

## HUMAN SERVICES ALCOHOL & DRUG COUNSELOR PROGRAM RUBRIC-GATEWAY COURSES-HUS171, HUS172, HUS173

	Points: 4	Points: 3	Points: 2	Points: 1	Points: 0
CRITERIA	Exemplary	Mastery	Proficient	Emerging	Does Not Meet Expectations
1-Demonstrate well-developed clinical skills, techniques, and approaches consistent with national skills standards as outlined by the Council for Stand in Human Services Education (CSHSE), Community Support Skills Standards (CSSS), Bureau of Substance Abuse Services (BSAS), and the International Credentialing and Reciprocity Consortium (ICRC)	Info is excellent, and thoroughly documented and clearly explained. Engagement is very well done and filled with skills of counseling. Triggers are recognized and coping skills are applied to address issues with appropriate priority. Treatment Plan is a shared experience with client In full agreement. All aspects of plan are very well sketched out for client to follow. Summary is an account of the case up to the present time.	Info is very well documented, analyzed, and explained. Engagement is smooth and moved seamlessly to assessment. Triggers are well recognized and addressed with appropriate coping mechanisms. Treatment Plan is complete and orderly indicating reasoning for recommended LOC/LOS. Objectives are clear, and well defined. Interventions are excellent. Summary clear, simple, but germane to the case.	Info is well documented. Engagement accomplished. Some more sophisticated dialog skills displaced. Triggers are identified and a limited number of coping skills demonstrated. Treatment plan is complete, appropriate. Objectives are well written, but no always clearly articulated. Interventions are well placed and timed. Summary is well written and detailed highlighting the most important and salient points.	Info is highlighted but not detailed. Attempted to have am apocopate dialog. Some general MI/SFTDBT/CBT skills used with some fair results. Triggers identified but coping strategies to vague. Treatment plan is complete, but no specific enough. Objectives are present but some are not measurable. Interventions are attempted but no successful. Summary is acceptable but needs more detail and clinical language.	Info is incomplete. Motivation is unclear. Demonstrated open contempt for client and argued instead of engaged. No specific MI/SFT/DBT/CBT skills evident in this exchange. Missed triggers and failed to work with coping skills training. Treatment plan poorly devised, problems not clearly identified, goals inappropriate, objectives not concrete or measurable. Interventions unclear. Summary not detailed and complete.
2-Describe historical overview of confluence of factors that shaped institutional and direct professional service delivery models with clients & communities, including, but not limited to bio-psycho-social, economic, political, and legal issues.	Info is excellent, and thoroughly documented and clearly explained. Engagement is very well done and filled with skills of counseling. Triggers are recognized and coping skills are applied to address issues with appropriate priority. Treatment Plan is a shared experience with client In full agreement. All aspects of plan are very well sketched out for client to follow. Summary is an account of the case up to the present time	Info is very well documented, analyzed, and explained. Engagement is smooth and moved seamlessly to assessment. Triggers are well recognized and addressed with appropriate coping mechanisms. Treatment Plan is complete and orderly indicating reasoning for recommended LOC/LOS. Objectives are clear, and well defined. Interventions are excellent. Summary clear, simple, but germane to the case.	Info is well documented. Engagement accomplished. Some more sophisticated dialog skills displaced. Triggers are identified and a limited number of coping skills demonstrated. Treatment plan is complete, appropriate. Objectives are well written, but no always clearly articulated. Interventions are well placed and timed. Summary is well written and detailed highlighting the most important and salient points.	Info is highlighted but not detailed. Attempted to have am apocopate dialog. Some general MI/SFTDBT/CBT skills used with some fair results. Triggers identified but coping strategies to vague. Treatment plan is complete, but no specific enough. Objectives are present but some are not measurable. Interventions are attempted but no successful. Summary is acceptable but needs more detail and clinical language	Info is incomplete. Motivation is unclear. Demonstrated open contempt for client and argued instead of engaged. No specific MI/SFT/DBT/CBT skills evident in this exchange. Missed triggers and failed to work with coping skills training. Treatment plan poorly devised, problems not clearly identified, goals inappropriate, objectives not concrete or measurable. Interventions unclear. Summary not detailed and complete.
3-Provide accurate written & oral, clinical assessments of general health and welfare of clients, their families, and communities guided by ethical standards set forth by the Council for Standards in Human Services Education, and the National Associate of Alcohol and Drug Abuse Counselors.	Info is excellent, and thoroughly documented and clearly explained. Engagement is very well done and filled with skills of counseling. Triggers are recognized and coping skills are applied to address issues with appropriate priority. Treatment Plan is a shared experience with client In full agreement. All aspects of plan are very well sketched out for client to follow. Summary is an account of the case up to the present time	Info is very well documented, analyzed, and explained. Engagement is smooth and moved seamlessly to assessment. Triggers are well recognized and addressed with appropriate coping mechanisms. Treatment Plan is complete and orderly indicating reasoning for recommended LOC/LOS. Objectives are clear, and well defined. Interventions are excellent. Summary clear, simple, but germane to the case.	Info is well documented. Engagement accomplished. Some more sophisticated dialog skills displaced. Triggers are identified and a limited number of coping skills demonstrated. Treatment plan is complete, appropriate. Objectives are well written, but no always clearly articulated. Interventions are well placed and timed. Summary is well written and detailed highlighting the most important and salient points.	Info is highlighted but not detailed. Attempted to have am apocopate dialog. Some general MI/SFTDBT/CBT skills used with some fair results. Triggers identified but coping strategies to vague. Treatment plan is complete, but no specific enough. Objectives are present but some are not measurable. Interventions are attempted but no successful. Summary is acceptable but needs more detail and clinical language	Info is incomplete. Motivation is unclear. Demonstrated open contempt for client and argued instead of engaged. No specific MI/SFT/DBT/CBT skills evident in this exchange. Missed triggers and failed to work with coping skills training. Treatment plan poorly devised, problems not clearly identified, goals inappropriate, objectives not concrete or measurable. Interventions unclear. Summary not detailed and complete.
4-Analyze the effect of the injustices caused by prejudicial and/or discriminatory treatment as they pertain to individuals, families, groups, and institutions, (e.g. race, gender, ethnicity, sexual orientation, ageism, social class, immigrants, et al.)	Info is excellent, and thoroughly documented and clearly explained. Engagement is very well done and filled with skills of counseling. Triggers are recognized and coping skills are applied to address issues with appropriate priority. Treatment Plan is a shared experience with client In full agreement. All aspects of plan are very well sketched out for client to follow.	Info is very well documented, analyzed, and explained. Engagement is smooth and moved seamlessly to assessment. Triggers are well recognized and addressed with appropriate coping mechanisms. Treatment Plan is complete and orderly indicating reasoning for recommended LOC/LOS. Objectives are clear, and well defined. Interventions are	Info is well documented. Engagement accomplished. Some more sophisticated dialog skills displaced. Triggers are identified and a limited number of coping skills demonstrated. Treatment plan is complete, appropriate. Objectives are well written, but no always clearly articulated. Interventions are well placed and timed. Summary is well written and detailed highlighting the	Info is highlighted but not detailed. Attempted to have am apocopate dialog. Some general MI/SFTDBT/CBT skills used with some fair results. Triggers identified but coping strategies to vague. Treatment plan is complete, but no specific enough. Objectives are present but some are not measurable. Interventions are attempted but no successful.	Info is incomplete. Motivation is unclear. Demonstrated open contempt for client and argued instead of engaged. No specific MI/SFT/DBT/CBT skills evident in this exchange. Missed triggers and failed to work with coping skills training. Treatment plan poorly devised, problems not clearly identified, goals inappropriate, objectives not concrete or measurable.

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5-Demonstrate skills involved in screening, orienting, assessing, crisis intervention, case management, treatment planning, documentation, consultation with other professionals, and appropriate referral of clients and families	Info is excellent, and thoroughly documented and clearly explained. Engagement is very well done and filled with skills of counseling. Triggers are recognized and coping skills are applied to address issues with appropriate priority. Treatment Plan is a shared experience with client In full agreement. All aspects of plan are very well sketched out for client to follow. Summary is an account of the case up to the present time	Info is very well documented, analyzed, and explained. Engagement is smooth and moved seamlessly to assessment. Triggers are well recognized and addressed with appropriate coping mechanisms. Treatment Plan is complete and orderly indicating reasoning for recommended LOC/LOS. Objectives are clear, and well defined. Interventions are excellent. Summary clear, simple, but germane to the case.	Info is well documented. Engagement accomplished. Some more sophisticated dialog skills displaced. Triggers are identified and a limited number of coping skills demonstrated. Treatment plan is complete, appropriate. Objectives are well written, but no always clearly articulated. Interventions are well placed and timed. Summary is well written and detailed highlighting the most important and salient points.	Info is highlighted but not detailed. Attempted to have am apocopate dialog. Some general MI/SFTDBT/CBT skills used with some fair results. Triggers identified but coping strategies to vague. Treatment plan is complete, but no specific enough. Objectives are present but some are not measurable. Interventions are attempted but no successful. Summary is acceptable but needs more detail and clinical language	Info is incomplete. Motivation is unclear. Demonstrated open contempt for client and argued instead of engaged. No specific MI/SFT/DBT/CBT skills evident in this exchange. Missed triggers and failed to work with coping skills training. Treatment plan poorly devised, problems not clearly identified, goals inappropriate, objectives not concrete or measurable. Interventions unclear. Summary not detailed and complete.
6-Demonstrate a professional level of comfort and expertise with the mechanisms involved in the administrative aspects necessary to deliver services provided by human services agencies and their interacting institutions (e.g. Health Maintenance Organizations, Department of Children and Families, courts, schools, et al.), And apply knowledge/skills using data and other management systems to develop/improve administrative services involved in the delivery of care.	Info is excellent, and thoroughly documented and clearly explained. Engagement is very well done and filled with skills of counseling. Triggers are recognized and coping skills are applied to address issues with appropriate priority. Treatment Plan is a shared experience with client In full agreement. All aspects of plan are very well sketched out for client to follow. Summary is an account of the case up to the present time	Info is very well documented, analyzed, and explained. Engagement is smooth and moved seamlessly to assessment. Triggers are well recognized and addressed with appropriate coping mechanisms. Treatment Plan is complete and orderly indicating reasoning for recommended LOC/LOS. Objectives are clear, and well defined. Interventions are excellent. Summary clear, simple, but germane to the case.	Info is well documented. Engagement accomplished. Some more sophisticated dialog skills displaced. Triggers are identified and a limited number of coping skills demonstrated. Treatment plan is complete, appropriate. Objectives are well written, but no always clearly articulated. Interventions are well placed and timed. Summary is well written and detailed highlighting the most important and salient points.	Info is highlighted but not detailed. Attempted to have am apocopate dialog. Some general MI/SFTDBT/CBT skills used with some fair results. Triggers identified but coping strategies to vague. Treatment plan is complete, but no specific enough. Objectives are present but some are not measurable. Interventions are attempted but no successful. Summary is acceptable but needs more detail and clinical language	Info is incomplete. Motivation is unclear. Demonstrated open contempt for client and argued instead of engaged. No specific MI/SFT/DBT/CBT skills evident in this exchange. Missed triggers and failed to work with coping skills training. Treatment plan poorly devised, problems not clearly identified, goals inappropriate, objectives not concrete or measurable. Interventions unclear. Summary not detailed and complete.