

## Addiction Consultant in Training (ACIT)

## **Scope of Practice**

## **DOMAIN 1: Scientific Principles of Substance Use and Co-Occurring Disorders**

- A. Learn how addiction affects the brain (e.g., disease model, reward pathways, tolerance, and cravings).
- B. Begin to be able to identify risk factors for developing substance use disorders (e.g., trauma, family history)
- C. Identify behavior, patterns, and progressive stages of substance use disorders and mental health situations.
- D. Begin to differentiate between common substances used and their characteristics.
  - 1. Pharmacology (e.g., drug classifications, interactions, cross-tolerance).
  - 2. Signs and symptoms of intoxication and overdose.
  - 3. Stages and symptoms of withdrawal.
  - 4. Physiological, psychological, and social effects.
- E. Learn about signs and symptoms of co-occurring mental health conditions in a both trainings and in direct services
- F. Become educated regarding the signs and symptoms of co-occurring medical conditions (e.g., cirrhosis, respiratory deficits, sexually transmitted infections).

## **DOMAIN 2: Evidence-Based Screening and Assessment**

- A. Recognize and begin to use established interviewing techniques (e.g., Motivational interviewing, probing, questioning).
- B. Learn how established screening and assessment methods and instruments identify life skills strength and growth areas.
- C. Learn how substance use testing functions in a treatment setting
- D. Learn the established diagnostic criteria for substance use and mental health diagnosis (i.e., DSM) to assist with proper support for the clients' individual needs related to their diagnosis.



- 1. Begin to use said knowledge to assist with skills development to minimize symptoms.
- E. Identify life skills needed by the client based upon diagnosis, client reported needs and support healthy lifestyle habits based upon life skills taught to improve daily living.
- F. Learn about what a comprehensive client life history consists of (e.g., health, family, employment, collateral sources, previous treatment experiences etc.).
- G. Gain insight into the courses of action that may meet the individual's immediate and ongoing needs.
- H. Learn about how life skills development increases the likelihood of client success.

# **DOMAIN 3: Evidence-Based Treatment, Counseling, and Referral**

- A. Learn about the verbal and non-verbal communication skills clients may exhibit in treatment setting.
- B. Learn about the importance of building a therapeutic rapport with clients and observe methods and opportunities of building rapport.
- C. Begin to identify client behavior patterns and how they impact treatment interventions.
- D. Learn about what constitutes an emergency or crisis and what an appropriate, professional response would be.
  - 1. This includes mandatory reporting laws, wellness checks, and verbal deescalation skills.
- E. Learn about appropriate referral policies and procedures.
- F. Gain awareness about how different specific populations may benefit from specific interventions (i.e. pregnant clients, veterans, etc)
- G. Collaborate with multidisciplinary team, other professionals, and client supports (e.g., family) to determine and provide care.
- H. Receive training and exposure to the relationship between behavioral health and trauma.
  - 1. Effect on client (e.g., adverse childhood experiences, domestic violence)
  - 2. Effect on professionals (e.g., vicarious trauma, burnout)
- I. Learn about and begin to identify the stages of change and ambivalence.



- J. Receive training and education best practices in developing and updating skills development and/or case management plans.
  - 1. Learn about the SMART model of goal development.
  - 2. Identify how SMART goals may be used in a treatment plan.
- K. Learn about the necessary and available resources to meet client needs.
- L. Gain training in evidence-based approaches specific to group sessions.
  - 1. Structured curriculum and process to skills development approaches.
  - 2. Group dynamics and cohesiveness to group service delivery.
- M. Learn about the importance of beginning discharge planning at intake and how to engage the client in the process.
- N. Learn about the multiple pathways of recovery (e.g., MAT, holistic health, support groups, non-abstinence-based approaches)
- O. Learn the difference between general communication and providing appropriate feedback (e.g., reflection, reframing, clarification).
- P. Learn about the process of terminating the professional relationship.

## DOMAIN 4: Professional, Ethical and Legal Responsibilities

- A. Learn about the crucial nature of professional boundaries and practice self-awareness regarding:
  - 1. Dual relationships.
  - 2. Self-disclosure.
  - 3. Ethical service delivery based upon certification code of ethics expectations.
- B. Develop and utilize an appreciation of multiple perspectives throughout the treatment process.
- C. Learn about the continuum of care and the role of the ACIT/ACIT II within that.
- D. Learn about best practices and the legalities of professional documentation.
  - 1. Record keeping.
  - 2. Storage.



- E. Learn about confidentiality and privacy laws.
- F. Gain insight into the potential conflicts of interest that may exist in a treatment setting.
- G. Be able to fully describe the importance of informed consent guidelines.
- H. Routinely engage in obtaining supervision and consultation.
- I. Learn about state and programmatic grievance process and appropriate response to client grievances.
- J. Identify a person-centered approach to care.
- K. Be able to discuss established client/patient rights.

## Additional clarification items:

- A. Obtainment of the ACIT certification DOES NOT authorize any of the following:
  - 1. Administration of a biopsychosocial assessment to determine any disorder.
    - a. An ACIT certification holder must also meet Indiana state statute requirements to administer said assessments.
  - 2. Administration of any medications.
    - b. An ACIT certification holder can support self-efficacy for a client related to self-medication management.
  - 3. This stated scope of work does not supersede any reimbursement expectations from various funding sources.