

SCOPE OF PRACTICE

CERTIFIED ADDICTIONS TREATMENT COUNSELOR (CATC)

Educational Requirements: Possession of the Alcohol/Drug Studies Certificate from one of the state accredited and **CAADE** approved programs. (This means a minimum of 750 hours basic Alcohol/Drug Studies programs.) or approved Educational Equivalency.

Experiential Requirements: Documented verification of 2240 hours of supervised work experience. (This may include the 250 plus hours of college internship experience.)

Renewal Requirements:

- 1) Proof of completion of 40 Continuing Education hours in any conference, workshop, or training course in the field of Alcohol and other Drugs, including at least auditor attendance at any semester course in a **CAADE** approved **Alcohol and Drug Studies** program.
- 2) At the beginning of each renewal cycle, a signed agreement to abide by a Code of Ethics.

Practice Applications:

- 1) The Counselor is able to facilitate behavioral change for persons affected by alcohol and other drug addictions;
- 2) The Counselor, through skills of evaluation and assessment, group process, treatment planning, and the inclusion of all available 12 Step programs, will seek to provide and develop support systems for recovering clients;
- 3) The Counselor, through education, sensitivity to cultural and family issues, and modalities of intervention and prevention will also facilitate social, community, and environmental change on behalf of the recovering client;
- 4) The Counselor, aware of legal and ethical issues, maintaining accurate records and respecting all aspects of confidentiality, will make referrals to other professionals as appropriate for the on-going recovery of both clients and family members.

Types of Practice:

As treatment team member in social and modified-medical model recovery homes, hospital Alcohol/Drug treatment units, correctional facilities, and outpatient programs, residential treatment/care facilities, county, state, and federal programs, DUI and Domestic Violence programs, Drug Courts, and Education and Prevention programs.

I have read, understood, and accepted the parameters of the Scope of Practice declared by the CATC credential.

Signature _____ Date _____