinical Supervisor training. This training must include education in the following Domains: Counselor Development, Professional & Ethical Standards, Program Development & Quality Assurance, Performance Evaluation, Administration, and Treatment Knowledge, or;
- 4) Ph.D. in Behavioral Science or M.D. with documentation of two (2) years of specialization/experience in the Chemical Dependency field, or;
- 5) Recognized Clinical Supervisor (RCS)

RIBCCDP believes that you, as a Clinical Supervisor, will have developed a more complete and accurate impression of the knowledge and skills of the applicant than is available from other sources. Your evaluation together with those received from other references and the data furnished by the applicant will be used to determine eligibility for certification. The process can be only as good as you and others make it by careful and truthful reporting.

The Rhode Island Certification Board reserves the right to request further information from you concerning this applicant. Your cooperation will be very much appreciated in this certification effort.

**Please return the completed evaluation along with documentation of the above requirements or a copy of your RCS certificate.**

RIBCCDP

\_\_\_\_ ACDP II

\_\_\_\_ ACDP

**CLINICAL SUPERVISOR'S EVALUATION FORM**

APPLICANT:

DATE:

CLINICAL SUPERVISOR:

SUPERVISOR'S CREDENTIALS:

TELEPHONE #:

PROGRAM:

ADDRESS:

A. The following items represent the skills needed by a Chemical Dependency Professional. Evaluate the above named applicant as you feel he/she demonstrates their abilities in each area. Mark the rating most nearly descriptive of the counselor's demonstrated skills.

PLEASE NOTE: Make your evaluations using the scale below.

A rating of 1 is equivalent to NOT APPLICABLE

2 is equivalent to DON'T KNOW

3 is equivalent to POOR

4 is equivalent to AVERAGE

5 is equivalent to ABOVE AVERAGE

6 is equivalent to SUPERIOR

**NOTE: The applicant must earn an average of 4 & be recommended by their supervisor to Qualify for licensure.**

**RATING**

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

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

**Orientation-** Describing the client:

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

**Assessment-** Those procedures by which a counselor/program identifies and Evaluates an individual's strengths, weaknesses, problems and needs for the development of the treatment program.

**Treatment Planning-** Process by which the counselor and the client:

- identify and rank problems needing resolution;
- establish agreed upon immediate and long term goals, and;
- decide on the treatment methods and resources to be used.

**Individual**

**Counseling-** (Individual, Group & Significant Others) - The utilization of special skills to assist individuals, families or groups in achieving objectives through:

**Group**

- exploration of a problem and its ramifications

**Significant Others**

- examination of attitudes and feelings;
- consideration of alternative solutions, and;
- decision making.

**Case Management-** Activities which bring services, agencies, resources of people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.

**Crisis Intervention-** Those services which respond to an alcohol/other drug abuser's needs during acute emotional/physical distress.

**Client Education-** Provision of information to individuals and groups, concerning Alcohol and other drug abuse and the available services and resources.

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

**Reports & Recordkeeping-** Charting the results of the assessment and treatment plan; writing reports, progress notes, discharge summaries and other client- related data.

**Consultation-** Relating with counselors and other professionals in regard to the client treatment (services) to assure comprehensive quality care for the client.

**Relapse Prevention,** discharge planning, follow-up and aftercare.

B. Evaluate the applicant as you observe(d) him/her in the following areas of interpersonal relationships with clients

Respect for the client.

Care and concern for the client

Genuinesswithclient

Empathywith clien

Flexibility with client.

Judgment with client

Spontaneity with client.

Capacity for confrontation with client.

Capacity for appropriate self-disclosure.

Sense of immediacy.

Ability to set appropriate boundaries.

c.EVALUATORS STATEMENT

Where did you receive your training in counseling?

How long have you been employed by this program? \_\_\_\_\_

Professional certificates or license you hold\_

Are you involved in the administration/management of the program at which you are employed?

- \_\_\_\_\_ a) no
- \_\_\_\_\_ b) Yes, limited to clinical aspects (i.e., supervision of counselors)
- \_\_\_\_\_ c) Yes, limited to administrative responsibilities such as budgeting.
- \_\_\_\_\_ d) Yes, both clinically and administratively

What is/was the overall size of his/her substance abuse case-load? \_\_\_\_\_

Average number of hours per week applicant worked in substance abuse specific individual counseling? \_\_\_\_\_

Average number of hours applicant worked in substance abuse specific group counseling? \_\_\_\_\_

Average number of hours applicant worked in substance abuse specific family counseling? \_\_\_\_\_

Average number of hours per week applicant worked in other significant and related substance abuse activities?

Describe: \_\_\_\_\_

Total number of hours per week applicant spent providing substance abuse specific services: \_\_\_\_\_

For what period of time, have you provided substance abuse specific supervision for this applicant?

From \_\_\_\_\_ to \_\_\_\_\_

Comments/additional information you feel may be pertinent: \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE BEEN IN A POSITION TO OBSERVE AND HAVE FIRSTHAND KNOWLEDGE OF \_\_\_\_\_ 'S WORK AT \_\_\_\_\_

(Name of Counselor)

(Name of Working Setting)

- I recommend this applicant for certification
- I have some reservations in recommending this
- applicant I do not recommend this applicant.

I hereby certify that all of the above materials is, to the best of my knowledge, true.

\_\_\_\_\_  
Signature Agency Title Date

**PLEASE SUBMIT DOCUMENTATION OF THE REQUIRED CREDENTIALS AS STATED ON PAGE 9. DO NOT RETURN THIS FORM TO APPLICANT - PLEASE RETURN TO THE BOARD.**