

**Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive
Substance Use Disorders
College of Professional Psychology of the
APA Practice Organization**

Content Outline for the Examination

The practice-related knowledge sampled by the examination is organized into 12 *Knowledge Categories* (A through L) and associated *Knowledge Elements*. All 12 categories are represented on each form of the examination according to the percentages indicated after the title for the category. For example, 11% of the items (16 items out of the 150) are drawn from Category A, 6% from Category B (9 items out of the 150), etc. Percentages were established as a result of the practice analysis and reflect the relative importance of each category for practice in the treatment area as well as the amount of knowledge each category contains.

Please bear in mind that the examination **samples** from the knowledge elements associated with the 12 categories. Thus, not every knowledge element, nor all aspects of any specific knowledge element, may be represented in a given examination form.

A. Clinical Pharmacology and Clinical Epidemiology Of Psychoactive Substances (11%)

Includes knowledge of classes, preparations, and routes of administration of psychoactive substances; major pharmacologic actions; psychological/behavioral effects; medical and psychosocial consequences of acute and chronic use; trends in availability and use in the general population and in defined specific populations such as ethnic minorities, adolescents, elderly, pregnant women, and persons with coexisting Axis I or Axis II disorders; pharmacological factors that underlie behavioral and psychological effects of psychoactive substances; role of user expectation in subjective and behavioral effects of use; adverse psychological, behavioral, physiological, interpersonal, and social effects of psychoactive substance use disorders (PSUDs).

Knowledge Elements:

1. Knowledge of classes of psychoactive substances and specific substances within those classes, including: central nervous system (CNS) stimulants (e.g., cocaine, caffeine, amphetamine, and methamphetamine), CNS depressants (e.g., alcohol, benzodiazepine/anxiolytics, barbiturates), cannabinoids (e.g., marijuana and hashish), opioids (e.g., heroin, methadone, and prescription narcotics), hallucinogens (e.g., LSD, psilocybin, mescaline, and peyote), inhalants (e.g. amyl nitrate, butyl nitrate, and nitrous oxides; glues, solvents, and other volatile substances), nicotine, steroids, etc.
2. For the most commonly used psychoactive substances within each class specified in Element 1 (namely alcohol, marijuana, cocaine, heroin, benzodiazepines, LSD, inhalants, and nicotine): Knowledge of preparations, routes of administration, major pharmacologic actions; psychological/behavioral effects, (including craving, drug-seeking behavior and motivation for use); reinforcing effects in animals and humans; medical and psychosocial consequences of acute and chronic use; and most clinically significant drug combinations (e.g., cocaine and alcohol; heroin and cocaine; alcohol and sedative-hypnotics).

3. For each of the psychoactive substances listed in Element 2: Knowledge of trends in availability and use in the general population and in defined specific populations such as ethnic and other minorities, adolescents, the elderly, pregnant women, and persons with coexisting Axis I or Axis II disorders.
4. For each of the psychoactive substances listed in Element 2: Knowledge of pharmacological factors that underlie behavioral and psychological effects of psychoactive substances, including: tolerance and cross tolerance; mechanisms underlying psychoactive effects, including drug-induced alterations in brain receptor and neurotransmitter systems; time course of effects and aftereffects; development of physical dependency, including acute and protracted withdrawal; half-life, metabolism and excretion; detectability in body fluids (urine and blood), including legal definitions of intoxication; and the most common drug-drug interactions as they affect each of the preceding.
5. Knowledge of user expectation as it influences subjective and behavioral effects of psychoactive substances (e.g., placebo effects and context effects; balanced placebo research).
6. Knowledge of adverse psychological and behavioral consequences of excessive/pathological use (both acute and chronic; e.g., induced distortions in personality, affect, perception, cognition, coping style and defenses, judgment, and other behavioral/cognitive processes).
7. Knowledge of adverse physiological consequences of excessive/pathological use (e.g., overdose, contribution to HIV and other STDs, tuberculosis, hepatitis and other liver disease, GI disorders, sexual functioning and fertility, fetal alcohol effects and transient neonatal impairments, brain dysfunction).
8. Knowledge of adverse interpersonal effects of psychoactive substance use disorders (PSUDs; e.g., impact on marriage and family, workplace colleagues, immediate social contacts; impact on interpersonal violence and abuse behavior).
9. Knowledge of adverse social effects of PSUDs (e.g., vocational, legal, and financial impact).

B. Etiology of Psychoactive Substance Use Disorders (6%)

Includes knowledge of genetic and other biological risk/vulnerability to PSUDs; psychological and sociocultural predisposing experiences; psychological, sociocultural, and biological concepts of etiology and integrative models.

Knowledge Elements:

1. Knowledge of key findings pertaining to genetic and other biological risk/vulnerability to PSUDs (e.g., family transmission, brain neurochemical and other biological susceptibility).
2. Knowledge of psychosocial risk factors associated with etiology (e.g. family substance use and physical, sexual and psychological abuse; early conduct disorder and

temperament traits (e.g., impulsivity); environmental, cultural/social factors including availability and peer influence; individual psychopathology; attention and learning deficits; impaired affect regulation (e.g. self-medication hypothesis); impaired behavioral self regulation.

3. Knowledge of major psychological perspectives regarding etiology of PSUDs (e.g., operant and classical conditioning models, social learning, psychoanalytic, family systems, cognitive behavioral, opponent process).
4. Knowledge of integrative models of etiology of PSUDs (e.g., biopsychosocial, community healing models).

C. Initiation, Progression, and Maintenance of PSUDs (5%)

Includes knowledge of factors that contribute to the use initiation of psychoactive substance use; psychological, biological, and social factors associated with the maintenance and progression of PSUDs.

Knowledge Elements:

1. Knowledge of factors that contribute to initiation of psychoactive substance use (e.g., availability, exposure, peer influence, expectancy, and reinforcing drug effects).
2. Knowledge of psychological factors associated with the maintenance and progression of PSUDs (e.g., conditioning and reinforcement, cognitive factors, affective factors, personality and temperament).
3. Knowledge of biological factors associated with the maintenance and progression of PSUDs (e.g., tolerance, physical dependence, metabolic factors, and factors at the neurotransmitter level).
4. Knowledge of social factors associated with the maintenance and progression of PSUDs (e.g., familial factors, social/cultural environments that support substance use, intergenerational PTSDs, and societal attitudes and expectations towards certain specific populations).

D. Course/Natural History Of PSUDs (5%)

Includes knowledge of long-term course of PSUDs in treated and untreated populations; heterogeneity in course and the role of problem severity; alternatives to formal treatment and circumstances under which they are sought and accepted by users; help-seeking and alternatives to formal treatment and circumstances under which they are sought and accepted by users; "natural recovery" rates and factors associated with natural recovery.

Knowledge Elements:

1. Knowledge of long-term course of PSUDs in treated and untreated populations.
2. Knowledge of heterogeneity in course of PSUDs, including the role of problem severity.

3. Knowledge of alternatives to formal treatment that promote behavior change, and circumstances under which substance users will seek out or be receptive to such alternatives.
4. Knowledge of help-seeking for substance-related problems, and the factors that promote or deter help-seeking and motivation for change.
5. Knowledge of "natural recovery" factors associated with untreated recovery from PSUDs.

E. Prevention, Early Intervention, and Harm Reduction (6%)

Includes knowledge of primary (universal) and secondary (targeted) methods of prevention; harm reduction methods; techniques of prevention, identification, and early intervention and their effectiveness.

Knowledge Elements:

1. Knowledge of methods of prevention of PSUDs (including educational, skills-based, public health, community, regulatory and supply-side methods; as well as sociocultural, age-related, gender-based, and other variants of these approaches).
2. Knowledge of principles for identification and early intervention in health care settings, schools, workplaces, the community, and family.
3. Knowledge of techniques for prevention and early intervention, and their effectiveness.
4. Knowledge of harm reduction approaches aimed at preventing or reducing high risk behaviors and their negative consequences in the community, in clinical populations, and in users=significant others (e.g., needle exchange programs, condom distribution programs, and community education programs).

F. Screening and Assessment of Psychoactive Substance Use (11%)

Includes screening for persons at risk for or experiencing PSUDs; approaches to assessment of substance use and substance dependence, including need for detoxification evaluation; principles for assessment of use history and current use patterns; effective interviewing strategies; timing issues involved with assessment and intervention techniques and their implications; collateral sources of assessment information; physical and sexual abuse and other trauma; assessment of the family system and its relationship to the PSUD of the client; use of assessment data to select initial level of care, develop an initial treatment plan, engage the client in treatment, and modify the plan during treatment.

Knowledge Elements:

1. Knowledge of screening instruments for individuals at risk for or experiencing PSUDs, regardless of presenting problem or complaint.

2. Knowledge of types of biological approaches to the assessment of substance use, including measures such as BAC, urine drug screens, liver assays, hair analysis; their proper use, and strengths and weaknesses.
3. Knowledge of psychological approaches to the assessment of current and past psychoactive substance use, including interviewing techniques, standardized interviews; standardized psychological measures, their proper use, and strengths and weaknesses.
4. Knowledge of approaches to the assessment of current and past adverse psychosocial consequences ("abuse").
5. Knowledge of common cognitive deficits associated with psychoactive substance use and familiarity with common neuropsychological approaches to their assessment. (*Note: "Familiarity with" implies basic knowledge.*)
6. Knowledge of incidence, screening, and assessment issues related to physical and sexual abuse and other traumatic experiences in relation to substance use.
7. Knowledge of principles for assessment of degree of physical dependence and need for medically monitored withdrawal treatment.
8. Knowledge of interviewing strategies to reduce defensiveness and enhance cooperation and motivation.
9. Knowledge of appropriate timing of assessment and intervention techniques (e.g., the limited reliability and validity of tests given to persons in withdrawal and early stages of abstinence) and their implications for assessment.
10. Knowledge of types and uses of collateral sources of information in the assessment process (e.g., spouse, employer, teacher).
11. Knowledge of physical signs and symptoms of use, intoxication, and withdrawal (e.g., needle marks, pupillary dilation or constriction)
12. Knowledge of principles for assessment of the family system and its relationship to the PSUD of the identified family member.
13. Knowledge of principles for utilization of assessment data to select an initial level of care for a client.
14. Knowledge of principles for the utilization of assessment data to develop an initial treatment plan for a client.
15. Knowledge of principles for the utilization of assessment data to engage the client in treatment.
16. Knowledge of principles for the utilization of ongoing assessment data to modify the treatment plan during treatment.
17. Knowledge of alternative levels and approaches used by medical professionals for detoxification and withdrawal management.

G. Diagnosis and Comorbidity (9%)

Includes DSM-IV criteria for diagnosis of substance related and induced disorders; differentiating substance-related disorders from other disorders; comorbidity of substance-related with psychological and behavioral problems; familiarity with medical conditions that are complicated or exacerbated by psychoactive substance use.

Knowledge Elements:

1. Knowledge of DSM-IV criteria for diagnoses of substance-related and substance-induced disorders, as well as the criteria for the several DSM-IV disorders frequently comorbid with the substance-related and substance-induced disorders.
2. Knowledge of principles for differentiating substance-related disorders from other Axis I and Axis II disorders, and the ability of psychoactive substance use to mimic and/or exacerbate these disorders.
3. Knowledge of comorbidity (including incidence) of PSUDs with psychological and behavioral problems, including Axis I and Axis II disorders.
4. Familiarity with common medical conditions (e.g., diabetes, hypertension) that are complicated or exacerbated by psychoactive substance use, and indications for referral for appropriate assessment and/or treatment. (*Note: "Familiarity with" implies basic knowledge.*)

H. Treatment I: Models and Approaches (14%)

Includes knowledge of alternative treatment modalities, settings, contexts and levels of care; major models of treatment; principles for selection and use of psychological therapies and 12-step facilitation; methods for delivering psychological interventions to substance abusers; evidence for the effectiveness of treatment methods; substance-specific treatments and their effectiveness; adjunctive pharmacotherapies; indications and contraindications for other pharmacological agents; familiarity with acupuncture and other alternative treatment approaches.

Knowledge Elements:

1. Knowledge of clinical delivery systems, including treatment settings (e.g. in-hospital, non-medical residential, outpatient), treatment services (individual, group, family therapy) and levels and modalities of care (e.g., brief interventions, intensive outpatient, partial hospitalization, therapeutic communities, and methadone maintenance) as related to client placement.
2. Knowledge of major theoretical models of treatment, including their basic assumptions about etiology and how people change, strengths and limitations, and empirical evidence (e.g., psychodynamic, behavioral, cognitive, family systems, traditional disease, spiritual, 12-step, biomedical, and integrated models such as biopsychosocial, public health, and therapeutic communities).

3. Knowledge of methods for delivering psychological interventions to substance abusers.
4. Knowledge of principles for selection and use of the various psychological therapies (including social skills training, contingency management, motivational enhancement therapy, aversion therapies, cognitive therapy, community reinforcement approach, relapse prevention, stress management, behavioral self-control training, cue exposure, client-centered therapy, supportive/expressive therapy, psychodynamically-oriented therapy, cognitive-behavioral and structural-systems family therapy) and 12-step facilitation.
5. Knowledge of substance-specific (vs. generic) treatments (including treatments for nicotine dependence) and their effectiveness.
6. Knowledge of the appropriate role of pharmacotherapies in the overall treatment of addiction and evidence regarding their effectiveness; including opioid substitution (methadone, LAAM), opioid antagonists (naltrexone, including its use with alcohol dependence), alcohol sensitizing medications (disulfiram), and nicotine replacement (patch, gum, etc.).
7. Familiarity with pharmacologic agents that are contraindicated for individuals with substance use problems (e.g., long-term use of minor tranquilizers in the treatment of alcohol use), as well as those appropriate in the treatment of concomitant psychopathology. (*Note: Familiarity with implies basic knowledge.*)
8. Knowledge of evidence for the effectiveness of treatment methods (including combined behavioral-pharmacological treatments).

I. Treatment II: Planning, Implementing, and Managing Treatment and the Course of Recovery (16%)

Includes knowledge of the phases, courses, or stages of recovery and the treatments appropriate to each; issues pertaining to motivation and readiness to change; relevant research, theory, and practice pertaining to relapse; issues pertaining to treatment goals; the course of withdrawal and resources for detoxification; therapist behaviors facilitating treatment success; approaches for client-treatment matching; dealing with concomitant diagnosis of substance use and other psychological problems; dealing with severely mentally ill substance users; adjunctive use of self-help groups; treatment for family members; treatment interfaces with worksite and other aspects of the community; treatment of criminal offenders.

Knowledge Elements:

1. Knowledge of phases/courses/stages of recovery and change, and the treatment goals, modalities, and techniques appropriate to each.
2. Knowledge of relevant issues and research related to motivation/readiness to change.
3. Knowledge of relevant research, theory, and practice on relapse (e.g., rates, temporal patterns, varieties, conditions associated with relapse, and prevention strategies).
4. Knowledge of appropriate and realistic treatment goals for individuals with PSUDs.

5. Knowledge of appropriate resources for detoxification and the usual course of withdrawal.
6. Knowledge of therapist behaviors that facilitate or hinder client engagement and retention in treatment (e.g., empathic style, telephone follow-up).
7. Knowledge of different approaches for client-treatment matching (e.g., preference, clinician assignment, cultural competence, placement protocols and decision rules).
8. Knowledge of methods for the treatment of persons with concomitant diagnoses of a PSUD and other psychological problems.
9. Knowledge of issues in the treatment of severely mentally ill individuals who are substance abusers (includes sequencing of treatments, integration of treatment approaches, issues of continuity of care, attention to social and environmental needs of severely mentally ill individuals).
10. Knowledge of effective treatment models for family members (whether or not the substance abuser is seeking treatment).
11. Knowledge of principles for managing the interfaces between addiction treatment and the community (e.g., social service system, legal system, ethnic/culture-specific institutions such as mutual assistance societies, child protective services, correctional facilities, vocational rehabilitation, SSI, health care providers, health insurance companies, employers).
12. Knowledge of appropriate methods for treating criminal offenders (including DWI/DUI offenders).
13. Knowledge of the following community self-help groups and groups available for significant others of substance abusers (e.g., Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Women for Sobriety, Rational Recovery, nicotine dependence support groups); including the basic philosophy and structure of each program, clinical procedures to facilitate involvement of clients and significant others, and empirical evidence for effectiveness.

J. Issues in Specific Populations (6%)

Includes knowledge of substance use patterns, risk factors, course, concomitant psychological and social functioning, access barriers, and treatments for children and adolescents, ethnic and cultural minority groups, women and men, gays and lesbians, older persons, persons with HIV, health care professionals, and the homeless.

Knowledge Elements:

1. Knowledge of substance use patterns, risk factors, course, concomitant psychological and social functioning, access barriers, and treatments for children and adolescents.

2. Knowledge of substance use patterns, risk factors, course, concomitant psychological and social functioning, access barriers, and treatments appropriate for specific ethnic and cultural minority groups.
3. Knowledge of gender-specific substance use patterns, risk factors, course, concomitant psychological and social functioning, access barriers, and effective treatments (including issues related to perinatal substance use for women).
4. Knowledge of substance use patterns, risk factors, course, concomitant psychological and social functioning, access barriers, and treatments for gays and lesbians.
5. Knowledge of substance use patterns, risk factors, course, concomitant psychological and social functioning, access barriers, and treatments for older persons.
6. Knowledge of special issues related to substance abuse and treatment of persons with HIV.

K. Research Knowledge (6%)

Includes knowledge of research principles appropriate for evaluating substance abuse treatments; key findings in the current literature relevant to the effectiveness of common forms of substance abuse treatment and prevention; knowledge of databases, journals, and central information sources for keeping abreast of new developments in the substance use field.

Knowledge Elements:

1. Knowledge of research principles appropriate for evaluating substance abuse treatments (including appropriate follow-up intervals, outcome domains, comparison groups, outcome-oriented clinical record-keeping).
2. Knowledge of key findings in current literature pertaining to the effectiveness of common forms of substance abuse prevention and treatment (including overall patterns in reduction in substance use; improvement in personal and social function; reduction in public health and public safety concerns; and success for gender, age, and ethnic minority populations).
3. Knowledge of databases, journals, and central information sources useful for keeping abreast of new developments in the substance use field (e.g., NCADI, ETOH, DAWN, *Journal of Substance Abuse Treatment*, *Journal of Consulting and Clinical Psychology*).

L. Legal and Ethical Issues (5%)

Includes knowledge of laws relevant to substance abuse treatment (e.g., confidentiality, ADA); application of ethical principles for psychologists to specific dilemmas of the substance field.

Knowledge Elements:

1. Knowledge of federal laws regulating confidentiality and disclosure of information for PSUDs, and conditions under which the general laws do not apply.

2. Knowledge of relevant issues and regulations related to the Americans with Disabilities Act (ADA; includes specialized treatment programs and practices such as methadone maintenance programs).
3. Knowledge of principles for dealing with dilemmas of contradictory legal and ethical demands that relate to confidentiality, authorization, treatment implementation, and other treatment management issues (e.g., adolescents' confidentiality, pregnant addicts, reporting of crimes, coerced treatment).