

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL & DRUG COUNSELORS

CCBADDC

Certified Alcohol and Drug Counselor Associate (CADCA) (Formerly RADI) MANUAL



SYSTEM FOR CERTIFICATION IN THE STATE OF CALIFORNIA

Revised January, 1988
Revised April, 1988
Revised November, 1989
Revised July, 1990
Revised April, 1991

Revised January, 1992
Revised May, 1992
Revised January, 1993
Revised January, 1994
Revised January, 1995

Revised March, 1996
Revised March, 2001
Revised September, 2001
Revised June, 2003
Revised June 2006

© 2001 CCBADC • All rights reserved.

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL & DRUG COUNSELORS: CADCA APP

CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE

CRITERIA FOR WRITTEN EXAMINATION:

After meeting all education requirements and passing the portfolio review, the applicant may sit for the written examination. Upon achieving a passing score, the applicant will receive the status of Certified Alcohol and Drug Counselor Associate.

Upon completion of an additional 3,745 hours of counseling at an agency, the candidate may take the Case Presentation Method Oral Examination and upon achieving a passing score you will receive the CADC-I certificate.*

A total of 6,000 hours is required to advance to a CADC-II. (A maximum of 250 hours of an intern's 4,000 required work experience hours, maybe acquired in CAADAC approved workshops if desired.)*

CRITERIA FOR CADCA STATUS:

The criteria listed below will be effective September, 2001. The education requirements include the five performance domains described in this manual and the supervised practicum.

Performance Domain 1: Assessment

Performance Domain 2: Counseling

Performance Domain 3: Case Management

Performance Domain 4: Client, Family, and Community Education

Performance Domain 5: Professional Responsibility

Supervised Practicum: 45 Hours

Supervised Internship = Minimum 255 hours).

(This requirement includes 21 hours in each of the 12 Core Functions performed in an approved clinical setting.) See Practicum Requirements.

CADCA STATUS CONDITIONS:

- CADCA status will be granted for two (2) years.
- CADCA status can be renewed for two (2) years. (It is required that you take the oral exam within seven years from the date you pass the Written Exam.
- High School Diploma or Equivalent (GED)
- Renewal fees: **CAADAC Member: \$100.00. Non Member: \$645.00.**

All fee's subject to change and all fee's are non refundable; all returned checks and declined credit cards will be assessed a fee of \$30.00

FOR MORE INFORMATION ON THE FOLLOWING TOPICS SEE THE CERTIFICATION HANDBOOK

- **EDUCATION REQUIREMENTS AND INTERNSHIP/PRACTICUM**
- **ETHICS COMPLAINTS AND PROCEDURES**
- **CASE PRESENTATION METHOD**
- **OTHER POLICIES/PROCEDURES AND DISLCOSURES RELATED TO CERTIFICATION**

FORMS/DOCUMENTS TO BE SUBMITTED FOR CADCA: (Forms are included in this manual)

- Application
- Practicum Log
- Internship Evaluation
- Required fees
- Signed Code-of-Ethics
- Signed Scope-of-Practice
- Official School Transcripts (College sends them directly to CCBADC)
- Course descriptions, as stated in the syllabus of each course or listed in the official school catalog, to be furnished by the applicant, unless the applicant is taking the course in a CAADAC/CADCEP approved program.
- Letters of peer recommendation letters (2) (must be typed)
- Resume
- Copy of Photo ID
- Application for Admission to the Written Exam (Submitted once application and all documents are approved by the certification board.)

FEE'S:

	<u>*CAADAC Member Discount</u>	<u>Non-members</u>
Application Processing Fee (Paid when application is submitted.)	\$145.00	\$265.00
Written Exam (Paid when application is approved.)	\$124.00	\$200.00

*Membership Discount: Individual full CAADAC membership must be paid and current to qualify for this special rate. Registered Students and Registered Recovery Workers do not qualify for the Membership Discount.

METHOD OF PAYMENT:

1. ___ Check ___ Money Order (Mail with fee to: **CAADAC**, 3400 Bradshaw Rd., Ste. A-5, Sacramento, CA 95827)
2. ___ Visa ___ MasterCard ___ Amex ___ Discover (Mail to address above or fax to: CAADAC 916-368-9424)

Card Number _____

Expiration Date _____ 3 or 4 digit Security Code on Back _____ Total Amt: \$ _____

Name as it appears on Card: _____

Signature _____

Billing address for card: _____

PLEASE ALLOW 4-6 WEEKS DELIVERY.

RETURNED CHECKS/DECLINED CREDIT CARDS WILL RESULT IN A \$30.00 ADDITIONAL FEE. ALL FEES ARE NON-REFUNDABLE.

EXAMINATION TIME LINES

Application Submission Deadlines

First Friday of February

First Friday of August

Written Exam Date

Second Saturday of June

Second Saturday of December

Oral Review Application Deadlines

First Friday of June

First Friday of December

Oral Exam Date

Third Saturday/Sunday of July

Third Saturday/Sunday of January

Mail Application/Completed Forms to:

*California Certification Board of Alcohol and Drug Counselors
State Office, 3400 Bradshaw Rd., Suite A-5
Sacramento, CA 95827*

APPLICATION FOR CADCA**Please Print or Type**

1. Name: Last _____ First _____ Middle Initial _____

2. Home Address No. & Street City & State Zip Code

3. Home Phone: _____ Alternate Phone: _____ Email Add: _____

4. Male _____ Female _____

5. Date of Birth (Optional) _____

6. Home Phone: (_____) _____ Work Phone: (_____) _____

7. Social Security #: _____

8. CAADAC Member Yes _____ No _____ Membership Number: _____

9. Ethnic Background (Optional) _____

9. Professional Affiliations: _____

10. Education: Include: School Name, Dates Attended (From-To) and Major/Degree/Awards:

GED: _____

High School _____

College _____

Graduate School _____

Have you ever been certified/licensed in the human services field or alcohol/drug counseling field? (If yes, please indicate what certification/licensure body, the date(s) of certification/licensure and the status of the certification/licensure (i.e. Expired, suspended etc.)

STATEMENT OF UNDERSTANDING

I hereby affirm that this application is made on my own behalf and is entirely voluntary on my part. I hereby agree to waive the right to inspect the results of inquires made of my employers, co-workers, references, educational institutions or any others, which were sought and secured in the process of making a determination as to my certification by CCBADC will be accepted by me without question. I hereby authorize hospitals, any type of business organization, schools, other organizations or persons named herein to release to CCBADC any information they may have regarding me. I hereby release said parties of any and all liabilities arising out of the furnishing of the information that may be requested by CCBADC in connection with this application. I understand that certification depends on my meeting the requirements and criteria established by the Board. I understand that intentionally making false or misleading statements on this application will result in my being declared ineligible for certification. I understand that all courses that meet the standards for initial certification must be face to face instruction and that no distance learning courses qualify for this instruction. It is my responsibility to refrain from turning in course descriptions for classes that are other than face to face instruction with an instructor. Data from my Application may be used for statistical purposes. The application fees and portfolio become the property of CCBADC. All fees are non-refundable.

Signature _____ Date _____

Please Submit fee's with Application: (Check the box for the services/processes that you are applying.)

***FEE'S SCALE:**

	<u>*CAADAC Member Discount</u>	<u>Non-members</u>
<input type="checkbox"/> Application Processing Fee (Paid when application is submitted.)	\$145.00	\$265.00
<input type="checkbox"/> Written Exam (Paid when application is approved.)	\$124.00	\$200.00

- Fee's subject to change without notice.
- All fees are non refundable.

Check, Money Order, Cashiers Check: Chk# _____ Amt Pd: _____

PLEASE NOTE: It requires four to six weeks to process your application so please send it well in advance!

METHOD OF PAYMENT:

1. ___ Check ___ Money Order (Mail with fee to: **CCBADC**, 3400 Bradshaw Rd., Ste. A-5, Sacramento, CA 95827)
2. ___ Visa ___ MasterCard ___ Amex ___ Discover (Mail to address above or fax to: CAADAC 916-368-9424)

Card Number _____

Expiration Date _____ 3 or 4 digit Security Code on Back _____ Total Amt: \$ _____

Name as it appears on Card: _____

Signature _____

Billing address for card: _____

PLEASE ALLOW 4-6 WEEKS DELIVERY.

RETURNED CHECKS/DECLINED CREDIT CARDS WILL RESULT IN A \$30.00 ADDITIONAL FEE. ALL FEES ARE NON-REFUNDABLE.

**SUPERVISED FIELD (INTERNSHIP) WORK PRACTICUM LOG
WITH INSTRUCTORS/SUPERVISORS VERIFICATION**

Supervisors and Instructors Directions: By attesting and signing your name to each core function, and hours completed you are verifying that the Intern has actually completed the required 21 experiential hours in the specific core function indicated. It is your responsibility to verify the completion of hours by using this log. Failure to complete this log may result in the inability of the candidate to take the certification exam. any corrections or erasers will invalidate this form. The original must be submitted with the application. This blank form may be duplicated if you completed your practicum in more than one facility/agency.

CORE FUNCTION	DATE FROM:	DATE TO:	TOTAL HOURS	SUPERVISOR'S SIGNATURE
Screening				
Intake				
Orientation				
Assessment				
Treatment Planning				
Counseling				
Case Management				
Crisis Intervention				
Client Education				
Referral				
Reports and Record Keeping				
Consultation with Relevant Professionals				

Supervisors Information:

Print Name: _____

Credential/License/Certifications Held: _____

Agency: _____

Instructors Information:

Print Name: _____

School Name: _____

Course Number: _____

Beginning Date: _____

Instructors Signature: _____ Date: _____

INTERNSHIP EVALUATION FORM

Intern Name: _____ Agency: _____

Internship Dates: From: _____ To: _____ Total Hours: _____

EVALUATION AREA	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
ANALYTICAL ABILITY					
Understanding of agency					
Understanding of community					
Understanding of clients					
Use of Knowledge sources					
Use of evaluation					
Understanding of substance abuse					
ADMINISTRATION					
Use of supervision					
Documentation					
Recording					
Referral					
INTERPROFESSIONAL RELATIONS					
With clients					
With Peers					
With supervisors					
With community groups					
Ethical Practices					
PRACTICUM SKILLS					
Screening					
Orientation					
Assessment					
Treatment Planning					
Counseling					
Case Management					
Crisis Intervention					
Client Education					
Referral					
Reports and Record keeping					
Consultation					
KNOWLEDGE					
Human behavior					
Signs/symptoms of chemical dependency					
Counseling approaches					
Continuum of care					
Federal/State/local regulations/statutes					
State Alcohol/Drug Program System					
Cultural competence					
WORK HABITS					
Initiative					
Organization Skills					
Quality of Work					
Integrity					
Responsibility/accountability					
Self Discipline					
Sensitivity to others					

RECOMMENDATION: (Please attach additional comments.)

_____ Yes, I highly recommend _____ Yes, I recommend, with reservations
 _____ No, I do not recommend.

Supervisors Name: _____ Title: _____

Signature: _____ Date: _____

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL & DRUG COUNSELORS: CADCA APP

APPLICATION FOR ADMISSION TO THE WRITTEN EXAMINATION:

NAME: _____ Social Security #: _____

ADDRESS: _____

PHONE _____

PREFERRED LOCATION: _____ NORTHERN CA _____ SOUTHERN CA

<u>Submit Fee's:</u>	<u>CAADAC Full Member *Discount</u>	<u>Non Member</u>
<input type="checkbox"/> Written Exam (Paid when application is approved.)	\$124.00	\$200.00

*** Associate Members, Registered Students and Registered Recovery Workers do not qualify for Member Discount**

METHOD OF PAYMENT:

1. ___ Check ___ Money Order (Mail with fee to: **CCBADC**, 3400 Bradshaw Rd., Ste. A-5, Sacramento, CA 95827)
2. ___ Visa ___ MasterCard ___ Amex ___ Discover (Mail to address above or fax to: CAADAC 916-368-9424)

Card Number _____

Expiration Date _____ 3 or 4 digit Security Code on Back _____ Total Amt: \$ _____

Name as it appears on Card: _____

Signature _____

Billing address for card: _____

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING.

RETURNED CHECKS/DECLINED CREDIT CARDS WILL RESULT IN A \$30.00 ADDITIONAL FEE.

ALL FEES ARE NON-REFUNDABLE.

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL AND DRUG COUNSELORS**CODE OF ETHICS****CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE (CADCA)*****Principle 1: Non-discrimination***

The Certified Alcoholism and Drug Counselor Associate should not discriminate against clients or professionals based upon race, religion, age, sex, handicaps, national ancestry, sexual orientation or economic condition.

Principle 2: Responsibility

The Certified Alcoholism and Drug Counselor Associate should espouse objectivity and integrity, and maintain the highest standards in the services the counselor offers.

- a. The Certified Alcoholism and Drug Counselor Associate as teacher, should recognize the counselor's primary obligation to help others acquire knowledge and skill in dealing with the disease of chemical dependency.
- b. The Certified Alcoholism and Drug Counselor Associate, as practitioner, should accept the professional challenge and responsibility deriving from the counselor's work.
- c. The Certified Alcoholism and Drug Counselor Associate, who supervises others, accepts the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations and constructive consultation.

Principle 3: Competence

The Certified Alcoholism and Drug Counselor Associate should recognize that the profession is founded on national standards of competence which promote the best interests of society, of the client, of the counselor and of the profession as a whole. The counselor associate should recognize the need for ongoing education as a component of professional competency.

- a. The Certified Alcohol and Drug Counselor Associate should prevent the practice of alcoholism and drug abuse counseling by unqualified and unauthorized persons.
- b. The Certified Alcohol and Drug Counselor Associate who is aware of unethical conduct or of unprofessional modes of practice should report such violations to the appropriate certifying authority.
- c. The Certified Alcohol and Drug Counselor Associate should recognize boundaries and limitations of counselor's competencies and not offer services or use techniques outside of these professional competencies.
- d. The Certified Alcohol and Drug Counselor Associate should recognize the effect of professional impairment on professional performance and should be willing to seek appropriate treatment for oneself or for a colleague. The counselor should support peer assistance programs in this respect.

Principle 4: Legal Standards and Moral Standards

The Certified Alcohol and Drug Counselor Associate should uphold the legal and accepted moral codes, which pertain to professional conduct.

- a. The Certified Alcohol and Drug Counselor Associate should not claim directly or by implication, professional qualifications/affiliations that the counselor does not possess.
- b. The Certified Alcohol and Drug Counselor Associate should not use the affiliation with the California Association of Certified Alcohol and Drug Counselor Associates for purposes that are not consistent with the stated purposes of the Association.
- c. The Certified Alcohol and Drug Counselor Associate should not associate with or permit the counselor's name to be used in connection with any services or products in a way that is incorrect or misleading.
- d. The Certified Alcohol and Drug Counselor Associate associated with the development or promotion of books or other products offered for commercial sale should be responsible for ensuring that such books or products are presented in a professional and factual way.

Principle 5: Public Statements

The Certified Alcohol and Drug Counselor Associate should respect the limits of present knowledge in public statements concerning alcoholism and other forms of drug addiction.

- a. The Certified Alcohol and Drug Counselor Associate who represents the field of alcoholism counseling to clients, other professionals, or to the general public should report fairly and accurately the appropriate information.
- b. The Certified Alcohol and Drug Counselor Associate should acknowledge and document materials and techniques used.
- c. The Certified Alcohol and Drug Counselor Associate who conducts training in alcoholism or drug abuse counseling skills or techniques should indicate to the audience the requisite training/qualifications required to properly perform these skills and techniques.

Principle 6: Publication Credit

The Certified Alcohol and Drug Counselor Associate should assign credit to all who have contributed to the published material and for the work upon which the publication is based.

- a. The Certified Alcohol and Drug Counselor Associate should recognize joint authorship, major contributions of a professional character, made by several persons to a common project. The author who has made the principle contribution to a publication should be identified as a first listed.
- b. The Certified Alcohol and Drug Counselor Associate should acknowledge in footnotes or an introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- c. The Certified Alcohol and Drug Counselor Associate should acknowledge, through specific citations, unpublished, as well as published material, that has directly influences the research or writing.
- d. The Certified Alcohol and Drug Counselor Associate who complies and edits for publication the contributions of others should list oneself as editor, along with the names of those who have contributed.

Principle 7: Client Welfare

The Certified Alcohol and Drug Counselor Associate should respect the integrity and protect the welfare of the person or group with whom the counselor is working.

- a. The Certified Alcohol and Drug Counselor Associate should define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- b. The Certified Alcohol and Drug Counselor Associate, in the presence of professional conflict should be concerned primarily with the welfare of the client.
- c. The Certified Alcohol and Drug Counselor Associate should terminate a counseling or consulting relationship when it is reasonably clear that the client is not benefiting from it.
- d. The Certified Alcohol and Drug Counselor Associate, in referral cases, should assume the responsibility for the client's welfare either by termination by mutual agreement and/or by the client becoming engaged with another professional. In situations when a client refuses treatment, referral or recommendations, the alcohol and drug abuse counselor should carefully consider the welfare of the client by weighing the benefits of continued treatment or termination and should act in the best interest of the client.
- e. The Certified Alcohol and Drug Counselor Associate who asks a client to reveal personal information from other professionals or allows information to be divulged should inform the client of the nature of such transactions. The information released or obtained with informed consent should be used for expressed purposes only.
- f. The Certified Alcohol and Drug Counselor Associate should not use a client in a demonstration role in a workshop setting where such participation would potentially harm the client.
- g. The Certified Alcohol and Drug Counselor Associate should ensure the presence of an appropriate setting for clinical work to protect the client from harm and the counselor and the profession from censure.
- h. The Certified Alcohol and Drug Counselor Associate should collaborate with other health care professional(s) in providing a supportive environment for the client who is receiving prescribed medications.

Principle 8: Confidentiality

The Certified Alcohol and Drug Counselor Associate should embrace, as a primary obligation, the duty of protecting the privacy of clients and should not disclose confidential information acquired, in teaching, practice or investigation.

- a. The Certified Alcohol and Drug Counselor Associate should inform the client and obtain agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and observation of an interview by another person.
- b. The Certified Alcohol and Drug Counselor Associate should make provisions for the maintenance of confidentiality and the ultimate disposition of confidential records.
- c. The Certified Alcohol and Drug Counselor Associate should reveal information received in confidence only when there is clear and imminent danger to the client or to other persons, and then only to appropriate professional workers or public authorities.
- d. The Certified Alcohol and Drug Counselor Associate should discuss the information obtained in clinical or consulting relationships only in appropriate settings, and only for professional purposes clearly concerned with the case. Written and oral reports should present only data germane to the purpose of the evaluation and every effort should be made to avoid undue invasion of privacy.
- e. The Certified Alcohol and Drug Counselor Associate should use clinical and other material in classroom teaching and writing only when the identity of the persons involved is adequately disguised.

Principle 9: Client Relationships

The Certified Alcohol and Drug Counselor Associate should inform the prospective client of the important aspects of the potential relationship.

- a. The Certified Alcohol and Drug Counselor Associate should inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.
- b. The Certified Alcohol and Drug Counselor Associate should inform the designated guardian or responsible person of the circumstances, which may influence the relationship, when the client is a minor or incompetent.
- c. The Certified Alcohol and Drug Counselor Associate should not enter into a professional relationship with members of one's own family, intimate friends or close associates, or others whose welfare might be jeopardized by such a dual relationship.
- d. The Certified Alcohol and Drug Counselor Associate should not engage in any type of sexual activity with a client.
- e. The Certified Alcohol and Drug Counselor Associate shall not accept as clients anyone with whom they have engaged in sexual behavior.

Principle 10: Interprofessional Relationships

The Certified Alcohol and Drug Counselor Associate should treat colleagues with respect, courtesy and fairness, and should afford the same professional courtesy to other professionals.

- a. The Certified Alcohol and Drug Counselor Associate should not offer professional services to a client in counseling with another professional except with the knowledge of the other professional or after the termination of the client's relationship with the other professional.
- b. The Certified Alcohol and Drug Counselor Associate should cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
- c. The Certified Alcohol and Drug Counselor Associate shall not in any way exploit relationships with supervisees, employees, students, research participants or volunteers.

Principle 11: Remuneration

The Certified Alcohol and Drug Counselor Associate should establish financial arrangements in professional practice and in accordance with the professional standards that safeguard the best interests of the client, of the counselor and of the profession.

- a. The Certified Alcohol and Drug Counselor Associate shall inform the client of all financial policies. In circumstances where an agency dictates explicit provisions with its staff for private consultations, clients shall be made fully aware of these policies.
- b. The Certified Alcohol and Drug Counselor Associate should not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services. The counselor should not engage in fee splitting.
- c. The Certified Alcohol and Drug Counselor Associate in clinical or counseling practice should not use one's relationship with clients to promote personal gain or the profit of an agency or commercial enterprise of any kind.
- d. The Certified Alcohol and Drug Counselor Associate should not accept a private fee or any other gift or gratuity for professional work with a person who is entitled to such services through an institution or agency. The policy of a particular agency may make explicit provisions for private work with its client by members of its staff, and in such instances the client must be fully apprised of all policies affecting the client.

Principle 12: Societal Obligations

The Certified Alcohol and Drug Counselor Associate should advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. The counselors should inform the public through active civic and professional participation in community affairs of the effects of alcoholism and drug addiction and should act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. The Certified Alcohol and Drug Counselor Associate should adopt a personal and professional stance, which promotes the well being of all human beings.

The CCBADC is comprised of certified counselors who, as responsible health care professionals, believe in the dignity and worth of human beings. In practice of their profession they assert that the ethical principles of autonomy, beneficence and justice must guide their professional conduct. As professionals dedicated to the treatment of alcohol and drug dependent clients and their families, they believe that they can effectively treat its individual and families manifestations. CCBADC certified counselors dedicate themselves to promote the best interest of their society, of their clients, of their profession, and of their colleagues.

*The undersigned hereby understands and agrees to comply with the code of ethics as outlined in this document. **The undersigned also agrees to abide by the California Department of Alcohol and Drug Program Administrations Code of Conduct outlined in Chapter 8; Subchapter 3, Section 13060. The undersigned also understands and consents to the release of information pertaining to any ethical violation(s) and/or sanctions as part of the process of becoming a CAADAC member, registrant, or a certificant. The information may be disclosed to the California Alcohol/Drug Program Administration and to the California state-approved certification bodies. I agree to cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations.*

Signature _____ Date _____

Print Name: _____

**Applies to those employed by CA state licensed and/or certified agencies only.

Revised 3/06

SCOPE OF PRACTICE

Certified Alcohol/Drug Counselor Associate

PURPOSE

To assure a consistent standard of quality education, training and experience for certified alcohol/drug counselors

Certification is necessary to safeguard the public health, safety, and welfare, and to protect the public from unauthorized service delivery by non-certified alcohol and drug counselors, and unprofessional contact by certified alcohol and drug counselors.

REQUIREMENTS

- Competencies required for alcohol/drug counseling include screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping, and consultation with other professionals.
- A Certified Alcohol and Drug Counselor Associate, (CADCA) must successfully complete 315 hours of basic alcohol and drug education as specified by criteria established by the California Certification Board of Alcohol and Drug Counselors, a 255 hour practicum, and 4000 hours of supervised internship working with alcohol problems. The individual must successfully pass both a written examination and an oral process
- CADCA persons, as previously described renew certification every two (2) years by meeting the following criteria;
- Documentation at a minimum of thirty (30) contract hours of Continuing Education in Advanced Counseling Skills.
- Thirty (30) additional contract hours which may be obtained in the areas of Professional Development
- Will ascribe to the Professional Code of Ethics at each certification renewal period.
- Total combined contract hours (above) sixty (60) each certification renewal period.

ROLE OF THE CERTIFIED ALCOHOL AND DRUG COUNSELOR ASSOCIATE

1. To assist and support clients with alcohol/drug abuse or dependence, their family members and others to; attain and maintain abstinence as appropriate
2. develop a program tailored to the individual in support of a recovery process effect an improved quality of living.
3. Provide quality professional counseling for clients with alcohol/drug abuse or dependence, their family members and others by means of; providing current and accurate information and education on the disease of alcoholism and other drug dependency issues and recovery processes, assisting in identifying and understanding the defense mechanisms that support addiction
4. Facilitating in self-exploration the consequences of alcoholism and other drug dependence.
5. Utilizing the functions of alcohol/drug counseling in screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping and consultation.
6. Assisting in relapse prevention planning and recognizing relapse symptoms and behavior patterns,
7. Providing current and accurate information and education to identify and understand the roles of family members and others in the alcoholism/drug dependency system.
8. Educating on how self-help groups (for example, Alcoholics Anonymous, Al-Anon, Women for Sobriety, Narcotics Anonymous, Secular Organization for Sobriety, Co-dependents Anonymous, etc.)

CALIFORNIA CERTIFICATION BOARD OF ALCOHOL & DRUG COUNSELORS: CADCA APP

9. Complement alcoholism/drug addiction or dependency counseling and the unique role of each in the recovery process,
10. Assisting clients to establish life management skills to support a recovery process,
11. Facilitating problem solving and the development of alternatives to alcohol/drug use or abuse and related problems of family members and others.
12. Providing support as part of a treatment team and referring clients, family members and others to other appropriate health professionals as needed.
13. Maintaining appropriate records in a confidential manner for the purpose of treatment planning and case management, providing all services in accordance with the California Certification Board for Alcohol and Drug Abuse Counselors Code of Ethics.
14. Utilizing the appropriate skills to assist in developing sobriety life management and communication skills that support recovery, including:
 - Active Listening • Intervention • Leading • Confrontation
 - Summarizing • Feedback • Reflection • Concreteness
 - Empathy • Education

SETTING FOR DELIVERY OF SERVICES

- A. The Registered Alcohol/Drug Intern, (CADCA) may conduct counseling of clients with alcohol/drug addiction or dependence, their family members and others in;
 1. Hospitals
 2. Agencies
 4. Or other facilities where alcohol and/or drug services are delivered.
- B. An interdisciplinary team in hospitals or other agencies shall include a person licensed by the State of California under the Medical Practices Act, the Social Work Licensing Law, the Psychology Licensing Act, or the Marriage, Family and Child Counselors Licensing Law at the setting or delivery of services.
- C. An independent setting is a professional office location where a Certified Alcohol and Drug Counselor I (or Equivalent) supervises the CADCA. While he/she delivers drug and/or alcohol counseling services to clients with alcohol/drug addiction or dependency, their family members and others.

DEFINITIONS

- A. The CADCA is a person who possesses and utilizes a competency-based core of knowledge and skills to assist alcohol/drug-affected persons, and those affected by the alcohol/drug affected person; the CADCA is the entry level certification for the CCBADC. He/She has completed the education, internship, practicum and has successfully passed the written examination.
- B. Family members and others are persons involved in an important relationship with an alcohol/drug affected person.

NON-APPLICATION

- A. Nothing in this Scope of Practice shall be construed to constrict or limit the practice of any other professional licensed by the State of California under the Medical Practice Act, the Social Work Licensing Law, the Nursing Practice Act, the Psychology Licensing Act, or the Marriage, Family and Child Counselors Licensing Law.
- B. Nor shall the Scope of Practice apply to any priest, rabbi, or minister of the gospel of any religious denomination when performing counseling services as a part of his or her pastoral or professional duties, or to any person who is admitted to practice law in the state, or who is licensed to practice medicine, when providing counseling services as part of his/her professional practice.
- C. Nor shall this Scope of Practice apply to an employee of a governmental entity or of a school, college, or university or of an institution both non-profit and charitable if his/her practice is performed solely under the supervision of the entity, school or organization by which he/she is employed, and if he/she performs such functions as part of the position for which he/she is employed.

I, _____ the undersigned, certify that I have read, understand, and agree to abide by this Scope of Practice.

Signature: _____ Date: _____

This Scope of Practice supersedes the ICRC/AODA Inc. Scope of Practice.