

**Portland Community College  
Alcohol and Drug Counselor Program**

**Program Review  
2007**

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# Executive Summary

Addiction is a major problem in the State of Oregon. Research has shown that treatment and prevention of addiction are cost effective means of reducing its harmful impact. The Alcohol and Drug Counselor Program at PCC is the single largest educator of addiction specific counselors in Oregon. The students we prepare are more culturally and racially diverse than those at any other educational institution in the state (Shawn Clark, Workforce Development Manager, Addictions and Mental Health Division, Human Services Department, State of Oregon).

Our students enter and exit the program for many reasons. Because a 2-year degree is not the primary objective of many A&D Program students, using graduation as the primary measure of program success does not give an accurate portrayal of this program. We discovered during the review that while 57% of our students left the program without graduating, 89% of them left having achieved their goals. At the time of our study, 90% of these same students had earned a degree (60% a bachelors or masters) and 80% had earned certification as an addiction counselor (CADC I). In addition, 94.7% of our students passed the certification examination, a rate that significantly surpasses the average pass rate of all candidates (79.8%). PCC students also did very well in terms of salary comparisons with other addiction counselors: 67% of our students earn between \$29,120 and \$45,760 per year.

The A&D program has been growing since the last review (from 92.6 FTE in 2003/04 to 110.2 in 2005/06). Our SFTE to IFTE ratio is 27.0, compared to 17.3 for all campus professional technical programs and 15.3 for the Cascade Campus. A&D students add an additional 44 credits (average number) to PCC via General Education or other PCC Credits. Our program serves a diverse population with 18% to 23% of our students identifying as a racial/ethnic minority. The percentage of African American students in our program exceeds 12%. We are also diverse in terms of gender (65% female, 35% male) and in terms of age (80% of students 40+, 18% of students 50+).

## Specific Issues to Address

### Budget

Our instructional budget does not meet our current instructional needs. We have been increasing the number of FTE in the program for the last several years without a corresponding increase in the instructional budget. We need an additional \$25,000 added to our budget. Additional monies would also help fund the creation of an academic professional position for the program and it would allow us to continue to offer our new, highly successful distance learning courses. Available evidence suggests that we should study the possibility of expanding the program into a human service department to help meet a growing personnel crisis in this area.

### **Facilities Improvement**

Our lab was built without the requested soundproofing for the walls. Our dean is seeking remedies to this issue.

### **Advising System**

Our advising efforts need to be redesigned and formalized to insure students acquire the information they need. This effort has already begun and is slated for completion by July 1, 2007.

### **Practicum Process**

Our practicum process needs to be redesigned. This process has already started and personnel hired to help create and implement a new system. The newly designed system is targeted for implementation fall term of 2007.

### **Distance Learning**

The program has successfully created and launched two distance-learning courses. We plan to expand these opportunities if funding for the program is expanded.

# Introduction

Addiction is a scourge for the citizens of the State of Oregon. The devastation that addiction unleashes affects every level of our society. The economic carnage alone is huge but pales in comparison to the cost addiction exacts on human life. Addiction not only kills thousands of Oregonians each year but causes decades of prolonged suffering for addicts and their families, especially for their children.

Addiction treatment and prevention are essential to help reduce the huge cost that addiction exacts. Research has clearly demonstrated that addiction treatment works to reduce the damage of addiction. Competent addiction professionals continue to be in high demand throughout the state. The Portland Community College Alcohol and Drug Counselor Program is the single largest addiction counselor educator in the state. Counselors trained in our program make an invaluable contribution to the well being of our citizenry.

Given the realities described above, imagine the shock that was felt when it was learned that the Alcohol and Drug Counselor program was placed on a short list of programs considered for termination during the most recent round of budget cuts. How could the College possibly consider this program for termination? We concluded that our program was being evaluated based upon the belief that because we had a low rate of program completion our students did not make a significant contribution to the community. This program review was designed to address four topics:

- 1) Need for the PCC Alcohol and Drug Counselor Program
- 2) Assessment of program and student demographics
- 3) Measures of student success
- 4) Emerging issues and concerns

In order to adequately address these topics, we collected data from a plethora of sources described and cited throughout this document and included for review in the appendix.

# Acknowledgements

We are very fortunate in the Alcohol and Drug Counselor Program to have a dedicated team of advisory board members, instructors, and administrative support staff who make significant contributions to the well being of our program.

Our advisory board members (Johnetta Burkett, Kayla Leopold, Mary Monnat, Bob Nobile, Reed Ritchey, Greg Stone, and Christine Talent) are all addiction treatment professionals whose real world experience helps us remain relevant and responsive to the changing world of addiction counseling. Several of our advisory board members have served for more than a decade, evidence of an incredible level of commitment to helping ensure our program serves the addiction counseling community. Most of our board members have hired (or served as supervisors to) our students and are able to give us direct feedback about the educational product we deliver. The board members have helped conceptualize, review and analyze this report and have validated its conclusions.

We have an extremely stable group of adjunct instructors in our program. Four of our instructors, Candia Elliott, Herb French, Nikki Johnson and Dennis Morrow, have assignment rights and have contributed many hours toward the completion of this report. This report is a direct product of their energy, wisdom and guidance. The value they have to the program is immense.

Our dean, Larry Clausen, has provided invaluable guidance and analysis for this report. In a larger context, it is important to acknowledge the leadership he has provided, which has allowed our program to successfully address difficult issues of long standing duration. Florence Spraggins was hired by the dean to help create, disseminate, and analyze important survey instruments for the program review. She did an excellent job. Ms. Spraggins has also been a significant contributor as a SAC member and through her help in the completion of the program's CCOG reviews.

Finally, the ever present cornerstone of our program, Joann Pitz, has contributed to this report in a thousand, small, unseen ways. She is preparing to retire within the year and the void her absence will create can already be felt. Working with Ms. Pitz has truly been a gift.

# Is There a Need for the Portland Community College Alcohol and Drug Counselor Program?<sup>1</sup>

*“Substance abuse and addiction is the elephant in the living room of American society. Too many of our citizens deny or ignore its presence. Abuse and addiction involving illegal drugs, alcohol and cigarettes are implicated in virtually every domestic problem our nation faces: crime, disease, AIDS, cirrhosis, child abuse and neglect, domestic violence, teen pregnancy, chronic welfare, the rise in learning disabled and conduct disordered children, and poor schools and disrupted classroom. Every sector in society spends hefty sums of money shoveling up the wreckage of substance abuse and addiction. Nowhere is this more evident than in the public spending of states.”<sup>2</sup>*

Joseph A Califano, Jr.  
Chairman and President  
The National Center on Addiction and Substance Abuse

## What is the reality of substance abuse and addiction in the State of Oregon?

Oregon 8<sup>th</sup>-graders abuse alcohol at 180.5% the national rate, abuse illegal drugs at almost 200% the national rate, and use methamphetamine at 400% the national rate. (Oregon Healthy Teens 2055 & Monitoring the Future 2005).

In Oregon, where prevention services are waning, teenage girls binge on alcohol and abuse methamphetamine (“meth”) at higher rates than teenage boys, a dangerous trend leading to increasing rates of probation & incarceration for Oregon’s young women. In 2005, 5.3% of teens entering Oregon treatment were pregnant, a 51% increase since 2001. These figures do not bode well for the future since children of incarcerated women are five times more likely to become incarcerated than their peers. (OMHAS, 2006)

Oregon ranks 7<sup>th</sup> in the U.S. for illegal drug use among those 12 and older, 4<sup>th</sup> for alcohol & drug dependence among 18-25 year olds, and 2<sup>nd</sup> for illegal drug use among adults 26 and older. (SAMHSA, National Survey on Drug Use and Health 2004).

1 out of 10 Oregonians has used meth, 1 out of 99 has used it in the past year, and 1 out of 200 has used it in the last 30 days. (SAMHSA, National Survey on Drug Use and Health, 2002-2004).

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<sup>1</sup> Facts and figures garnered from materials in Appendices A and B.

<sup>2</sup> From an address given January 29, 2001 at The National Press Club, Washington, D.C.

### *Additional significant Oregon findings:*

- Due to the dramatic increase in drug- and alcohol-related arrests, foster care has increased by 45% in the past four years.
- Accidents related to alcohol or drug intoxication were responsible for 40% of all traffic fatalities in 2003.
- Between 1999 and 2003, 77% of those 16 years old or younger who died in traffic accidents were riding in cars with intoxicated drivers.
- Oregon's prison population is up 128% for women and 60% for men.
- Property crime committed by women has increased 279% in the past four years.
- Decreased health insurance coverage led to a 136% increase in emergency room contacts in 2003-2004.
- Hepatitis C accounts for up to 40-60% of liver disease. 70% of those who are Hepatitis C positive have histories of IV drug abuse and no health insurance.
- Sexually transmitted diseases have increased an average of 25% over the past four years.
- Nearly 4000 Oregonians need affordable, drug-free housing.
- Treatment access has been reduced by 18% over the last 4 years.
- Alcohol and drug prevention activities in schools and communities have decreased.
- 40% of substance abuse treatment professionals are considering leaving the field.

### **What are the Societal Costs?**

#### **Child Welfare System**

Parental alcohol and/or drug impairment is directly correlated to a child's likelihood of being involved in the child welfare system. In Oregon, 48% of families involved in the child welfare system are impaired by alcohol or other drugs. Unfortunately, for every \$113 spent on children impacted by substance abuse, only \$1 is spent on prevention and treatment.

#### **Hospital Admissions**

Between 20 and 40% of all general hospital admissions are for complications related to alcohol or other substance abuse.

#### **Employment**

Alcoholism accounts for \$500 million worth of lost work days per year.

#### **Cost Analysis**

Of every dollar spent on substance abuse, 96 cents goes to cleaning up the wreckage of impairment. Only 4 cents is spent on prevention and treatment.

### **Cost Per Tax Payer**

Each American pays \$277 per year in taxes to deal with the burdens of substance abuse (such as hospital care and incarceration), but only \$10 per year for prevention and treatment.

### **Justice System Burden for Substance Involved Offenders**

While 64% of arrestees use substances in the days leading up to their crimes, states spent 10 times more on criminal justice than on prevention and treatment. Over thirty billion dollars (4.9% of total state budgets) is spent on incarceration, probation, parole, juvenile justice, criminal and family court costs.

### **Burden of Problem on Public Programs**

States spent \$77.9 billion on criminal justice, Medicaid, child welfare, mental health systems, highways, state payrolls, schools, and juvenile justice to deal with substance abuse.

### **Financial Costs**

In total, states spent \$81.3 billion, 13.1% of their budgets, to deal with substance abuse.

### **Are Treatment and Prevention important to address this problem?**

In 2005, the Treatment Research Institute at the University of Pennsylvania completed a meta-analysis of several hundred cost-benefit research projects. The meta-analysis revealed that every dollar invested in treatment saves anywhere from \$1.33 to \$39.

The cost-benefit research for Oregon indicates that \$5.60 is saved for every dollar invested in treatment. Savings are gained primarily due to the reduction in crime and the resultant reduction in numbers of incarcerated citizens.

### **What is the condition of the treatment field?**

According to the 2002-2004 Addictions Counselor Certification Board of Oregon (ACCBO) survey, 40% of certified counselors are considering leaving the field (see Appendix C). There are 1103 certified counselors in the state of Oregon serving about 60,000 social service clients each year. The average number of years in the field is eleven and the average income is \$37,000 per year. Most certified counselors have a college degree and job satisfaction is 3.96 based on a 1-5 scale.

The ACCBO survey validates concerns from community treatment providers. Today's treatment professionals are overworked and underpaid. A strong workforce is imperative to provide a full continuum of treatment services. In order to meet the

expected guidelines for evidence-based practice, treatment counselors need additional training and supervision.

## **Summary**

Our program is needed now more than at any time in its history. The State of Oregon's severe training cutbacks have limited the options for current counselors seeking continuing education and credential advancement. A high turnover rate in the addiction counseling field coupled with the emergence of the methamphetamine epidemic has precipitated an elevated demand for new treatment and prevention professionals.

We are the only program in the Portland area that meets the complete educational needs of the student applying for the ACCBO certification process. We prepare more ethnically and racially diverse addiction counselors than any other educational institution in the state. Our program, which admits students seeking a degree, a certificate, or a few classes to meet their particular professional need, is uniquely positioned to assist in the development of a growing and well-educated professional cadre of addiction counselors.

# How is the Program Organized and is it Fulfilling Its Mission?

## How does the PCC's A&D Counselor Program contribute to the treatment field?

The Addiction Counselor Certification Board (ACCBO) is the credentialing body for addiction counselors in the State of Oregon. Our program helps prepare students for the Certified Alcohol and Drug Counselor credential exam (for their CADC I, II or III).

The PCC Alcohol and Drug Counselor Program is the largest educator of addiction counselors in the State of Oregon. We not only have a comprehensive program, but are the only program in Oregon meeting the complete educational requirements for all three credentials administered by ACCBO. In addition, we have a program in place to meet the upcoming State of Oregon requirements for Prevention Specialists.

The need for the educational services we provide has increased due to the State of Oregon Human Services Department eliminating all but a scant skeleton of their trainings for addiction counselors. There are several schools in the state who have a few addiction-specific courses but they are drastically limited in the scope of their offerings.

## What degree or certificates can a student earn from the program?<sup>3</sup>

### Associate of Applied Science in Alcohol and Drug Counseling

The majority of our students are pursuing a CADC from ACCBO. In addition to the course requirements specifically required to sit for the CADC I, potential certified counselors are strongly encouraged to have a 2-year degree.

### Addiction Studies Certificate

The certificate program is designed for students who already have a degree. While degreed students sometimes seek the Addiction Studies Certificate, when they realize the CADC is their conduit to employment, many choose to complete only the courses needed to sit for the certification exam.

### Prevention Specialist Program Award

The Prevention Specialist Program Award was designed in response to the State of Oregon's indication that coursework specific to prevention would be required for professionals in this field. While the State was slow to implement rules to support this certificate, they have made progress in recent months. While not required for the AAS

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<sup>3</sup> See Appendix D for catalog description of program

degree or Addiction Studies Certificate, most of the students currently taking prevention classes are in these programs. They take the prevention courses in order to benefit them in their future alcohol and drug counseling and prevention work.

### **What are the Alcohol and Drug Counselor Outcomes?**

#### **AAS: Alcohol and Drug Counselor**

- 1) Meet the Addiction Counselor Certification of Oregon (ACCBO) educational requirements for the Certified Alcohol and Drug Counselor Level II (CADC II).
- 2) Have a minimum of 720 hours of the 1000 work experience hours required by ACCBO to be eligible for the CADC I exam.
- 3) Conduct intake addiction specific assessments/evaluations.
- 4) Co-facilitate addiction treatment groups.
- 5) Perform case management functions with clients.
- 6) Complete record keeping obligations.
- 7) Deliver educational presentations.
- 8) Participate in staff meetings.
- 9) Effectively utilize clinical supervision.

#### **One-Year Certificate: Alcohol and Drug Counselor - Addiction Studies**

- 1) Meet the majority of the Addiction Counselor Certification of Oregon (ACCBO) educational requirements for the Certified Alcohol and Drug Counselor Level II (CADC II). In order to fully meet the educational requirements students will need to take AD 255 Multiple Diagnosis.
- 2) Have a minimum of 400 hours of the 1000 work experience hours required by ACCBO to be eligible for the CADC I exam.
- 3) Conduct intake addiction specific assessments/evaluations.
- 4) Co-facilitate addiction treatment groups.
- 5) Perform case management functions with clients.
- 6) Complete record keeping obligations.
- 7) Deliver educational presentations.
- 8) Participate in staff meetings.
- 9) Effectively utilize clinical supervision.

#### **Prevention Specialist Program Award**

- 1) Meet the Addiction Counselor Certification of Oregon (ACCBO) educational requirements for the Certified Prevention Specialist (CPS).
- 2) Have a minimum of 120 hours of the 2000 work experience hours required by ACCBO to be eligible for the CPS exam.
- 3) Demonstrate and communicate the five core competencies as described by the ACCBO Prevention Domains.

## **How does the A&D Program facilitate student's meeting PCC Core Outcomes?**

### **Communication**

Graduates of Portland Community College should be able to communicate effectively by determining the purpose of communication; analyzing audience and context to use appropriate language and modality; and by responding to feedback to achieve clarity, coherence, and effectiveness.

A&D students learn to communicate effectively in ten separate courses: AD 104 Multicultural Counseling, AD 150 Basic Counseling, AD 151 Basic Counseling Lab, AD 155 Motivational Interviewing, AD 201 Family and Addiction, AD 250 Advanced Counseling, AD 251 Advanced Counseling Lab, AD 255 Multiple Diagnosis, WR 121 and WR 122 (SP 111 is also recommended). All of these courses make significant contributions to successful communications with diverse populations.

### **Community and Environmental Responsibility**

Graduates of Portland Community College should be able to apply scientific, cultural, and political perspectives in understanding the natural and social world and in addressing the consequences of human activity both globally and locally by demonstrating an understanding of social change and social action.

Evidence based practice requires a scientific analysis of researched based practice. The A&D program has embedded an understanding of Evidence Based Practice to ascertain the most likely effective path to change (see EBP Matrix discussion on page 22). While the skill set we teach is specific to addiction counseling, the skills are applicable to a much larger perspective.

### **Critical Thinking and Problem Solving**

Graduates of Portland Community College should be able to think critically and creatively solve problems by understanding and using various methods of reasoning and evaluating information.

Our program trains our students in critical thinking and creative problem solving in a number of ways: AD 154 Case Management teaches a number of approaches to assessment and treatment planning. AD 156 Ethics teaches ethical rubrics for critical analysis of professional relationships and responsibilities. The previously mentioned emphasis on EBPs makes a significant contribution to actualizing this targeted outcome.

## **Cultural Awareness**

Graduates of Portland Community College should be able to demonstrate an understanding of the variety of human cultures, perspectives, and forms of expression, as well as their own culture's complexities.

AD 104 Multicultural Counseling is dedicated to manifestation of this targeted outcome. We also offer two gender specific courses, AD 103 Women and Addiction and AD 184 Men and Addiction, which contribute to this outcome.

## **Professional Competence**

Graduates of Portland Community College should demonstrate mastery in a discipline or profession at a level appropriate to program and transfer requirements through the application of concepts, skills, processes, and technology in the performance of authentic tasks that enhance community involvement and employability.

Our students' primary goal is to become certified addiction counselors as administrated by the Addiction Counselor Certification of Oregon. As described by the ACCBO Completers Study, our students have a higher pass rate for the CADC I exam (94.7%) than the state average (79.8%). Almost all, if not all, addiction treatment facilities in the Portland Metro area have employed former students of the program.

## **Self-Reflection**

Graduates of Portland Community College should be self-appraising in applying the knowledge and skills they have learned, examining and evaluating personal beliefs, and comparing them with the beliefs of others.

A fundamental belief of our program is that in order to be able to offer counseling services to others one first must be willing to engage in a process of self-reflection and self-understanding. This belief is carried across our curriculum and appears in one form or another in every class. Many classes use self-examination assignments as a significant component of the learning strategies employed.

## **How is the program staffed?**

The program employs two full time faculty members: Susan Garber and Jon Gieber. We are fortunate to have a stable group of adjunct instructors who have earned assignment rights: Candia Elliott, Herb French, Nikki Johnson, and Dennis Morrow. We recently decided to add all assignment-right instructors voting membership on our SAC. This change has significantly accelerated the decision-making process of the SAC.

We have a number of other instructors who make significant contributions to our program including Florence Spraggins, who has developed and taught the highly successful online offering of AD 101 (Alcohol Use and Addiction) and AD 102 (Drug Use and Addiction).

We have a good working relationship with the advising department and have an assigned academic advisor, Lucy Sheehey, who also serves as a tutor for many of our students.

### **What are the qualifications for an instructor to teach in the program?**

- 1) Prior experience: All new instructors will have a minimum of five years of experience working with the addicted population.
- 2) Education: All new instructors will hold a masters degree in a counseling related discipline or hold a bachelor's degree and be a Certified Addiction Counselor Level II (CADC II) or a Certified Prevention Specialist (CPS).

### **Is the program adequately supported by administration and staff?**

Our division personnel are very helpful and professional and consistently meet the needs of the program. The program has received excellent support from the division staff and we feel fortunate to be able to work with such quality personnel.

Of particular importance to our program is Joann Pitz. Ms. Pitz helps us recruit students and manages the process of accepting students into the program. She is essential to the program's success. Ms. Pitz has expressed a desire to retire within the year and we are concerned that a replacement be found and trained while Ms. Pitz is still working. The scope of her job is so large that, without her direct involvement in this process, our program (and many others) will be significantly impacted.

### **What equipment and facilities does the program have available for its use?**

The Alcohol and Drug Counselor Program has a workstudy-staffed lab, equipped with five computers and two small video rooms with camcorders and viewing televisions.

The video rooms are used to tape and review counselor-counselee interactions, an indispensable tool in our program's educational process. When the rooms were created the requested sound proofing was not installed. During taping, noise from the lab is, at the least, distracting and, at the worst, interferes enough that the session must be

stopped. The noise is also picked up by the microphones and interferes with viewing and evaluating. More importantly, confidentiality is compromised. Retrofitting some type of sound proofing for these rooms is a priority for our program.

Students utilize the lab for various other purposes including study groups, completion of group projects, and use of the computers. Computer use includes research, email, completion of assignments, and other projects.

### **What are the SAC -approved course limits?**

The Alcohol and Drug Counselor Program has many courses that are skill specific and require individualized and intensive work with the instructor. All of the courses that are limited to 16 students are skill specific.

AD 101 Alcohol Use and Addiction - 40  
AD 102 Drug Use and Addiction - 40  
AD 103 Women and Addiction - 40  
AD 104 Multicultural Counseling - 40  
AD 150 Basic Counseling and Addiction - 16  
AD 151 Basic Counsel Skills Mastery - 16  
AD 152 Group Counsel and Addiction - 16  
AD 153 Theories of Counseling - 40  
AD 154 Case Management and Addiction - 40  
AD 155 Motivational Interviewing - 16  
AD 156 Ethical & Professional Issues - 40  
AD 184 Men & Addiction - 40  
AD 201 Families and Addiction - 40  
AD 241 Prevention Theory & Practice - 35  
AD 242 Community Organization - 35  
AD 243 Planning & Evaluating Outcomes - 35  
AD 250 Advanced Counsel and Addiction - 16  
AD 251 Adv Counseling Skills Mastery - 16  
AD 255 Multiple Diagnosis - 35  
AD 280A Practicum: Addiction - Unlimited  
AD 280B Practicum: Addiction-Seminar - 25  
AD 280C CE: Prevention Practicum - 10  
AD 280D CE: Prevent Practicum: Seminar - 10

## **Is the program up to date with the CCOG review process?**

The following describes the current status of the CCOG review process for the Alcohol and Drug Counselor Program:

Updated Fall of 2006:

AD 101 Alcohol Use and Addiction

AD 102 Drug Use and Addiction

AD 104 Multicultural Counseling (being redesigned: funds awarded/work in process)

AD 155 Motivational Interviewing

AD 184 Men & Addiction

AD 250 Advanced Counsel and Addiction

AD 251 Adv Counseling Skills Mastery

AD 255 Multiple Diagnosis

AD 280C CE: Prevention Practicum

AD 280D CE: Prevent Practicum: Seminar

Updated Winter 2007:

AD 103 Women and Addiction

AD 150 Basic Counseling and Addiction

AD 151 Basic Counsel Skills Mastery

AD 152 Group Counsel and Addiction

AD 154 Case Management and Addiction

AD 156 Ethical & Professional Issues

AD 201 Families and Addiction

AD 280A Practicum: Addiction

AD 280B Practicum: Addiction-Seminar

In Progress:

AD 153 Theories of Counseling (Considering redesign and offering via distance learning - still in SAC).

Need to be Reviewed:

AD 241 Prevention Theory & Practice

AD 242 Community Organization

AD 243 Planning & Evaluating Outcomes

## **Has the program grown since the last program review?**

The Alcohol and Drug Counseling department is efficient in the delivery of its academic program. Enrollment in AD courses, on average, is higher than in courses in other professional technical programs and across the campus in general. The ratio of full-time

instructors to part-time instructors is slightly less than other departments on the campus, and this factor in combination with the higher enrollment/CRN ratio results in a very high SFTE to full-time IFTE ratio, 27.0 compared with 17.3 for all campus professional technical programs and 15.3 for the entire Cascade campus.

The Institutional Effectiveness data also indicates that the total enrollment for the department has been steadily rising. The Student FTE was 92.6 in the 2003-2004 year, 102.7 in 2004-2005, and 110.2 in 2005-2006.

<b>Cascade Campus Student and Instructor Data Academic Year 2005 - 2006</b>			
	A & D Counseling Department	Cascade All Prof. Tech. Depts.	Cascade All Departments
Student FTE	110.2	885.5	3285.5
Enrollment/CRN	21.3	18.9	17.0
Instructor FTE	9.4	118.5	446.4
SFTE/IFTE	11.7	7.5	7.4
Full-time IFTE	4.1	51.1	214.4
SFTE/ FT IFTE	27.0	17.3	15.3
Part-time IFTE	5.3	67.4	232.0
FT IFTE/PT IFTE	.7	.8	.9

### **How do the AD students add to STFE?**

We reviewed the transcripts of the 28 students who were enrolled in the AD clinical practicum courses in the Fall 2006. These students had earned a total of 2,807 credits (including courses in progress), an average of 100 credits per student. This relatively high number of credits is due to several factors including (1) for some, admission into the AD program after completing extensive coursework in other majors, (2) the common occurrence for AD majors to complete many courses beyond the minimum number of general education credits required for degree, and (3) the need for some students to take a number of lower level courses to successfully complete the basic competency requirements in math and writing.

On average the practicum students had completed (or were in progress of completing) 56 AD credits and 44 general education or other credit courses. However, some students are admitted into the program with an earned degree or are non-degree-seeking students who primarily matriculate in the AD professional technical courses. Such students, of course, take fewer general education courses. The table below summarizes the credit history for the 28 students and reveals the wide range in non-major credits.

	AD Courses	General Education and other PCC credit courses
Mean Number of Credits	56	44
Median Number of Credits	55.5	41
Range of Credits	35 to 80	4 to 132

Clearly, our students make a significant contribution to overall PCC enrollment.

### **Does the program serve a diverse student population?**

The program serves a very diverse student population with 18% to 23% of our students identifying as a racial/ethnic minority compared to that of PCC as a whole (21.8%) and Cascade in particular (28.9%). The actual percentage may be even higher given that approximately 10% of the students choose the “unknown” category as a demographic response.

It is significant to note that the percentage of African American students in our program exceeded 12%. There has been and continues to be a dearth of addiction counselors in the state of Oregon who are ethnically and racially diverse. It appears that our program is making a significant contribution toward increasing the number of ethnically/racially diverse addiction counselors.

The program is consistently 65% female and 35% male. The age distribution table demonstrates that we serve students who are usually older than the average PCC student. In the Practicum Student Survey, 80% of respondents were over 40 years of age. Approximately 18% of our current students are 50 and older.

### **Who is served by online courses?**

Term	Students residing inside the District	Students residing in Oregon but outside the District	Students residing outside of Oregon
Fall 2005	26	2	3
Winter 2006	28	10	1
Spring 2006	31	5	3
Totals	85	17	7

The table reflects the home address for 109 students enrolled in the online AD 101 course in the 2005-2006 academic year by term. With regard to those Oregon students living outside of the PCC District, most were in the Lane, Chemeketa, Mount Hood, and

Clackamas districts. However, one student lived in Seaside and another in Baker City. Out-of-state students were primarily represented by Washington residents, but two reside in California.

### **Is the Alcohol and Drug Counselor AAS degree transferable to area four year institutions?**

The following area schools have accepted our students into their baccalaureate programs: Concordia University, Marylhurst University, Warner Pacific University and Portland State University. The details regarding each school are listed below:

#### **Concordia University (1996)**

Concordia will accept 77 credits of A&D courses and 18+ general education for those students who have completed the AAS degree and have a 2.5 GPA with all course work at C or better. Those students will be admitted into the BA in Psychology program.

#### **Marylhurst University (1993)**

Up to 52 credits of A&D course work can be used as Social Science electives.

#### **Warner Pacific University (1992)**

AAS students will have their courses accepted for transfer for degrees in Psychology, Human Development, and Sociology. Students will have upper division ranking.

#### **Portland State University**

Students have reported success but a definitive transferability agreement is not available at this time.

The program has started a project to formalize the transferability of our program with each of the above institutions. We will then create an advising track for students that will be included in the student manual, which is under development.

### **How are students distributed in terms of full-, half-, or part-time enrollment?**

The majority of our students are half- or part-time enrollees. On the average, 64% of the students were half- or part-time and 36% were full-time students. This distribution has advising implications and may, at least in part, explain the difficulty students have in completing the program in an extended time period. The Alcohol and Drug program is not a lock step curriculum and careful planning is essential for student success. The advising issue has been identified as a priority to be addressed.

## **Did we learn anything looking at enrollments for individual courses?**

During the last two years, we have started to offer distance learning courses (AD 101 and, starting winter of 2007, AD 102). These courses have been very popular, which suggests we may be able to successfully offer more DL courses. SAC needs to explore this issue and develop a long range plan for DL courses. The funding for DL courses has been from sources outside our instructional budget.

Practicum AD 280 has shown a significant supervision increase, growing from 72 students in 2003/04 to 115 students in 2005/06. Practicum requires a significant proportion of institutional resources but is a large producer of FTE.

We have been trying to do more with less. Success in DL courses brings in more FTE but also brings in more students to a program already strained by budgetary constraints. Increasing numbers of practicum students increase expenditure demands significantly.

## **Do other programs utilize AD courses?**

### **Gerontology**

Students who are pursuing an Associate of Applied Science degree in Gerontology are required to take AD 101 Alcohol Use and Addiction and to choose eight credits from a list of courses that include AD 102 Drug Use and Addiction, AD 154 Case Management and Addiction and AD 156 Ethical and Professional Issues. The Gerontology Department is currently attempting to develop a Gerontology and Addiction certificate program that could include a number of AD specific courses.<sup>4</sup>

### **Criminal Justice**

The Juvenile Corrections Certificate requires that students take AD 101 Alcohol Use and Addiction, AD 150 Basic Counseling and Addiction and AD 151 Basic Skills Mastery.

### **Health**

The Health SAC is currently attempting to develop a certificate that would include AD specific courses.

## **Does our budget meet our instructional needs?**

The year long schedule has been pared down as much as possible to still give students a reasonable opportunity to complete the program in two years. The budget tightening

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<sup>4</sup> See Appendix E for information on Older Adults and substance abuse treatment

process has created a domino effect: paring down of the schedule led to a decreasing ability to offer the number of courses our students need, which led to exceeded course limits, resulting in 50 or more students in some courses. Our SAC is increasingly concerned with course size limits exceeding the boundaries of quality instruction.

The following describe the instructional budget realities for our program.

**2006/2007 Instructional Budget<sup>5</sup>**

\$60,836.00	Beginning Balance
7,486.92	Summer Term '06
19,446.72	Fall Term '06
17,662.08	Winter Term '07
<u>- 13,704.69</u>	Spring Term '07
1,181.55	Ending Balance

<b>Alcohol And Drug Counseling Budget Status for Part-time Faculty 1000-C40202-01222-21</b>			
<b>Fiscal Year</b>	<b>Beginning Budget</b>	<b>Year to Date Activity</b>	<b>Ending Balance</b>
03/04	46,906.00	48,431.10	-1,525.10
04/05	48,313.00	44,494.32	3,818.68
05/06	49,348.00	57,858.69	-8,510.69
06/07 <sup>6</sup>	60,836.00	58,300.41	2,535.59
07/08			

It is clear that our program, in order to operate within the fiscal parameters of our instructional budget, needs to make some changes. We need guidance from administration on how to proceed. We view all of the following options as viable:

- Increase the instructional budget to meet our actual needs as demonstrated over the last three years of overspending our budget.
- Expand our program into a larger human service program that could generate a substantial increase in SFTE.
- Redesign our program to live within the existing budget parameters (i.e.: restrict entry and reduce number of course offerings)

Once we have received feedback from the administration, we will proceed by utilizing our SAC and Advisory Committee to create a proposal.

<sup>5</sup> This does not take in account substitute instructors, sick leave, etc.

<sup>6</sup> Susan Garber's sabbatical replacement funds artificially inflate our instructional budget for 06/07.

# Are our Students Successful as Addiction Counselors?

The program appears to have a low number of graduates for the number of students who enroll. Why is this and how relevant is it as a gauge of the program's success?

To address this question, a survey of 51 former PCC Alcohol and Drug Counselor Program students was conducted (Appendix F). Forty-six of our alumni completed the survey, which asked the following questions:

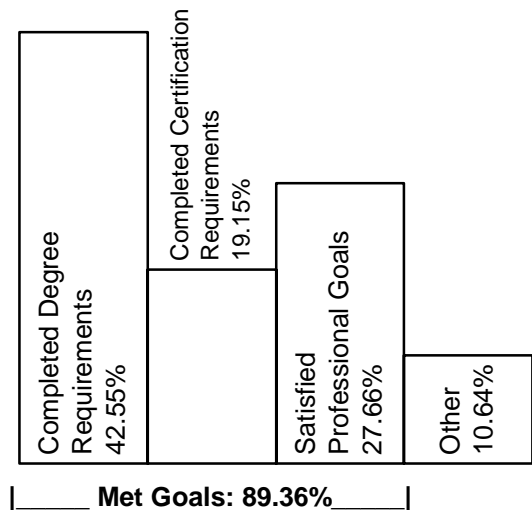
- 1) Why did you leave the program?
- 2) What is your current level of education?
- 3) Current level of certification?
- 4) What is your current pay?

## Survey Results

### *Why They Left*

While 57.45% of our students left the program without graduating, fully 89.36% left having achieved their goal (a degree, the completion of certification requirements, or satisfaction of professional goals).

The number of students who did not graduate is to be expected given the array of reasons students enter our program.



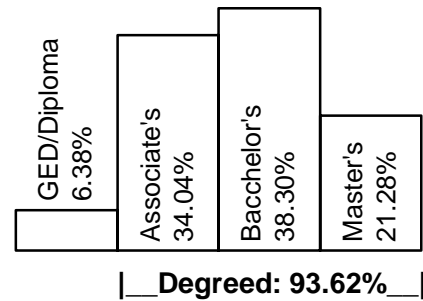
Reasons students enter but do not earn a certificate or AA degree may include:

- To obtain coursework needed to sit for the CADC
  - Obtaining ACCBO certification is the number one goal of the majority of our students. Students may have experience in the field and/or a degree but lack some or all of the alcohol and drug coursework required by ACCBO.
- To update or expand education and skills
  - Students may have a CADC and a career in the field but want to hone their skills or update their knowledge.
  - Students may have a career in a related field, such as Criminal Justice, Family Services, or Education, and wish to improve their understanding of addiction treatment and prevention.
- To prepare for or supplement another course of study
  - Students may be primarily interested in a career in Criminal Justice or

Psychology, for instance, but enter our program to supplement their knowledge.

*Current Level of Education*

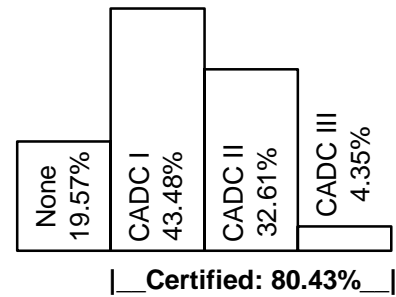
More than 90% of the students surveyed have earned a degree. The majority of students (59.58%) reported having earned a bachelor's or master's degree. These results strongly suggest that our students value college education and recognize the need for degrees.



While the program has not done a thorough job developing transferability agreements and pathways with four year institutions, we are currently addressing this shortcoming. Our advising system is set to increase emphasis on transferability by encouraging consideration of transfer and better communicating student options. A student handbook is being created and will include a section on transferability to other institutions.

*Current Level of Certification*

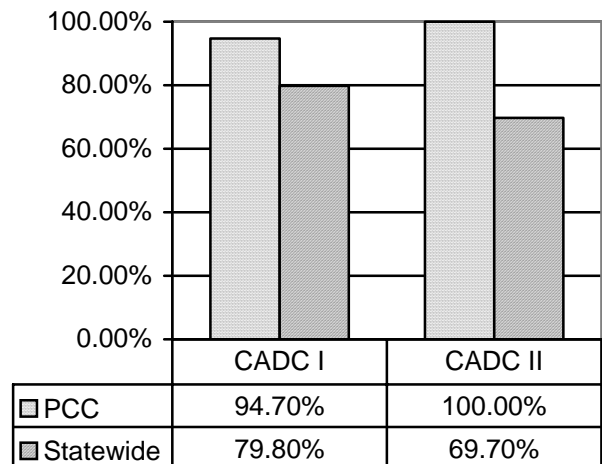
The primary path to becoming an addiction counselor in Oregon is to obtain ACCBO's CADC. While only 42.55% of the surveyed students had completed degree requirements at PCC, 80.43% of them had earned their CADC. Given that it takes many students 1 to 3 years after leaving the program to earn their CADC, the percentage will increase for this sample.



The fact that over 80% of respondents have already earned their CADC suggests we are doing an excellent job preparing students for the workforce and the certification process.

The certification process is so important to our program that we commissioned ACCBO to do a Completer's Study of the students who responded to our survey (Appendix G).

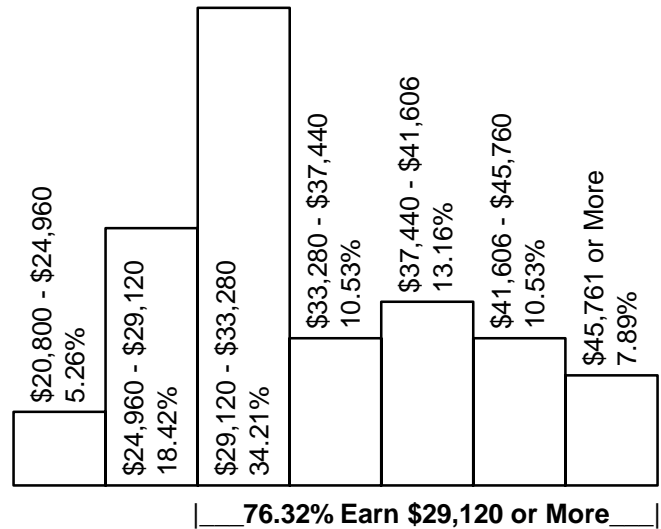
We found that 42 out of 51 sat for and 40 passed the certification exam. While only 79.8% of all candidates pass the CADC I, 94.7% of PCC-prepared students passed.



Likewise, while only 69.7% of all candidates pass the CADC II, 100% of our students passed.

### *Annual Salary*

To compare the salary results of our students with their peers we used a study conducted by the Northwest Frontier Addiction Technology Transfer Center (ATTC), which can be viewed in Appendix H. The results indicate that our alumni are fairing well in comparison to their peers in the Northwest:



- 55% of ATTC respondents earn \$30,000 or less per year
- Only 24% of our alumni report earning less than \$29,120
- 40% of ATTC respondents earn \$30,000 to \$49,999
- More than 67% of our alumni report earning between \$29,120 and \$45,760
- 6% of ATTC respondents earn \$50,000 or more
- Nearly 8% of our alumni report earning \$45,761 or more

### Survey Conclusions

The surveys demonstrated that our students are very successful in terms of becoming CADCs. Over 80% of the surveyed students had earned their CADCs and most of the remaining students were still in the process of becoming certified. Our students did very well on the certification exams with an almost 95% pass rate compared to the state average of 80%.

Limiting assessment of our program to analysis of graduation rates gives an incomplete picture of the actual contribution our students make to the addiction counseling field. If success is instead measured by students meeting their goals, even though 59% left without graduating, we have an 89% success rate. To put this number in perspective it is important to observe that 90% of our surveyed alumni had earned a degree of some type by the time of the survey. Almost 60% had a bachelors or masters degree.

Compensation rates for our students surpassed the averages and rates of their peers. It appears that there may be some economic advantages to being prepared as a CADC in a two year institution.

## Does our program teach Evidence Based Practice?<sup>7</sup>

Shawn Clark, at the Department of Human Services' Mental Health and Addiction Services Unit, is the primary contact for evidence based practice (EBP) issues in Oregon. Clark gives the following as the six key areas forming the foundation of EBP:

- Motivational Interviewing and Motivational Enhancement Training
- Cognitive Behavioral Therapy
- ASAM Criteria
- Addiction Severity Index/Global Appraisal of Individual Needs
- 12 step facilitation (4 session protocol from NIDA manual)
- Family Involvement

PCC AD Courses and Evidence Based Practice Matrix						
Course	MI	CBT	ASAM	12 Step	Family	
AD 101 Alcohol Use and Addiction	X			X	X	
AD 102 Drug Use and Addiction				X		
AD 103 Women and Addiction				X	X	
AD 104 Multicultural Counseling			X	X	X	
AD 150 Basic Counseling and Addiction	X					
AD 151 Basic Counsel Skills Mastery	X					
AD 152 Group Counsel and Addiction	X	X	X	X		
AD 153 Theories of Counseling	X	X				X
AD 154 Case Management and Addiction			X			
AD 155 Motivational Interviewing	X					
AD 156 Ethical and Professional Issues				X		
AD 184 Men and Addiction		X		X	X	
AD 201 Families and Addiction						X
AD 250 Advanced Counsel & Addiction	X	X		X	X	
AD 251 Advanced Counseling Skills Mastery	X	X		X	X	
AD 255 Multiple Diagnosis		X		X		

### **Motivational Interviewing and Motivational Enhancement Training**

AD 155 Motivational Interviewing and Addiction is a focused examination and skill building opportunity that specifically targets the philosophy and content of Motivational Interviewing and Motivational Enhancement Training. AD 250/251 Advanced Counseling is a skill specific course that enhances the student's ability to apply the principles of Motivational Interviewing.

### **Cognitive Behavioral Therapy**

AD 153 Theories of Counseling specifically addresses cognitive behavioral therapy. This course is not a skill development course.

<sup>7</sup> More on EBPs can be found in Appendix I

**ASAM Criteria and Addiction Severity Index/Global Appraisal of Individual Needs**

AD 154 Case management specifically addresses the ASAM criteria and the Addiction Severity Index. This course includes skill building opportunities.

**12 Step Facilitation (4 Session Protocol from NIDA Manual)**

Many of our courses require attendance at 12 step meetings as part of the course. This specific protocol is not taught in any of our courses.

**Family Involvement**

AD 201 Family and Addiction is an in-depth presentation of issues related to the family. The course brings students into contact with a number of family systems theories and their application to the addicted experience.

# Practicum Surveys

## Practicum Student Survey

Our primary customers are our students. Collecting data and feedback from them is a vital component of our program review. We selected students who had reached the practicum component of our program because this is where their academic preparation gives way to real world experience of direct clinical work. It is at this juncture we can best gauge how well the program prepared them for the realities of the addiction counseling profession.

In order to be eligible for practicum, students must first complete the following classes: WR 121 and WR 122, AD 101 Alcohol Use and Addiction, AD 102 Drug Use and Addiction, AD 150/151 Basic Counseling, AD 152 Group Counseling, AD 153 Theories of Counseling, AD 154 Case Management, AD 155 Motivational Interviewing, AD 156 Ethics.

## Survey Instrument

In order to avoid biasing the students' responses, the survey was administered by a part-time faculty member who was not familiar to our practicum students. We surveyed all of our current practicum students. The Practicum Student Survey form and raw data can be found in Appendices J and K, respectively.

## Analysis of Survey Results

### *Demographics (Questions 1-3)*

Questions 1, 2 and 3 allowed us to determine the gender, age distribution and ethnicity of our students. Our students were divided equally along gender lines (10 female and 10 male). We were surprised to discover that 50% of our students were 50 years of age and older and 80% were 40 years of age and older. We were pleased to see that our students were fairly diverse with 30% identifying themselves as African American. The addiction counseling arena is in dire need of counselors who are ethnically and culturally diverse and it appears that our program is making a significant contribution toward addressing this need. It is also worth noting that our diversity statistics exceed both those of PCC as a whole (21.8%) and of Cascade campus (28.9%).

Implications: Do we need to develop special services, reconsider our advising system, or make other program adjustments because of the number of our older students?

### *Previous Education/Work Experience (Questions 4-6)*

These questions examined the educational and work experience our students had prior to entering our program as well as their goals for entering the program. It is important to observe that 30% of our students already had earned a degree and that 20% had been employed in the addiction counseling field, suggesting that a significant number of our students are using this program as a graduate program “substitute” or as a means of ongoing professional development.

Implications: Our program is utilized by students at all educational levels from those with GEDs to PhDs. Given that our program is primarily focused on helping students obtain their CADC, we are providing a cost effective means for both degreed and non-degreed students to enter the addiction counseling field. The fact that 30% of our students already have degrees when they enter the program helps explain why many of our students do not graduate: they do not need our degree but instead need the preparation for the CADC exam. Do we need to consider expanding marketing efforts to degree seeking students?

### *Advising and Scheduling (Question 7)*

We have developed an advising strategy for the program that involves the following components:

- An academic advisor has been specifically trained for our program. She has gone as far as to take classes to aid her providing tutorial services
- A web page with detailed advising is available
- Orientations for those interested in the program are held 10 to 12 times per year
- Students who are accepted to the program are required to go to a new student orientation session
- Students who wish to enroll in practicum are required to attend a practicum advising session
- We publish a year-long schedule to help students make informed decisions

Despite this plethora of advising opportunities our students clearly do not feel that their advising needs are being fully met. Although our schedule is designed in such a manner that a student could complete our program in two years if they take the courses in a carefully prescribed manner, scheduling issues were also of great concern to our students.

Implications: Do we need to formalize involvement with the advising system? Perhaps we need to require meeting with an advisor as part of the application packet. We could also require that students file a two year plan of study after they have been to an advising session but before they are allowed to register. Perhaps we could also require

an advising session be added to the practicum orientation/application. Addressing the advising utilization issues should significantly reduce scheduling concerns.

We have discovered that PCC advisors generally give incorrect advice to our students. While past attempts to correct this situation have not been particularly fruitful we do have one informed advisor dedicated to our program. We do not have a student handbook developed specifically for our program and such a tool may prove to be helpful in alleviating these issues.

Our program is limited in its ability to meet student scheduling needs due to budgetary issues. We have overspent our budget for the last several years and projections make it clear we will overspend in the future. We have an open enrollment policy and thus do not limit the number of students we accept into the program. We need administrative guidance to determine how we can best address this issue. Do we restrict entry into the program? Do we redesign our program? Can our budget be increased? Do we eliminate some of our course offerings? This issue is a vital concern.

#### *Future Education Plans (Question 8)*

Question #8 examined the student's intent to continue their education once they reached their goals at PCC. 85% of our students plan to do so.

Implications: We need to improve our ability to provide students with information regarding transferability to 4-year schools in the Portland area. We need a manual that describes transferability to the following schools: Portland State University, University of Portland, Concordia, Eastern Oregon State University, George Fox, Marylhurst and Warner Pacific.

#### *Relevancy of Course Work (Question 9)*

Question #9 allowed students to rank all of the alcohol and drug specific courses. Statistical analysis found that our courses are generally relevant. While some variation existed among required courses there was no statistically significant difference between the courses.

Implications: Group Counseling appears to be the biggest concern to students. We need to examine this concern in our SAC and try and determine whether this is an issue of course content or instruction.

## **Practicum Supervisor Survey**

The primary goal of our program is to help students become addiction counselors. The student's first foray into the addiction counseling arena is usually through a practicum experience with supervision by an onsite practicum supervisor. Our onsite supervisors have a minimum of a CADC II and five years of experience, or a master's degree and two years of experience. These supervisors are responsible for assuring that their agencies are in compliance with current accreditation and practice standards. They are able to provide real world feedback and help our program stay current with the ever-changing world of addiction counseling.

### **Survey Instrument**

We utilized an internet data-collection protocol in an attempt to avoid biasing the supervisors' responses. We received 10 completed surveys from the 24 requests we sent out. The survey we used and the raw data collected can be found in Appendices L and M, respectively.

### **Analysis of Survey Results**

#### *Demographics of the Supervisors (Questions 1-4)*

The survey respondents were from a mix of treatment modalities: criminal justice, intensive outpatient, inpatient, private and publicly-funded agencies. The supervisors' experience ranged from 1 to 15 years with an average of 7 years. The respondents had worked collectively with 40 different practicum students over the preceding 2-year period.

#### *Comparison of PCC Practicum Students to students from other institutions (Questions 5-9)*

Students who apply for practicum positions come from internal training programs, community colleges, bachelor programs and graduate schools. Supervisors were asked to make comparisons between PCC students and students from other programs. Overall, the practicum supervisors respond that PCC students compare favorably with other practicum students. They also are in basic agreement that our students' preparation for practicum is sufficient.

One theme woven throughout the survey responses is a need for greater understanding and skills regarding professional boundaries. Professional boundaries refer to the nature of the relationship between the professional and their colleagues, clients, supervisors and with members of the community (such as what degree of personal self-disclosure is appropriate).

*Analysis of specific course work required for practicum (Questions 10-11)*

All but one of our supervisors expressed general satisfaction with the required course work. There was agreement amongst supervisors that certain content areas needed to be increased. The areas they identified were consistent with findings from the Practicum Student Survey: AD 152 Group Counseling, AD 156 Ethics, and AD 155 Motivational Interviewing. We will utilize the SAC to address these concerns.

*Contributions PCC trained students make to agencies (Questions 12-16)*

It is clear from the responses that PCC-trained students are a vital component of the hiring pool for addiction counselors. Two comments sum up the vital impact that PCC Alcohol and Drug Counseling students have in local addiction treatment agencies:

- *“There are few other sources to prepare people for a career in addictions treatment.”*
- *“PCC is where the majority of addictions counselors get their training.”*

The State of Oregon used to have a multitude of training courses that helped prepare addiction counselors; the state has all but eliminated these trainings. PCC is, with no close second, the largest single provider of addiction-specific education in the state.

*Practicum: screening, contract and evaluation process. (Questions 17-26)*

The program uses prerequisite courses as a screening device for practicum. Once students have completed the needed course work they are eligible for practicum. Students create an application packet which includes a cover letter, a resume, a list of their course work and a description of their availability for work. Students then contact potential practicum sites and attempt to arrange for an interview. Practicum supervisors and students are encouraged to use the interview as a vehicle to insure their own professional needs will be met via this student/supervisor relationship.

The practicum process now requires a criminal history check for a large percentage of our students. While Oregon Administrative Rules published by the Department of Human Services clearly states that practicum students are not required to have a criminal history check, many agencies have decided to require one prior to starting a placement. Given that sometime this process can require 2 to 3 months, it appears that we need to have students start this process an entire term in advance and thus they need to secure a site one term in advance.

Overall, practicum supervisors are satisfied with the practicum process we employ. However, half of the supervisors (5 out of 10) offered critical comments regarding the ability of PCC personnel to keep scheduled appointments. This is important feedback and merits high priority consideration.

### *Future Trends to Address*

No clear agreement emerged in regard to external trends in the alcohol and drug counseling field that we should address in our program. We recognize the need to incorporate within our curriculum a module regarding evidence based practice. We are conducting a separate audit of our program with the aid of personnel from the State of Oregon Office of Human Resources (Shawn Clark) to evaluate our inclusion of evidence based practice in our curriculum.

# How Will the Issues and Concerns Raised by the Program Review be Addressed?

## **Budgetary Realities: Should we expand, reduce, or redesign our program?**

It is clear that our program, in order to operate within the limits of our instructional budget, needs to make some changes. We need guidance from the administration how to proceed. We view all of the following options as viable:

- Increase the instructional budget to meet our actual needs as demonstrated over the last three years of overspending our budget.
- Expand our program into a larger human service program that could generate a substantial increase in SFTE.<sup>8</sup>
- Redesign our program to live within the existing budget parameters (i.e.: restrict entry and reduce number of course offerings)

Once we have received feedback from the administration we will proceed by utilizing our SAC and Advisory Committee to create a proposal.

## **Advising: Redesigning the system**

It is clear that the advising needs of our students are not being consistently met. We are currently in the process of redesigning our advising system. We plan to have the following changes in place by July 1<sup>st</sup>, 2007.

- Require that all new student program applications contain a planned course of study worksheet that has been created with the aid of a designated advisor.
- Require that all practicum student applications contain a planned course of study worksheet update that has been created with the aid of a designated advisor.
- Create a new student advising manual.
- Redesign the web based advising system.
- Create a transferability matrix and advising path for students wishing to transfer to area colleges.

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<sup>8</sup> Chemeketa Community College has a Human Services degree that contains their addiction program. The catalog description of this program can be found in Appendix N

### **Practicum Supervision: Redesigning the system**

It is clear that our system of practicum supervision needs to be redesigned, a process we have already begun. We plan to have the new system in place for Spring Term 2007.

- Hire an Academic Professional to help with practicum supervision. This goal has already been realized.
- Create a web based repository for all practicum forms.
- Create a web based system for managing practicum site contact information and availability.
- Create a practicum manual for instructors.
- Consider creating a one credit course for students applying to practicum. This proposal needs to be further addressed in SAC and will be impacted by the guidance given regarding aforementioned budgetary issues.

### **Distance Education: Expanding current opportunities and investigating new opportunities**

During the last few years we have had a very successful venture into the distance education realm. We have offered AD 101 Alcohol Use and Addiction online. This course always fills before the campus-based version. Winter term we are offering AD 102 Drug Use and Addiction for the first time. It is full. While we are considering expanding our distance education offerings we are restrained by the realities of the budget.

### **Marketing: Investigating a marketing strategy**

We do not have an articulated marketing strategy in place for the Alcohol and Drug Counselor Program. Given that our program tends to be near capacity each term, the long term standing of the program in the community appears to be sufficient. If we plan to expand the program to include Weekend College, additional distance education, or an expanded Human Service Program, then an increased marketing strategy would be indicated.

### **Prevention: Should we add required prevention courses to our AAS degree?**

Our SAC has identified the importance of prevention curriculum as a potential core component of an addiction counselor education track. This issue will be considered in SAC and will again be affected by the administrative response to our budgetary request.

### **Facilities Improvement: Sound-proofing the lab video taping rooms**

When our lab was created, the requested sound proofing was not included. As lab usage increases, the videotaping rooms become more and more difficult to use due to both lack of confidentiality and sound infiltration. We have asked our dean to investigate what measures can be taken to increase sound proofing in these rooms.

**Appendix A**  
**2006 Oregon Research Brief on Addiction Treatment**

# Appendix B

## The Domino Effect

**Appendix C**  
**2002/2004 ACCBO Survey**

# Appendix D

## Catalog Description of Program

Fall Term 2006 – Summer Term 2007 • Portland Community College Programs and Courses

### Alcohol and Drug Counselor

Cascade Campus

Jackson Hall, Room 204

Information: 503-978-5667

Department Chair, Jon Gieber: 503-978-5254

Program Advisors: Lucy Sheehey 503-978-5427 and Diane Thornton 503-978-5507

Advisory web site: <http://www.pcc.edu/addiction>

#### ASSOCIATE OF APPLIED SCIENCE DEGREE

92 credit hours; includes 79 credit hours of required program courses plus 16 credit hours of General Education. Consult a program advisor for assistance in planning General Education classes. Students must meet college graduation requirements including General Education, math and English competencies.

#### PREVENTION SPECIALIST PROGRAM AWARD

26 credit hours; includes 23 credit hours of alcohol, tobacco and other drug prevention, academic, skill training and speech courses, and three credit hours of supervised experiential learning.

#### ADDICTION STUDIES CERTIFICATE

For persons with college degrees: 42 credit hours; includes 32 credit hours of alcohol and drug specific academic and skill training courses and 10 credit hours of practicum for 400 hours of internship. Persons with an associate's, bachelor's, master's or higher degree from an accredited college or university may apply for admission to the addiction studies certificate program

#### CAREER DESCRIPTION

Alcohol and drug counselors work in public and private sector organizations to provide diagnosis, assessment, education, referral and treatment services to clients with alcohol and other drug problems.

Students enter the program with a variety of educational goals: graduation, employment, professional upgrading and/or self improvement.

#### PROGRAM REQUIREMENTS

1. Attendance at A&D Counselor Program orientation session.
2. Readiness for entry into WR 121 English Composition, to be determined by compass scores.
3. Completion of AD 101 Alcohol Use and Addiction, with a grade of "C" or above.

4. Documentation of not abusing alcohol or drugs for 18 months prior to admission.
5. An advising session with a program advisor.

While participating in the program, recovering students will agree to abstain from alcohol and illicit drug use. All other students must agree to not abuse alcohol and other drugs while in the program.

#### CRIMINAL BACKGROUND CHECK

Anyone interested in working in the addiction counseling profession in the State of Oregon should be aware that a Criminal History Check as a condition of employment is a standard practice. A conviction does not automatically disqualify someone from obtaining employment. Each situation is evaluated on a case by case basis and therefore it is very difficult to predict in advance who can be employed in any given employment situation. It is common place for individuals with conviction on their records to be employed in the addiction counseling profession. The Alcohol and Drug Counselor Program can not determine in advance who is or is not employable due to their criminal history.

#### COURSE OF STUDY

The majority of program courses are offered in late afternoons or evenings to accommodate students working during the day. The program has been designed to update the skills of individuals currently working in alcohol and drug counseling related areas. The program also serves as an excellent means of individuals receiving alcohol and other drug specific training when their career emphasis includes, but is not specific, to the addicted population. Corrections personnel, mental health counselors, health care workers and prevention specialists have utilized our program for professional upgrading. Individuals who would like to take specific courses without being an accepted student in the program need to consult a program advisor at 503-978-5254 or 503-978-5245 to determine their eligibility and course availability.

#### CERTIFIED ALCOHOL AND DRUG COUNSELOR EXAMINATION (CADC)

The CADC is granted by the Addiction Counselor Certification Board of Oregon (ACCBO). The Alcohol and Drug Counselor Program does not result in the CADC. The program does, however, meet the educational guidelines required by the CADC and provides approximately 720 practicum hours that contribute to the "supervised experience" requirement of 1000 hours for CADC Level 1. The Certified Alcohol Drug Counselor II (Level II) now requires an associate degree or equivalent with a minimum of 300 hours of alcohol and drug abuse/addiction education.

#### TRANSFERABILITY

The program has an agreement with Warner Pacific College and Concordia University allowing graduates to be accepted at the junior level to work towards a bachelor degree. Portland State University and Eastern Oregon State College will also accept a portion of

the program's credits for application toward a four year degree. Students interested in pursuing their four year degree should contact a representative of their college of choice. Transferability of credits to another institution is subject to the approval of that institution.

#### REQUIRED COURSES

Students are required to attend an Admitted Students Advising upon admission to the program. Students may enroll in AD 101, AD 102, AD 103, AD 104, AD 153, AD 184, WR 121, WR 122, PSY 239 and General Education courses prior to being accepted into either the degree or the certificate program. Excellent writing and spelling skills are required by practicum sites. Students in both the degree and the certificate program will be expected to have achieved mastery in these areas prior to practicum placement.

#### ASSOCIATE OF APPLIED SCIENCE DEGREE REQUIREMENTS

AD 101 Alcohol Use and Addiction 3  
AD 102 Drug Use and Addiction 3  
AD 103 Women and Addiction 3  
AD 104 Multicultural Counseling 3  
AD 150 Basic Counseling and Addiction 3  
AD 151 Basic Counseling Skills Mastery 1  
AD 152 Group Counseling and Addiction 3  
AD 153 Theories of Counseling 3  
AD 154 Case Management and Addiction 3  
AD 155 Motivational Interviewing 3  
AD 156 Ethical and Professional Issues 3  
AD 184 Men & Addiction 3  
AD 201 Families and Addiction 3  
AD 250 Advanced Counseling and Addiction 3  
AD 251 Advanced Counseling Skills Mastery 1  
AD 255 Multiple Diagnoses 3  
AD 280A Practicum: Addiction variable credit 1  
AD 280B Practicum: Addiction - Seminar variable credit  
WR 121 English Composition 3  
WR 122 English Composition 3  
PSY 239 Intro to Abnormal Psychology 3

Students are required to complete 18 credit hours which is at least 720 hours of practicum. Students attend a concurrent two credit seminar each term.

#### GENERAL EDUCATION COURSES

Students with previous college experience need to have their transcripts analyzed to determine their General Education course requirement. Students are encouraged to take introductory psychology, speech, biology and computer courses.

Prior to graduation, students must also meet math competency requirements. This can be accomplished either by passing a placement test showing math skills at or above those required for successful completion of MTH 65, or by completing MTH 65 with a "C" grade or higher.

#### ADDICTION STUDIES CERTIFICATE REQUIREMENTS

AD 101 Alcohol Use and Addiction 3

AD 102 Drug Use and Addiction 3

AD 104 Multicultural Counseling 3

AD 150 Basic Counseling and Addiction 3

AD 151 Basic Counseling Skills Mastery 1

AD 152 Group Counseling and Addiction 3

AD 153 Theories of Counseling 3

AD 154 Case Management and Addiction 3

AD 155 Motivational Interviewing 3

AD 156 Ethical and Professional Issues 3

AD 280A CE: Addiction Practicum 10

AD 280B CE: Addiction Practicum Seminar - variable credit

Students are required to complete 10 credit hours (approximately 400 clock hours) of practicum. Students attend a concurrent two credit seminar each term.

#### PREVENTION SPECIALIST PROGRAM AWARD

##### CAREER DESCRIPTION

Prevention specialists serve as resource persons to assist in community alcohol, tobacco and other drug prevention efforts, as well as concurrent general prevention activities such as violence, HIV/STD and/or teen pregnancy prevention.

##### CERTIFIED PREVENTION SPECIALIST EXAMINATION (CPS)

The CPS is granted by the Addiction Counselor Certification Board of Oregon. Alcohol and drug prevention courses will meet the education and supervised experiential learning requirements for the certified prevention specialist examination. Consult a program advisor.

#### PREVENTION SPECIALIST PROGRAM AWARD REQUIREMENTS

AD 101 Alcohol Use and Addiction 3

AD 102 Drug Use and Addiction 3

AD 104 Multicultural Counseling 3

AD 241 Prevention 1 3

AD 242 Prevention 2 3

AD 243 Prevention 3 3

AD 280C CE: Prevention Practicum 3 1

AD 280D CE: Prevention Practicum - Seminar 2

SP 111 Fundamentals of Speech 3 1

Students are required to complete three credit hours (120 clock hours) of prevention practicum which is supervised experiential learning.

### COURSE DESCRIPTIONS

**AD 101 Alcohol Use and Addiction, 3 cr.** – Basic overview of addiction with emphasis on alcohol addiction. Considers physiology, psychology, denial, intervention, treatment, prevention, recovery, relapse and community resources. Required for students wishing to enter the program.

**AD 102 Drug Use and Addiction, 3 cr.** – Considers current drug use and psychological/behavioral aspects of client misuse or addiction. Includes drug chemistry, physiological effects of drug use upon the body and specific treatment formats and techniques.

**AD 103 Women and Addiction, 3 cr.** – Investigates patterns of alcohol and drug use and abuse by women in our society. Explores treatment and recovery models specific to the needs of women, plus the relationship of substance abuse to social issues.

**AD 104 Multicultural Counseling, 3 cr.** – Focuses on diversity of populations using addiction counseling services. Emphasizes developing sensitivity to relevant cultural differences and building skills in addressing them.

**AD 150 Basic Counseling and Addiction, 3 cr.** – Introduces basic skills required for establishing an effective professional helping relationship. Emphasizes in-class practice and feedback. Prerequisite: AD 101. Corequisite: AD 151.

**AD 151 Basic Counseling Skills Mastery, 1 cr.** – Provides an opportunity to demonstrate a minimum level of facilitative skills required for initial practicum placement. Demonstrate mastery in responding to client behavior, content, feelings and meaning, through in-class practice and videotape review. Offered on a pass/no pass basis only. Prerequisite: AD 101. Corequisite: AD 150.

**AD 152 Group Counseling and Addiction, 3 cr.** – Provides exposure to the concepts of group process, group development and leader facilitation skills. Special emphasis on group therapy and the addiction counselor. Prerequisite: AD 101.

**AD 153 Theories of Counseling, 3 cr.** – Basic theories of counseling, emphasizing treatment of addiction. Developmental model of recovery is used as a basis for discussion and comparison of the various theories. Prerequisite: AD 101.

**AD 154 Case Management and Addiction, 3 cr.** – Methods for making decisions regarding goals and objectives to be reached by clients during and after treatment. Covers all aspects of client record management including federal and state regulations and ASAM placement criteria. Courses AD 150, AD 151, 152, and 155 suggested prior to AD 154. Prerequisite: AD 101.

**AD 155 Motivational Interviewing, 3 cr.** – Produce a counseling video that demonstrates mastery of the micro skills of the Anchor Point System. Prerequisites: AD 101, 150, and 151.

**AD 156 Ethical and Professional Issues, 3 cr.** – Covers ethical and legal issues relevant to the alcohol and drug counselor. Prerequisite: AD 101.

**AD 184 Men & Addiction, 3 cr.** – Investigates patterns of alcohol and drug abuse by

men in our society. Explores treatment and recovery models specific to the needs of men, plus the relationship of substance abuse to social issues.

**AD 201 Families and Addiction, 3 cr.** – Provides overview of the chemically dependent family system. Includes appropriate methods for drawing families into treatment.

Prerequisite: AD 101.

**AD 213 Alcohol & Drug: Special Studies, 3 cr.** – Not required for degree and may not be substituted for any required program courses.

**AD 241 Prevention Theory and Practice, 3 cr.** – Provides knowledge of prevention basics including history, Risk/Protective Factors, research-based best practices, the prevention continuum of care, resiliency and assets. Builds skills in identifying community needs and planning comprehensive prevention programs. Includes professional responsibilities, scope of practice, cultural factors and ethics. Explores and evaluates alcohol, tobacco and other drug curriculums. Investigates how to match programs to target audiences.

**AD 242 Community Organization, 3 cr.** – Provides knowledge of comprehensive community prevention planning. Focuses on developing competencies in effective planning, program design, evaluation and grant administration. Develops capacity to review and apply current research and integrate research-based best practices into planning and evaluation. Emphasizes skills needed to work with diversity.

**AD 243 Planning and Evaluating Outcomes, 3 cr.** – Explores methods of influencing public policy. Shows how to apply current research to advocacy efforts. Demonstrates ways to communicate credible evaluation results to policy makers, funding sources and the media. Considers how to advocate for prevention resources and include research based best practices.

**AD 250 Advanced Counseling and Addiction, 3 cr.** – Focuses on advanced skills for an effective professional relationship with clients. Covers interview techniques, facilitative dimensions, feedback, maintaining empathy and rapport, confrontation, problem solving, structuring the counseling interview, recovery and relapse, 12-step recovery programs, attitudes and values, and counselor self-care. Prerequisites: AD 101, 150, and 151. Corequisite: AD 251.

**AD 251 Advanced Counseling Skills Mastery, 1 cr.** – Focuses on increasing counselor empathy and communication skills. Demonstrate skills through in-class practice and videotape review. Offered on a pass/no pass basis only. Corequisite: AD 250.

**AD 255 Multiple Diagnoses, 3 cr.** – Covers assessment of chemical dependency clients for communicable diseases and co-existing mental disorders, effective intervention, and referral of clients to optimum resources for resolving coexisting diagnoses. Develops clear ethical guidelines for practicing within alcohol and drug counselor's area of competence. Prerequisite or corequisite: PSY 239. Prerequisites: AD 101 and 102.

**AD 280A Practicum: Addiction Works** in alcohol and other drug treatment or education setting. Students required to complete a minimum of two six month placements for a total of 18 credits. Each placement must be at a different agency. Prerequisites: AD 101, 102, 150, 151, 152, 153, 154, 155, 156; WR 121, 122. Corequisite: AD 280B.

**AD 280B Practicum: Addiction - Seminar, 2 cr.** – Focuses on the integration and

synthesis of academic preparation with “real world” addiction counseling experience. Includes consideration of counselor self-care, healthy work practice, professional ethics and ongoing professional development. Corequisite: AD 280A.

**AD 280C Cooperative Education: Prevention Practicum, 3 cr. –**

Works with a prevention professional mentor to achieve knowledge of International Certification Consortium Alcohol, Tobacco and Other Drug Abuse Prevention Domains. Learns professional responsibilities and growth, cultural sensitivity and ethics.

Prerequisites: AD 101, 102, 241, 242; WR 121; or equivalent. Corequisite: AD 280D.

**AD 280D Cooperative Education: Prevention Practicum Seminar,**

**2 cr. –** Focuses on prevention specialist’s supervised learning experience including professional growth and responsibility, prevention specialist ethics, six professional domains of prevention and integration of academic preparation with “real world” experience. Corequisite: AD 280C.

**Appendix E**  
**Older Adults in Substance Abuse Treatment:**  
**Facts and Figures**

# Appendix F

## Alumni Survey

### Portland Community College Alcohol and Drug Counselor Program

#### Alumni Survey

- 1) Why did you leave the program?
  - a) Completed degree requirements.
  - b) Completed certificate requirements
  - c) Satisfied professional goals
  - d) Other reasons
  
- 2) What is your current level of education?
  - a) GED/Diploma
  - b) 2 year degree
  - c) 4 year degree
  - d) Master's Degree
  
- 3) Current level of certification?
  - a) No Certification
  - b) CADAC I
  - c) CADAC II
  - d) CADAC III
  
- 4) What is your current pay?
  - a) \$20,800 - \$24,960
  - b) \$24,960 - \$29,120
  - c) \$29,120 - \$33,280
  - d) \$33,280 - \$37,440
  - e) \$37,440 - \$41,606
  - f) \$41,606 - \$45,760
  - g) \$45,760+

**Appendix G**  
**ACCBO Completers Survey**

# **Appendix H**

## **Advancing the Current State of Addiction Treatment**

# Appendix I

## Evidence Based Practice<sup>9</sup>

The Oregon Senate Bill 267 and Oregon Mental Health and Addiction Services (OMHAS) have mandated that the bulk of government funding be spent on evidence based practice (EBPs).

Historically, evidence-based practices have not been the usual in behavioral health. For instance, consider the practice of medicine and how most of the day-to-day practice is almost entirely evidence-based. Many of the courses that are taught in colleges in counseling, addictions or other behavioral health classes are not promoted “best practices.” Many of the country’s behavioral health courses are entirely theoretically based but are founded on evidence-based teaching practices that are ...”systematically developed and appropriately integrated research as the foundation for curriculum design, selection of teaching/learning strategies, and selection of evaluation methods, advisement practices, and other elements of the educational enterprise.”

There are many reasons for the movement towards EBP in addictions treatment. We like to say “Treatment Works!” but where are the facts behind this statement? As tax dollars become scarcer, the public is demanding more accountability. In turn, addiction professionals are being questioned about outcomes, success rates, and cost effectiveness. We have all been asked the following question more than once: “Is treatment really valuable, and worthwhile?”

While anyone who has worked in the addiction field has participated in wonderful success stories, many of us have collected very little data that illustrate these successes. Narrowing down what constitutes success in addiction treatment is not an easy task. One of the most comprehensive definitions is from the Substance Abuse & Mental Health Services Administration:

Just as treatments for other chronic illnesses change based on new advances in research and science, so, too, do treatments for substance abuse and mental disorders, whether occurring separately or co-occurring in a single individual. The challenge to mental and substance abuse professionals - and to the field as a whole - is to ensure that the services being provided, in fact, are the most appropriate for the individual and are the best possible from the perspectives of effectiveness and appropriateness...

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<sup>9</sup> Written by Florence Spraggins

It is not surprising that many approaches that are directed towards the care of people with co-occurring substance abuse disorders and mental disorders do not reach the high bar set by the research community's "gold standard." For that reason, the Institute of Medicine has adopted a more pragmatic approach. In its report, "*Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century*" (2000), IOM embraced a less stringent definition of what constitutes an evidence-based practice, suggesting it is the integration of three critical elements:

- *Best research evidence*: clinically relevant research, often from the basic health and medical sciences, but especially from patient-centered clinical research into the accuracy and precision of diagnostic tests (including the clinical examination); the power of prognostic markers; and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens.
- *Clinical expertise*: the ability to use clinical skills and past experience to identify and treat each patient's unique state and diagnosis, to assess the individual risks and benefits of potential interventions, and to do so within the context of the patient's personal values and expectations.
- *Patient values*: the preferences, concerns, and expectations each patient brings to a clinical encounter that must be integrated into clinical decisions if they are to serve the patient.

The meaning and interpretation of evidence, no matter what kind, is an essential and probably continual task. All forms of evidence must be weighed to determine whether efficacy (evidence of an effect under ideal conditions) or effectiveness (assessed in actual practice) is achieved, and to delineate the particular conditions under which the approach can reasonably be expected to produce favorable outcomes (Peterson, 2001).

Another, simpler definition is: "Evidence-based practices are interventions with consistent scientific evidence of improved client outcomes."

It is obvious that EBP are not as easy as simply applying the newest research to clinical work but we do have opportunities, as addiction professionals, to use effective and cost-efficient treatments.

After reviewing 200 different practices, Miller<sup>10</sup> found there are five types of practices that have solid evidence in support of their use. They are:

- Brief interventions
- Social Skills Training

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<sup>10</sup> From an article by McClellan, T. "Reconsidering the Evaluation of Addiction Treatment: From Retrospective Follow-Up to Concurrent Recovery Monitoring"

- Motivational Enhancement
- Community Reinforcement
- Behavioral Contracting

Much of the scientific research we do have is not being used by clinics and treatment settings. (*Institute of Medicine, 1998, Bridging the Gap Between Practice and Research, Wash DC Nat'l Academy Press.*) In medicine, the adoption time of research by family practitioners is close to 15 years. Some of the reasons for the slowness of adoption of research to everyday practice are:

- It is difficult to change to something new.
- The research is hard to decipher, and even harder to implement within existing organizational structures.
- Cost and financial structures - for instance, innovative and new approaches may not be covered by existing insurance.
- The new research may not be viewed as compatible with existing agency mission and purpose.

While there is no one who would not take an opportunity to improve treatment services, challenges can prevent even the best program and staff from searching out new EBPs. Many of us equate research interpretation with deciphering statistics, and trying to make the statistics somehow fit into something we already know about. The National Institute on Drug Abuse (NIDA) has identified a number of effective approaches for treating drug addiction. In reviewing scientific research conducted during the past thirty years, the NIDA has identified a number of effective approaches for treating drug addiction. Distilled from those approaches is "...a set of overarching principles that characterize the most effective drug abuse and addiction treatments and their implementation" (NIDA, 1999). These principles of effective treatment include:

1. No single treatment is appropriate for all individuals.
2. Treatment needs to be readily available.
3. Effective treatments attend to multiple needs of the individual, not just his or her drug use.
4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure the plan meets the person's changing needs.
5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
6. Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated manner.

9. Medical detoxification is only the first stage of addiction treatment, and by itself does little to change long-term drug use.
10. Treatment does not need to be voluntary to be effective. Possible drug use during treatment must be monitored continuously.
11. Possible drug use during treatment should be monitored continuously.
12. Treatment programs should provide assessment for HIV/ AIDS, hepatitis B and C, tuberculosis and other infectious diseases. They should also provide counseling to help patients modify or change behaviors that place themselves or others at risk of infection.
13. Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

We want to improve treatment outcomes by changing behavior - both staff and client (instructor and student) behavior. Change must be continuous, bi-directional and multi-dimensional in order for it to be lasting. Change requires a comprehensive, all encompassing strategy where agency policies must accommodate and support the new innovation. System administrators must be supportive of the desired change, and agency directors must be willing to support the change in terms of staffing, resources & equipment. Clinical supervisors must be knowledgeable enough about the new innovation to provide support, education and training to staff who consistently implement it. The agency's "natural leaders" and support staff must support There must be opinion leaders who support the change process. Being honest and aware of barriers that will prevent change initiatives from being successfully implemented is important. Some examples of barriers are: administrative informal and formal philosophy and policies, system structure, a lack of understanding, and the impact of change on clients.

Certain principles must be incorporated into any change process for successful adoption of a new practice to occur. The following definitions are taken directly from the *Change Book*:

- Change initiatives must be relevant
- New knowledge & technology must have obvious and practical applications
- Recipients must have a timely need for this knowledge
- Language and processes that are used to relay the knowledge must be easily understood by those who are to use it
- Those who are going to use the knowledge must have confidence in those who are proposing the change & the source of the knowledge
- Successful Introduction to new knowledge requires a variety of activities and formats suited to the various targets of change
- New behavior must be continually reinforced at all levels until it becomes standard and then must be maintained as such

- Individuals and programs target for change must be given opportunities to communicate directly with those implementing the plan
- Adoption of a new innovations occurs when there is a variety of ways to acquire the knowledge
- Change initiatives must be supported continuously over an extended period of time
- Staff and clients (Students & faculty) at all levels must have an opportunity to provide input and feedback about how new practices will be implemented and maintained

# Appendix J

## Practicum Student Survey Form

**Portland Community College**  
Alcohol & Drug Counselor Program  
Program Review – Practicum Student Survey

1. Gender:

Male\_\_\_\_\_ Female\_\_\_\_\_

2. Age:

\_\_\_\_\_ 19 and below  
\_\_\_\_\_ 20 - 24  
\_\_\_\_\_ 25 - 29  
\_\_\_\_\_ 30 - 39  
\_\_\_\_\_ 40 - 49  
\_\_\_\_\_ 50+

3. Ethnicity:

\_\_\_\_\_ White Non-Hispanic  
\_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ African American  
\_\_\_\_\_ American Indian  
\_\_\_\_\_ Non-Resident/Foreign Nat'l

4. What was the highest degree you had earned prior to enrolling in the PCC Alcohol/Drug Counseling program?

\_\_\_\_\_ None  
\_\_\_\_\_ Associate  
\_\_\_\_\_ Bachelor  
\_\_\_\_\_ Masters  
\_\_\_\_\_ Doctorate

5. Were you employed in the addiction field prior to your enrollment in PCC Alcohol/Drug Counseling program? Yes\_\_\_\_\_ No\_\_\_\_\_

6. Which of the following best describes your reason for enrolling in the PCC Alcohol/Drug Counseling program?

- \_\_\_\_\_ AAS Degree - Alcohol & Drug Counselor
  - \_\_\_\_\_ Addiction Studies Certificate
  - \_\_\_\_\_ Prevention Program Award
  - \_\_\_\_\_ Professional Development
  - \_\_\_\_\_ Facilitate transfer to 4-year College
  - \_\_\_\_\_ Other (Please Describe) \_\_\_\_\_
- 

7. Please note your satisfaction with the following:

	Very Satisfied	Satisfied	Neutral	Marginally Satisfied	Not Satisfied
Advising in the Alcohol/Drug Program	☺	☺	☺	☺	☺
Alcohol & Drug Program website	☺	☺	☺	☺	☺
Admissions Advising	☺	☺	☺	☺	☺
Ongoing Advising	☺	☺	☺	☺	☺
Time of day of A & D Course Offerings	☺	☺	☺	☺	☺
Practicum Advising, including orientation, site list or locating a site	☺	☺	☺	☺	☺
Assistance in developing an addiction specific resume	☺	☺	☺	☺	☺

Comments regarding the above? \_\_\_\_\_

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8. Do you plan to complete formal education beyond the PCC Alcohol & Drug Program?  
 Yes\_\_\_\_\_ No\_\_\_\_\_

9. Which of the following courses did you take at PCC? Please rank them on a scale of 1-5, with 1 being “not relevant” and 5 being “very relevant” to your practicum experience in the field of addiction?

	Took class	1	2	3	4	5
AD 101 Alcohol Use & Addiction						
AD 102 Drug Use and Addiction						
AD 103 Women and Addiction						
AD 104 Multicultural Counseling						
AD 150 Basic Counseling & Addiction						
AD 151 Basic Counseling Skills Mastery						
AD 152 Group Counseling and Addiction						
AD 153 Theories of Counseling						
AD 154 Case Management & Addiction						
AD 155 Motivational Interviewing						
AD 156 Ethical & Professional Issues						
AD 184 Men & Addiction						
AD 201 Families and Addiction						
AD 250 Advanced Counseling & Addiction						
AD 251 Advanced Counseling Skills Mastery						
AD 255 Multiple Diagnoses						

10. What content area(s) do you think should be added or receive greater emphasis in the Alcohol and Drug Counseling curriculum?

11. What content area(s) do you think should be eliminated or receive lesser emphasis in the Alcohol and Drug Counseling curriculum?

12. Any Other Comments? (use back of page if necessary)

# Appendix K

## Practicum Student Survey Raw Data

**Portland Community College**  
Alcohol & Drug Counselor Program  
Program Review – Practicum Student Survey  
Total respondents: 20  
Taken on 7/24/2006  
Proctor: Florence Spraggins, MS, CADCI

### 1. Gender:

Male: 10 Female: 10

### 2. Age:

0 - 19 and below  
0 - 20 - 24  
1 - 25 - 29  
3 - 30 - 39  
6 - 40 - 49  
10 - 50+

### 3. Ethnicity:

13 - White Non-Hispanic  
\_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Hispanic  
6 - African American  
\_\_\_\_\_ American Indian  
\_\_\_\_\_ Non-Resident/Foreign Nat'l  
1 - no answer

### 4. What was the highest degree you had earned prior to enrolling in the PCC Alcohol/Drug Counseling program?

14 - None  
4 - Associate  
1 - Bachelor  
1 - Masters  
0 - Doctorate

5. Were you employed in the addiction field prior to your enrollment in PCC Alcohol/Drug Counseling program? Yes: 4 No: 16

6. Which of the following best describes your reason for enrolling in the PCC Alcohol/Drug Counseling program?

- 16 - AAS Degree - Alcohol & Drug Counselor
- 2 - Addiction Studies Certificate
- 3 - Prevention Program Award
- 1 - Professional Development
- 6 - Facilitate transfer to 4-year College
- Other: 1 – work
- 1 - counselor certification

7. Please note your satisfaction with the following:

	Very Satisfied	Satisfied	Neutral	Marginally Satisfied	Not Satisfied
Advising in the Alcohol/Drug Program Average score: 3.6	5	7	4	3	1
Alcohol & Drug Program website Average score: 3.3	3	3	9	2	1
Admissions Advising Average Score: 3.2	4	7	5	2	2
Ongoing Advising Average Score: 3.2	3	7	2	2	4
Time of day of A & D Course Offerings Average Score: 3.0	4	4	2	4	5
Practicum Advising, including orientation, site list or locating a site Average Score: 3.5	5	6	4	2	4
Assistance in developing an addiction specific resume Average Score: 3.3	5	6	2	3	4

Comments regarding the above? \_

- Resume specific class was almost non-existent and what was taught was 8<sup>th</sup> grade, outdated material.
- Some classes were on the same day, and the times overlapped.
- Classes offered evenings to facilitate working people messes with people doing practicum and work and classes. Advising is a hit & miss with both XX & XX & even XX – we have to know exactly what to ask in order to get an answer. Needs are not anticipated.

- It would be nice if all A & D classes were offered everytime, and in the daytime as well.
- Admissions advising, in my case, was extremely poor. Classes need to be offered as different nights of the week, not 3 classes at the same time, same day!
- There were many opportunities for advising – instructors made themselves available.
- Made several different appts. for advising – got very limited answers esp. at Rock Creek re: on-going transferring of previous programs-just very little guidance example: leaving math until the end. Made 3 appointments for resume advising – they all cancelled or weren't there & no one was available (A + D specific) for multiple weeks spring to summer.
- It is ridiculous to have classes that are only offered once a year on the same day & at the same time.
- I have had a lot of help in being a success in my classes.
- I feel that I am flying solo most of the time trying to figure things out - I've gotten most of my advising and professional counseling outside of PCC.
- Great school. They (the instructors) focus on student's strengths – accept students where they are-haven't gotten anal about their beliefs.
- Preparation & assistance prior to practicum class about practicum/requirements was basically how you go about entering that phase was non existing. Advising (PCC & A&D don't seem to know shit! Spent most of time finding out things by myself.
- In regards to advising – it was difficult for me to obtain all the information. I was looking for to transfer.
- Herb French was very helpful with guiding me to Rebecca Washington to complete a successful resume. Anyone else within the programs was not help at all!

8. Do you plan to complete formal education beyond the PCC Alcohol & Drug Program?  
Yes: 17 No: 3

9. Which of the following courses did you take at PCC? Please rank them on a scale of 1-5, with 1 being “not relevant” and 5 being “very relevant” to your practicum experience in the field of addiction?

	Took class	1	2	3	4	5
AD 101 Alcohol Use & Addiction Score: 4.4	19	0	2	2	2	13
AD 102 Drug Use and Addiction Score: 4.4	19	0	1	1	2	15
AD 103 Women and Addiction Score: 3.8	13	1	1	3	2	6
AD 104 Multicultural Counseling Score: 3.8	11	1	0	3	3	4
AD 150 Basic Counseling & Addiction Score: 4.2	17	0	1	4	2	10

	Took class	1	2	3	4	5
AD 151 Basic Counseling Skills Mastery Score: 4.2	17	0	2	3	1	11
AD 152 Group Counseling and Addiction Score: 4.0	18	1	2	3	2	10
AD 153 Theories of Counseling Score: 4.1	18	1	2	2	3	10
AD 154 Case Management & Addiction Score: 4.4	18	1	1	0	4	12
AD 155 Motivational Interviewing Score: 4.0	19	2	2	1	3	11
AD 156 Ethical & Professional Issues Score: 4.3	19	0	0	4	5	10
AD 184 Men & Addiction Score: 4.4	10	1	0	1	0	8
AD 201 Families and Addiction Score: 4.3	10	0	0	2	3	5
AD 250 Advanced Counseling & Addiction Score: 4.9	11	0	0	0	1	10
AD 251 Advanced Counseling Skills Mastery Score: 5.0	11	0	0	0	0	11
AD 255 Multiple Diagnoses Score: 5.0	7	0	0	0	0	7

10. What content area(s) do you think should be added or receive greater emphasis in the Alcohol and Drug Counseling curriculum?

- Empathy & advising!
- I have been very satisfied with this Program curriculum, and think more of women & addiction would be relevant.
- Advanced counseling with Dennis Morrow should include AD 350 ...need more of this advance type of information.
- It's hard for me to say because I did most of my studies elsewhere.
- More preparation for practicum and counseling
- More group counseling skills – I felt cheated due to instructor.
- More on case management, treatment planning and practice.
- Added mental health with addiction issues – multicultural counseling.
- Pharmacology
- Group counseling – more involvement – more insights from the teacher.
- Group counseling needs to do more groups – I got 10 minutes facilitating groups.
- Group counseling with actual group experience.
- Sex addiction; lgbt issues; more self-help (AA, etc) discussion.

11. What content area(s) do you think should be eliminated or receive lesser emphasis in the Alcohol and Drug Counseling curriculum?

- A lot of XX's classes were "busy-work" – example, copying out of text books & pamphlets to a ridiculous degree.
- More on ethics
- Motivational Interviewing using the (APS) Anchor Point System needs to be eliminated.
- The orientation classes – 1 class would be specific enough & informative.
- More options i.e. days/time for practicum seminar.
- Less on case management paperwork – each site is so different.
- Group

12. Any Other Comments? (use back of page if necessary)

- Less of XXX – spews information – does not teach with any interaction with students.
- The Men & Addiction should not use the book, "The Myth of Male Power" because it could trigger (sic) women about sex.
- Excellent teachers, include Nikki J., Barbara L., Dennis M, Gary Hankins & Herb French & even Jon. XX left a lot to be desired as did XX.
- More consistency is needed on how the classes are facilitated. Too many one term instructors who don't know their subject. XX is a frustrating, confusing, ineffective instructor.
- All courses were very relevant and several did not meet my expectations for quality case management. The instructor spoke about having health issues. His teaching was poor & he didn't cover the material in depth. I felt poorly prepared for practicum. Motivational Interviewing: I took this from XX and he used the book he had written. It had good information and yet he did not use the Miller book or any of the information & techniques he writes about. This is a real disservice to the students. It's a key set of skills we're not getting.
- Teach hep C basics early on in 101 or 102 – very important – we will see an increase in drug addicted clients – (1 in 5 Americans are hep c + and rising 33-40% jail inmates). Many students are poorly educated on this & I feel by the time they get to Multiple Diagnosis, it's late and too little information.
- Not have so many classes on the same day so students can take the required classes without waiting until the next term. This will help speed the process of completion.
- I did not learn much of anything in the Case Management class.
- I think DBT (Dialectic Behavior Therapy) should be included.
- Not enough time given (15 minutes) to give a comprehensive & thorough program evaluation. I am not satisfied with the minimal level of information and feedback that you are asking from the students who have the most information & experience with program.
- I am content and grateful.
- For me the program has been frustrating at times and here is the reason. Multiple times over the last year and a half several of my classmates had expressed concerns because of a) the number of classes they had missed 3-6 each b) I have not turned in 75% of my homework. They have received passing grades. I

am frustrated, or have been because of the amount of time I invest to earn an “A” grade, the fellow students I mentioned above passed several classes with b/c’s. Where is the standard?

# Appendix L

## Practicum Supervisor Survey Form

### PCC Practicum Site Supervisor Survey

1. Name:
2. Agency:
3. Number of years as supervisor:
4. Number of PCC clinical students supervised in last 2 years:
5. In addition to Portland Community College students, where do your practicum students come from?
  - Graduate schools
  - Bachelor degree programs
  - Other Community Colleges
  - Other
6. How do PCC students compare in their knowledge of alcohol and drug counseling practice to students from other institutions?
  - Significantly Less Prepared
  - Equally Prepared
  - More Prepared
  - Significantly More Prepared
  - Not Applicable
7. Do you have comments about the comparison of knowledge of alcohol and drug counseling practice that PCC students have compared to other institutions?
8. The PCC Alcohol & Drug Program adequately prepares a student for practicum.
  - Strongly Disagree
  - Disagree
  - Undecided
  - Agree
  - Strongly agree
9. Do you have comments about whether the PCC Alcohol & Drug Program adequately prepares students for practicum?

10. Are there content areas that should be added, deleted or changed on the following prerequisite list?

COURSE	Add new content to this course	Delete outdated content of course
<b>AD 101 Alcohol Use &amp; Addiction:</b> emphasis on alcohol including physiology, psychology, denial, intervention, treatment, prevention, recovery & relapse.		
<b>AD 102 Drug Use and Addiction:</b> psychological/behavioral aspects of misuse/addiction, includes drug chemistry, physiological effects upon the body & specific treatment formats and techniques.		
<b>AD 150 Basic Counseling and Addiction:</b> basic skills required for establishing an effective professional helping relationship.		
<b>AD 151 Basic Counseling Skills Mastery:</b> must demonstrate minimum level of competency in basic counseling skills required for initial practicum placement		
<b>AD 152 Group Counseling and Addiction:</b> exposure to concepts of group process, group development and leader facilitation skills		
<b>AD 153 Theories of Counseling:</b> Basic theories of counseling, emphasizing treatment of addiction. Developmental model of recovery used as a basis for discussion & comparison of various theories.		
<b>AD 154 Case Management and Addiction:</b> methods for making decisions regarding goals & objectives for clients during/after treatment. All aspects of client record management including federal/state regulations & ASAM placement criteria.		
<b>AD 155 Motivational Interviewing:</b> prepares to utilize the "Anchor Point System" of counseling those with substance use related concerns.		
<b>AD 156 Ethical and Professional Issues:</b> professional responsibilities, accepted ethical behaviors & continuing professional development standards for addiction counselors.		
<b>WR 121 English Composition:</b> analytical reading, critical thinking, & writing; compose several essays, using strategies to present evidence in support of a thesis.		
<b>WR 122 English Composition:</b> argument as a means of inquiry, clear & appropriate writing style & critical reading; compose analytical, argumentative & expository essays with appropriate documentation		

11. What are some of the deletions or additions you would make to the above prerequisite courses?

12. Have you hired or would you hire students from the PCC Alcohol & Drug Program?

Yes

No

13. How important of a contribution do PCC trained students make to your agency?

Insignificant Contribution

Some Contribution

Neutral

Significant Contribution

Very Significant Contribution

14. Do you have comments about the contribution of PCC trained students to your agency?

15. What impact does the PCC Alcohol & Drug Program have on the addiction treatment community?

Insignificant Impact

Some Negative Impact

Neutral

Some Positive Impact

Significant Positive Impact

16. What comments do you have regarding the impact that the PCC Alcohol & Drug Program has on the addiction treatment community?

17. How satisfied are you with the practicum student screening and selection process utilized by the PCC Alcohol & Drug Program?

Not Satisfied

Marginally Satisfied

Neutral

Satisfied

Very Satisfied

18. What comments do you have regarding your satisfaction with the practicum student screening and selection process utilized by the PCC Alcohol & Drug Program?

19. How satisfied are you with the contract meeting process (this is the initial meeting with student & site supervisor & PCC faculty)?

Not Satisfied

Marginally Satisfied

Neutral

Satisfied

Very Satisfied

20. What comments do you have regarding your satisfaction with the contract meeting process?

21. How satisfied are you with the end of the term student evaluation process?

Not Satisfied

Marginally Satisfied

Neutral

Satisfied

Very Satisfied

22. What comments do you have about your satisfaction with the end of the term student evaluation process?

23. How much of a contribution does an on-site visit from a PCC faculty member make to the success of the practicum for the student?

Insignificant Contribution

Some Contribution

Neutral

Significant Contribution

Very Significant Contribution

24. Is the onsite visit a reasonable expenditure of your time to accomplish the learning agreement and evaluation process?

- Very Reasonable
- Reasonable
- Neutral
- Unreasonable
- Very Unreasonable

25. What are your comments about the impact, contribution or importance of an on-site visit from a PCC faculty member?

26. Do you have any additional suggestions on how the A & D Program could improve the practicum process?

27. What are some of the trends in the Addictions field that the PCC program needs to address?

## Appendix M

### Practicum Supervisor Survey: Raw Data

5. In addition to Portland Community College students, where do your practicum students come from?

Graduate schools - 6

Other CC colleges - MHCC - 5

Internal training - 3 (other)

Bachelor programs - 2

6. How do PCC students compare in their knowledge of alcohol and drug counseling practice to students from other institutions?

Less - 1

Equal - 2

More - 2

Significantly more - 2

N/a - 1

7. Comments about the comparison of knowledge of alcohol and drug counseling practice that PCC students have compared to other institutions?

We have been very impressed with the education students at PCC demonstrate when they come us for practicums. We have, in fact, hired a number of people who come from PCC and have done their practicums here.

Two students were sophisticated and poised. One student had undiagnosed and unresolved cognitive problems.

PCC folks have a good intro to A&D, other schools simply dont seem to give them much A&D info.

PCC students are better prepared that students who have taken A&D courses outside an academic setting.

Many masters programs do not offer significant A&D education

PCC interns have a good working knowledge about addiction, motivational interviewing, documentation, and issue-specific topics. They usually need more work on boundaries and ethics

The students I have supervised form the PCC program have been over confident in their abilities. I have had to "rein-in" PCC students far more often than students from other schools. Additionally in 2 of the 3 students I have supervised there was a significant amount of supervision involving boundaries, specifically over-disclosure to patients and staff.

Comparison is not relevant since other students might be MSW students with a graduate level curriculum

8. The PCC Alcohol & Drug Program adequately prepares a student for practicum.  
Undecided - 1  
Agree - 6  
Strongly agree - 1

Comments about whether the PCC Alcohol & Drug Program adequately prepares students for practicum?

I have found the preparation of Students acceptable.

All three students had the "right language" about patient centered care, but much less practical skill in asking open questions, making in situ affirmations, making various kinds of reflections, and in making accurate clinical summaries with the patient. This last is a big deal, I think, because it gets at the skill of treatment plan formation and "next steps." I thought the students tended to be formulaic in their approach, not really getting down to behavioral steps.

Can't compare it to Chemeketa, no experience with them. PCC does good job with A&D preparation.

general, students who have completed the core courses - individual and group counseling and pharmacology - are well prepared for on-site training

Broad base of knowledge from classes and direct experience.

10. Are there content areas that should be added, deleted or changed on the following prerequisite list? (threw out all with only 1 person)

AD 150 - needs content added - 3

AD 152 - ' - 3

AD 156 Ethics - 3 ADD

Both writing ADD

11. What are some of the deletions or additions you would make to the above prerequisite courses?

I am surprised that Miller and Rollnick's book didn't seem to have a "core text" status with these students. All of the students needed better formulation and treatment planning skills. This includes 1. better critical thinking skills, esp. knowledge of common logical fallacies. 2. better ability to structure a "paragraph" of case presentation. 3. better cliché sensors, and censoring process esp, tx clichés All of the students needed to do more tapes, and coding of tapes.

They should all study Yalom's group therapy book, Corey & Corey theories book, give some info on methadone TX, more on personality disorders.

Ethics preparation could include more emphasis/ practice in resolving issues most likely to arise on the job, especially boundary issues. It has been my experience that students are not clear on the difference between a therapeutic relationship and a friendship, on the importance of keeping their own issues out of the counseling

relationship, on the reasons for no client contact outside the clinic, etc.

I would need to know more about the readings and models taught (perhaps a view of the syllabi) to adequately answer these questions.

Continuing to use case examples of personal boundary issues in the workplace.

Continuing to emphasize that good writing skills and spelling is a professional presentation and affects one's professional reputation, and the agency's.

Basic Counseling Skills Mastery? It takes years to master the skill. Perhaps this title contributes the over-confidence I have noted. I have had concerns about the level of education the students are getting on ethical issues, both with patients and staff.

Additional information on counseling clients with a dual diagnosis or clients in the criminal justice system

12. Have you hired or would you hire students from the PCC Alcohol & Drug Program?  
All say yes. (8)

13. How important of a contribution do PCC trained students make to your agency?

Some - 3

Significant - 4

Very Significant - 1

14. Comments about the contribution of PCC trained students to your agency?

We have 8 former students currently working in either residential or outpatient treatment at this time. They have had a very significant impact on the program here. I very much like working with your program. I love the commitment and support to the students that the supervisors communicate. I like their nurture of young talents. I've heard, also, very positive comments about various part time instructor contribution to your program.

Mostly they look pretty nervous or scared to start with, then get over it quickly. This seems to be a perfect way to get their foot in the door of the professional treatment business.

I often encourage staff in recovery to attend your program to enhance their employability and knowledge

We have only hired 1 PCC student in the past 5 years. He was more mature and had wider life experience than the other students we have accepted for placement

I have made a point of hiring a number of PCC students.

15. What impact does the PCC Alcohol & Drug Program have on the addiction treatment community?

Neutral - 1

Some - 4

Significant - 3

16. Comments regarding the impact that the PCC Alcohol & Drug Program has on the addiction treatment community? (5 responses)

I think there are many, many former students working in treatment in the community. PCC students also strongly influence the 12-step community.

This training is complete and accessible to many people wishing to enter the counseling profession who do not have the means or the interest in completing a 4-yr college curriculum.

There are few other sources to prepare people for a career in addictions treatment. PCC is where a majority of addictions counselors get their training.

17. How satisfied are you with the practicum student screening and selection process utilized by the PCC Alcohol & Drug Program?

Neutral - 3

Satisf - 4

Very Satisf - 1

18. Comments regarding your satisfaction with the practicum student screening and selection process utilized by the PCC Alcohol & Drug Program?

I have had very positive experience in meeting students interested in coming to our agency as practicum students.

I wonder about some competency measures? I've interviewed a number of students who I thought would have felt overwhelmed at our agency.

Students seem to be placed before they are ready sometimes.

19. How satisfied are you with the contract meeting process (this is the initial meeting with student & site supervisor & PCC faculty)?

1 very satisfy, 6 satisf, 1 neutral, 2 no answer

20. Comments regarding your satisfaction with the contract meeting process?

I like it. I think the support for the student is very important here, also the accountability setting.

Very satisfied, this usually happens consistently with some PCC staff while others I don't recall ever having an initial contract meeting. Expectations are well defined. The meeting has always been just fine and as expected.

22. Comments about your satisfaction with the end of the term student evaluation process?

This is hard for me because I have trouble telling people, sometimes, that they might do

better in another line of work.

Some faculty are consistent and responsible with the term evaluation process. good feedback but another faculty I sort of dread it every time. The faculty member doesn't usually show up and has never shown up on time that I recall in the last 12 years. Frustrating to have to plan around the faculty lack of punctuality or lack of appearance at all. The faculty member's feedback can be good, but I do remember one time when there seemed to really some adversarial conversation with an intern without cause.

23. How much of a contribution does an on-site visit from a PCC faculty member make to the success of the practicum for the student? 1 some contribution, 7 significant contribution, 2 did not answer

24. Is the onsite visit a reasonable expenditure of your time to accomplish the learning agreement and evaluation process?  
6 reasonable, 2 very reasonable, 2 did not answer

25. Comments about the impact, contribution or importance of an on-site visit from a PCC faculty member?

I have found it very helpful in helping students stay current in meeting practicum expectations.

Could be tied to more taping and use of coding discussion and peer evaluation during practicum class. Taping. Taping. Taping.

Very helpful for some students, maybe unnecessary for others.

On-site visits help the student connect his/her work experience with his/her on-going curriculum at the college and vice versa. They also help clarify the college's expectations of the clinical supervisor.

Since I am already required to meet with a practicum student weekly, the meeting with the PCC faculty member does not take any more time. The only problem would be when the faculty member does not have a schedule that is flexible.

It is reasonable when the faculty actually shows up for the interview. I think students can benefit from the accountability and resource. However, when the PCC staff does not show up or shows up an hour or more late, it is embarrassing and awkward because it runs into other duties and the whole team and clients are usually affected in a negative way.

When we have had problems, with one specific student, we received significant support from the visit. It helps to formalize the process and it ensures that everyone is on the same page

26. Do you have any additional suggestions on how the A & D Program could improve the practicum process?

PCC staff could warn all students of our agency policy of criminal background checks, help ease them thru the emotional process some have struggled with.

Advise students to contact potential practicum sites at least one semester prior to their need to allow the clinic time to process their applications and plan for their training. I would make the practicum last (at one site) nine months. The student will get a much better feel for the work.

I don't like to take students when certain faculty is the PCC staff and I think you should look at performance issues. Almost every student I have ever had has had complaints about a staff member losing their work, disrupting their learning process, and being flakey in one way or another. It is difficult to support PCC staff when that has been my experience, as well.

Screen for a student's preparedness based more than the time they have been in the program. Their emotional maturity, boundaries, and level of humility about their abilities is equally as important as their classroom knowledge.

27. What are some of the trends in the Addictions field that the PCC program needs to address?

As everyone else is sure to say, the significant increase in methamphetamine dependence is taxing in terms of our understanding of how this drug affects clients, their families and the community at large.

Expectation for further education and credentialing. Need to move into primary care work and link with other agencies. Grant writing training and financial hustling expertise.

methadone, dual diagnosis, personality disorders

More abuse of pharmaceuticals by clients; more use of medications in the treatment of addiction - methadone, buprenorphine, Naltrexone, bupronion, etc.

Evidence based practice and methods of measuring fidelity to them.

I think the PCC program has been doing a great job staying relevant and current with addictions issues.

Increasing dual diagnosis issues in the population.

Treating offenders with co-occurring disorders.

# Appendix N

## Chemeketa Community College: Human Services

The Human Services program offers training for entry-level positions in social service agencies. It is a two-year program which combines academic course work with 25 credits of supervised field work in two different sites, each of which is at least two terms long. Students specialize in one of two options: Addiction Studies or Social Services.

This program has special admissions requirements and enrollment limits. Students with criminal histories may be prevented from obtaining necessary field experience required for program completion. Students recovering from chemical dependency who elect the Addiction Studies option must have a minimum of two years continuous sobriety before they will be referred to practicum. For additional information, contact the Enrollment Services (Admissions) Office at 503.399.5006.

Post B.A./B.S. students are also eligible to complete the Addiction Counselor Certification Preparation program and earn a one-year certificate. Admission to the certificate program is assessed individually by Donna Hirt, 503.399.6157. Students recovering from a chemical dependency must have a minimum of two years continuous sobriety.

By enrolling in the CPL120 Credit for Prior Learning Resume course, you may be able to earn up to 10 credits for prior learning you acquired through your job, non-credit classes, community or volunteer service and individual study.

### **Program outcomes**

Students completing the AAS will:

- Describe the nature of human systems: individual, group, organization, community and society, and their major interactions.
- Describe the conditions which promote or limit optimal functioning and classes of deviations from desired functioning in the major human systems.
- Identify and select interventions which promote growth and goal attainment.
- Plan, implement and evaluate interventions.
- Select interventions which are congruent with the values of one's self, clients, the employing organization and the human services profession.
- Utilize process skills to plan and implement services.

In addition to the AAS outcomes, students completing Addiction Studies AAS and Addiction Counselor Certification Preparation will:

- Describe, identify, assess and treat addictions.

In addition to the AAS outcomes, students completing Social Services AAS will:

- Adapt intervention and assessment skills to a variety of agency settings including, but not limited to: crisis counseling, employment services, children's protective services, public welfare, housing, mental health, correction, and advocacy.

## Getting started

The first step to entering the two-year program is to take part in an assessment process which includes taking the college's free placement test and meeting with Counseling and Career Services. You may need to complete pre-program courses. A counselor will help you develop an individualized program of study, which may include one or more of the following:

Course	Title	Credit Hours
MTH020	Basic Mathematics	3
RD090	College Textbook Reading	3
WR115	Introduction to Composition	3

If you have questions about the requirements, call Counseling and Career Services at 503.399.5120 or 503.399.5048. Failure to be assessed may delay your entry into program classes.

## Addiction Studies

Associate of Applied Science

The Addiction Studies program trains students to work in public and private agencies treating chemically dependent people and their families. Training sites include both in-patient and out-patient programs.

The curriculum includes courses in alcohol and drug information, family dynamics, case management, and individual and group counseling skills.

In addition to tuition, estimated costs for students who complete the entire program listed below are books, \$2,195; class fees, \$211; universal fee, \$636; equipment and supplies, \$211; measles vaccine, \$15. Contact the Financial Aid Office at 503.399.5018 to find out if you qualify for help with these costs.

An Associate of Applied Science degree is awarded upon successful completion of the required 106 credit hours with a grade of C or better in WR121 and all Human Services

courses. Twenty-five credits of practicum are required, at least 15 of which must be in an addiction studies placement.

Course	Title	Credit Hours
Term 1		
HS101	Addiction Pharmacology and Physiology	4
HS150	Personal Effectiveness for Human Service Workers	3
HS154	Community Resources	3
HS170	Introduction to Practicum	3
WR121	English Composition – Exposition+ (or higher)	3
Term 2		
CS101	Introduction to Microcomputer Applications (or higher)	3
HS152	Stress Management	1
HS260	Group Dynamics	3
HS284A-HS288A	Practicum – Human Services	4-8
PSY201	General Psychology – Biological Emphasis+	3
	Humanities/Fine Arts elective	3
	or	
	Science/ Applied Science elective	3
Term 3		
HS103	Ethics for Human Service Workers	2
HS155	Interviewing Theory and Techniques	3
HS211	HIV, TB and Infectious Diseases	1
HS219	Case Management and Client Records	3
HS284A-HS288A	Practicum – Human Services	4-8
MTH060	Introductory Algebra+ (or higher)	4
Term 4		
HS156	Counseling Theories	3
HS213	Multicultural Practice	3
HS214	Advanced Interviewing and Counseling Skills	3
HS218A	Group Processes A	1
HS284A-HS288A	Practicum – Human Services	4-8
PSY239	Introduction to Abnormal Behavior	3
Term 5		
HS216	Clinical Screening, Assessment and Treatment Planning	3
HS217	Group Counseling Skills	3

HS218B	Group Processes B	1
HS284A-HS288A	Practicum – Human Service	4–8
SOC204	General Sociology – Introduction	3
SP111	Fundamentals of Public Speaking	3
	or	
SP112	Fundamentals of Persuasion	3
	or	
SP130	Business and Professional Speaking	3
	Term 6	
HS201	Family Addiction	3
HS218C	Group Processes C	1
HS267	Systems Strategies	3
HS284A-HS288A	Practicum – Human Services	4–8
PSY237	Life Span Development	3
SOC205	General Sociology – Institutions	3
	or	
SOC206	General Sociology – Social Problems	3

*+Meets related instruction requirement.*

## **Addiction Counselor Certification**

### **Preparation Certificate of Completion**

This one-year certificate program is designed for individuals with a baccalaureate or master's degree seeking the necessary course work and practical experience to enable them to compete for employment in the field of addiction treatment. This certificate prepares students to take the Oregon Level I Certified Alcohol and Drug Counselors (CADC) exam.

In addition to tuition, estimated costs for students who complete the entire program listed below are books, \$1,207; class fees, \$100; universal fee, \$312; equipment and supplies, \$172; measles vaccine, \$15. Contact the Financial Aid Office at 503.399.5018 to find out if you qualify for help with these costs.

You may earn a Certificate of Completion by successfully completing the required 49 credit hours with a grade of C or better in all Human Services courses. This program is four terms in length, beginning with spring term. Students interested in this program must attend the winter term orientation or meet personally with Donna Hirt, their advisor, prior to beginning coursework. Check the course descriptions in the back of this catalog for details.

Course	Title	Credit Hours
Term 1		
HS101	Addiction Pharmacology and Physiology	4
HS103	Ethics for Human Service Workers	2
HS155	Interviewing Theory and Techniques	3
HS219	Case Management and Client Records	3
Term 2		
HS156	Counseling Theories	3
HS213	Multicultural Practice	3
HS214	Advanced Interviewing and Counseling Skills	3
HS218A	Group Processes A	1
HS285A-HS288A	Practicum – Human Services	4-8
Term 3		
HS216	Clinical Screening, Assessment and Treatment Planning	3
HS217	Group Counseling Skills	3
HS218B	Group Processes B	1
HS285A-HS288A	Practicum – Human Services	4-8
Term 4		
HS201	Family Addiction	3
HS211	HIV, TB and Infectious Diseases	1
HS218C	Group Processes C	1
HS285A-HS288A	Practicum – Human Services	4-8

## Social Services

### Associate of Applied Science

The Social Services program trains students for employment in social service agencies. These agencies provide services in areas such as crisis counseling, employment services, housing, mental health, corrections, and advocacy.

The curriculum includes courses in personal growth, interviewing, counseling, assessment and case management.

In addition to tuition, estimated costs for students who complete the entire program listed below are books, \$2,138; class fees, \$150; universal fee, \$606; equipment and supplies, \$212; measles vaccine, \$15. Contact the Financial Aid Office at 503.399.5018 to find out if you qualify for help with these costs.

An Associate of Applied Science degree is awarded upon successful completion of the required 101 credit hours with a grade of C or better in WR121 and all Human Services courses. Twenty-five credits of practicum are required.

Course	Title	Credit Hours
Term 1		
HS150	Personal Effectiveness for Human Service Workers	3
HS154	Community Resources	3
HS170	Introduction to Practicum	3
PSY201	General Psychology – Biological Emphasis+	3
WR121	English Composition – Exposition (or higher)+	3
Term 2		
CS101	Introduction to Microcomputer Applications (or higher)	3
HS260	Group Dynamics	3
HS284S- HS288S	Practicum – Human Services	4-8
PSY239	Introduction to Abnormal Behavior	3
	Social Services elective*	1
Term 3		
HS101	Addiction Pharmacology and Physiology	4
HS103	Ethics for Human Service Workers	2
HS155	Interviewing Theory and Techniques	3
HS211	HIV, TB and Infectious Diseases	1
HS284S- HS288S	Practicum – Human Services	4-8
PSY237	Life Span Development	3
Term 4		
HS152	Stress Management	1
HS156	Counseling Theories	3
HS213	Multicultural Practice	3
HS265	Casework Interviewing	3
HS284S- HS288S	Practicum – Human Services	4-8
MTH060	Introductory Algebra (or higher)+	4
Term 5		
HS220	Aging and Society**	3
	or	
HS222	Aging and Behavior**	3
HS266	Case Management	3

HS284S-HS288S	Practicum – Human Services	4-8
SOC204	General Sociology – Introduction	3
	Social Services elective*	3
	Term 6	
HS267	Systems Strategies	3
HS284S-HS288S	Practicum – Human Services	4-8
SOC205	General Sociology – Institutions	3
	or	
SOC206	General Sociology – Social Problems	3
SP111	Fundamentals of Public Speaking	3
	or	
SP112	Fundamentals of Persuasion	3
	or	
SP130	Business and Professional Speaking	3
	Humanities/Fine Arts elective	3
	or	
	Science/ Applied Science elective	3

+Meets related instruction requirement.

\*Social Services electives (four credit hours total): Any class in Human Services, Anthropology, History, Political Science, Psychology numbered 200 or above, Sociology, Women's Studies, Criminal Justice, Early Childhood Education, Paraeducator, Sign Language, or Credit for Prior Learning.

\*\*Offered in alternate years. Consult program chair.