



PROVIDER STATUS HANDBOOK

A Guide to Understanding RCHs

Approving education events for Recognized Clock Hours (RCHs)

Provider status authorizes an organization to use their Provider Number (PVN) on all educational events they provide that are applicable to the field of chemical dependency counseling and prevention. It is the provider's responsibility to use their approval number and assign letter designations to their educational events.

The OCDP Board credentials chemical dependency counselors, clinical supervisors and prevention specialists. Providers assign each educational event a letter classification to indicate the appropriateness of the event for these credential. The letter classifications are as follows:

C = CD specific S = clinical supervisory P = prevention D = diagnostic R = field related

These classifications are placed behind the PVN# and can be any combination of approvals (ex. 04-0406-12PVN CS, 02-0306-04PVN P, etc).

Recognized Clock Hour (RCH) Content Areas

COUNSELOR CLASSIFICATION:

A letter designation of "C" indicates the course is chemical dependency specific. A letter designation of "R" indicates the course is related to the field. The following represent content areas appropriate for these letter classifications:

Theories of Addiction

- Models and theories used to describe addiction, contemporary and historical
- Effects of addiction on individuals including the biological, psychological (cognitive and affective), social and spiritual dimensions of life and functioning; the interaction of the social and cultural contexts with addictive processes
- Differentiation of addiction from other medical and psychological conditions

Counseling Procedures & Strategies

- Theories of counseling and psychotherapy employed in the treatment of psychoactive substance abuse and addiction
- Techniques utilized in the treatment of psychoactive substance abuse and dependence
- Models of treatment utilized in the treatment of psychoactive substance abuse and

- addiction, contemporary and historical
- Interaction of theories of personality with theories of counseling and psychotherapy; professional issues including counter-transference, boundary setting and characteristics and dynamics which decrease the effectiveness of therapists
 - Relapse prevention
 - Dual diagnosis

Group Process & Techniques

- Models of group therapy
- Dynamics of therapy groups
- Components of group process and analysis; dynamics of facilitation
- Effects of addictive processes on group therapy
- Effects of individual diversity of group process

Assessment & Diagnosis

- Assessment procedures
- Diagnostic interviewing
- Use and interpretation of testing instruments for psychoactive substance abuse and dependence
- Criteria for determining diagnosis; criteria for determining appropriate modality and level of treatment
- Use of collateral data in the assessment process, including professional and nonprofessional material
- Dual diagnosis

Relationship Counseling

- Models and techniques of assessing relationship dysfunction
- Use and interpretation of instruments used in the assessment of relations
- Theories of counseling and psychotherapy employed in the treatment of dysfunctional relationships
- Techniques and strategies utilized in the treatment of dysfunctional relationships
- Effects of addictive processes on relationship systems
- Effects of addictive processes on human growth and development
- Differential assessment of dysfunction resulting from codependency and other medical and psychological conditions
- Codependency

Pharmacology

- Pharmacology of both drugs of abuse and those used in detoxification and the treatment of addiction and mental and emotional disorders including the action of

pharmaceuticals and the physiological response, the interaction of pharmaceuticals, tolerance, the appropriate use of psychotropics with addicted persons and the effects of drugs on sensation and perception, learning and memory, human growth and development, sexual functioning and behavior

Prevention Strategies

- Models of prevention of psychoactive substance use, abuse and dependence, contemporary and historical
- Methods and components utilized in the interpretation of a needs assessment
- Function of evaluation instruments; social and cultural influences on the use of psychoactive substances
- Risk factors associated with the use, abuse and dependence on psychoactive substances
- Prevention and intervention strategies used with various groups identified by age, gender, ethnicity, sexual orientation, ability; employee assistance programming, student assistance programming
- Wellness

Treatment Planning

- Models of treatment planning; adapting treatment strategies to individual needs and characteristics including persons with other medical and psychological conditions
- Criteria for admission, continuing care and discharge appropriate to diverse levels of treatment
- Methods of documenting the course of treatment
- Relapse prevention

Ethics

- Principles supporting and informing the ethical codes pertaining to addictions counselors
- Specific knowledge of appropriate ethical codes and laws associated with addictions counseling
- Obligations and procedures which encourage the ethical conduct of counselors

CLINICAL SUPERVISION CLASSIFICATION:

A letter designation of “S” indicates the course is approved for clinical supervision hours. A letter designation of “R” indicates the course is related to the field. The following represent content areas appropriate for these letter classifications:

Counselor Development

- Includes clinical supervision models; teaching and training methods and

strategies; assessment theories, practices and tools; feedback purpose and process; motivational techniques to promote career development; communication processes or techniques; problem solving and conflict resolution models; theories of stress management; appropriate professional boundaries regarding clients or fellow staff; adult learning models; special populations; ethics and ethical problem solving; agency policy regarding appropriate counselor-client and supervisor-supervisee relationships.

Professional & Ethical Standards

- Includes public relation techniques; professional organizations, their goals and objectives; government agencies; agency, state and professional codes; route of reporting ethical violations; credentialing requirements; impact of nutrition and exercise on physical and mental well-being; stages of human development; various cultures, values and lifestyles; confidentiality laws; grievance process.

Program Development & Quality Assurance

- Includes developing program goals and objective; methods of program development; program needs assessments; clinical services improvement planning; relationship building to enhance service delivery; advocacy; development and implementation of quality improvement and quality assurance processes; monitoring client outcomes; client access, engagement and retention; facilitation of staff learning.

Performance Evaluation

- Includes leadership styles, interview techniques, stress management, observation techniques, functional communication skills, public speaking techniques, basic teaching techniques, comprehensive assessment, career development interventions and strategies, and ways to coordinate supervision with appropriate and reasonable work assignment

Administration

- Includes monitoring techniques; management practices; orientation procedures and practice; motivational skills; consultation strategies; staff development; program assessment and development methods; deference between consultation and supervision; agency's hiring and termination policies; performance appraisals.

PREVENTION CLASSIFICATION:

A letter designation of "P" indicates the course is specific to prevention. A letter designation of "R" indicates the course is related to the field. The following represent content areas appropriate for these letter classifications:

Foundation in Chemical Use/Abuse/Dependency

- Understanding the dynamics associated with the use of tobacco, alcohol, and other drugs (illicit, prescribed and over-the-counter). Does not include education/training on counseling techniques or assessment
- Causes of use/abuse/dependency
- ATOD related health and impairment problems
- Signs and symptoms of use/abuse/dependency

Foundation in Prevention of AOD Use Abuse/Dependency

- Understanding the dynamics of ATOD prevention.
- Historical perspectives
- Theoretical approaches
- Current program models
- Current research

Ethics for Prevention

Planning & Evaluation

- Assess community needs
- Develop a prevention plan
- Select strategies by reviewing literature
- Apply sound prevention theory and practice when adapting or developing programs
- Identify financial sources
- Review evaluation options
- Conduct evaluation activities
- Document project activities and outcomes
- Refine the prevention program

Education & Skill Development

- Connect prevention theory and practice
- Maintain program fidelity
- Deliver culturally competent education
- Employ appropriate training techniques
- Accurately educate consumers about ATOD abuse
- Create and disseminate prevention info
- Provide prevention info to professionals in related fields

Community Organization

- Define the community
- Identify key community members
- Engage community leaders
- Identify prevention needs and resources
- Develop a prevention plan
- Support the community by providing technical assistance
- Develop the capacity of the community

Public Policy & Environmental Change

- Identify formal and informal policy makers
- Plan policy initiatives
- Gain support of decision-makers
- Establish working relationship with media
- Conduct prevention awareness campaigns

Professional Growth & Responsibility

- Attain knowledge of current research-based prevention theory and practice
- Model collaboration by networking
- Practice ethical behavior by adhering to legal and professional standards
- Develop cultural competence

DIAGNOSTIC CLASSIFICATION:

A letter designation of “D” indicates the course is focused on diagnostic training. Additionally, this classification requires specific credentials for presenters of these events. This information can be found in the “Approval of Diagnostic Training Hours” form. The following represent content areas appropriate for these letter classifications:

DSM IV

- This category may include training on the biological basis of the DSM, including the International Classification of Diseases (ICD), the multiaxial system, any specific axis, epidemiology, the history and evolution of the DSM, coding and reporting procedures, DSM classification, and decision tree process.

Dual Diagnosis

- In the field of addictions, this refers to training that studies substance related disorders and co-occurring mental health disorders. In the field of mental health, it can refer to any co-occurring disorders including medical diagnosis as a function of substance related disorders, stress related disorders or medical disorders that exacerbate or influence substance related or mental health disorders.

Substance Related Disorders/Chemical Dependency Conditions

- This category may include training in substance-induced disorders, specific substance disorders, substance use disorders, including substance abuse disorders, chemical dependency disorders, “other” or unknown substance related disorders and substance misuse.

Assessment & Diagnosis

- This category may include training in differential diagnosis, problem identification and assessment, multi-dimensional assessment, multi-axial diagnosis, holistic assessment, multicultural assessment and diagnosis, and gender specific diagnostic issues.

Diagnostic & Assessment Tools

- This category may include training in SASSI, Addiction Severity Index, Biopsychosocial, MAST, South Oaks Gambling Instrument, various affect and mood disorder scales, personality tests and subscales and statistical analysis of reliability and validity of various instrumentation.

Awareness of Mental & Emotional Disorders

- This category may include training in diagnosis of a number of specific disorders including, but not limited to, depressive disorders, anxiety disorders, psychotic disorders, compulsive behavior disorders, personality disorders, mood disorders, sexual disorders and eating disorders.

RCH Report Listing

Providers may list their RCH approved educational events in the OCDP Board’s RCH Report. This report is updated on a monthly basis and lists all educational events that have been approved for registered clock hours by the board. RCH Reports are mailed out daily to individuals in the field who are looking to acquire RCHs for certification and recertification. We are also working to have this report listed on our website for easy access to all.

If providers are interested in listing any or all of their approved educational events in this report, they can complete a “Provider Request for RCH Report Listing Form” and submit each time they have a new listing to report. Remember to submit this information in advance of the event. The RCH Report is only updated on a monthly basis, and last minute submissions may not be posted in time to announce the event. Submissions can be mailed or faxed to the board at (614) 387-1109.

Attendance Verification

Providers are required to provide a certificate of attendance to each participant indicating completion of the educational event. The attendance verification must show the provider's name, the presenter's name and credentials, the date of the event, the number of RCHs awarded, the provider number, letter classification and the name of the participant. Certificates must be signed by an individual administering the educational event.

Hours are awarded based on actual educational time. Providers should subtract breaks and introductory speakers from the total hours awarded. Attendance rosters of each educational event must be held by the provider for five years.

Providers may not charge additional fees for individuals to receive RCH credit or certificates.

Quarterly Reports

Providers must submit quarterly reports to the Board on the dates indicated on their approval letter. Quarterly reports detail the educational events a provider has conducted over the last three months. Providers will submit a report for each educational event given and include agendas or outlines of those events.

The OCDP Board will review quarterly reports and correspond with the provider if they see items that raise concerns or require modifications. Providers will withdraw the approval number for any educational event the Board indicates does not meet the content area requirements.

Failure to submit quarterly reports in a timely and consistent fashion may result in the termination of a provider status.

Cooperation with the Board

Providers will open their educational events, at no charge, to the Board or a Board designated individual to allow them to monitor an event. Providers will cooperate with the Board should an official monitoring be required.

Providers will use their provider number only for educational events presented during their approved provider status. Providers may not use their provider number once their provider status has expired.