



ICAADA Certified Alcohol and Drug Addiction Consultant IV and V

Scope of Practice

DOMAIN 1: Screening, Assessment, and Engagement

A. Develop rapport and promote engagement with persons served presenting at all levels of severity.

B. Discuss the purpose, and procedures associated with the screening and assessment process.

C. Assess the immediate needs and readiness for change through evaluation of relevant signs and symptoms of co-occurring substance use and/or mental health disorders. (e.g. motivational interviewing techniques)

1. Signs and symptoms of intoxication and overdose.

2. Stages and symptoms of withdrawal.

D. Recognize the interactions between co-occurring substance use, mental health and/or other health conditions.

1. Pharmacology (e.g., drug classifications, interactions, cross-tolerance).

2. Physiological, psychological, and social effects of substance use.

E. Discuss the appropriateness of Medication Assisted Treatment (MAT) for substance use and/or mental health disorders.

1. Includes medications for Opioid Use Disorder and Alcohol Use Disorder

2. Awareness of commonly used medications for mental health issues

F. Utilize screening and assessment tools that are appropriate for each person's needs and background. (e.g. ASI, ACE, SASSI)

G. Conduct relevant interviews to obtain relevant bio/psycho/social/spiritual information.

1. Health, family, employment, housing status, previous treatment and recovery experiences, current stressors, current motivation for recovery.

H. Screen and assess for danger to self and/or others.



1. Suicidality, Homicidality, History of Self-Injurious Behavior, and Grave Disability due to intoxication, withdrawal, or other mental health issues

I. Formulate diagnostic impressions based on the signs and symptoms of co-occurring substance use and/or mental health disorders. (i.e. DSM5)

J. Utilize placement criteria to determine the appropriate level of care. (i.e. ASAM Levels of Care and Placement criteria)

K. Document the screening and assessment results to support diagnostic impressions and treatment recommendations.

1. Treatment recommendations should be consistent with ASAM Dimensions and Levels of Care.

2. Treatment recommendations must also document individual preferences and address barriers to access, if appropriate.

L. Discuss screening and assessment results and recommendations.

DOMAIN 2: Treatment Planning, Collaboration, and Referral

A. Formulate mutually agreed upon goals, objectives, treatment methods, and resources.

B. Identify community resources to support ongoing treatment and/or recovery.

1. Provide direct links to services and/or recovery support and case management services

C. Collaborate to review and modify the treatment plan.

1. Treatment plan reviews should follow state guidelines for frequency

D. Collaborate to strengthen ongoing recovery outside of primary treatment.

E. Adapt intervention strategies to individual needs, recognizing multiple pathways of recovery.

F. Document treatment progress, outcomes, and continuing care.

1. Ensure that all documentation is completed in timely fashion to minimize gaps in services

G. Document collaboration, consultation and referrals.



1. Following all privacy guidelines as established in HIPPA and 42 CFR Part 2.

H. Maintain a therapeutic relationship with persons served and identified supports.

DOMAIN 3: Treatment and Education

A. Evaluate the safety and potential for return to use.

B. Develop risk management strategies to respond to crises.

C. Identify person-centered treatment modalities grounded in theory or research to facilitate progress towards completion of treatment objectives.

1. Modalities include individual, group, and family treatment options, along with case management and other recovery support services (such as recovery residences and peer support services).

D. Maintain required records that document progress towards treatment goals.

E. Provide education regarding the structure, expectations, and limitations of the treatment process.

F. Utilize individual and group treatment modalities and techniques to promote therapeutic progress.

1. Evidence-Based Practices include, but are not limited to, Contingency Management, Cognitive-Behavioral Therapy, MATRIX, Motivational Enhancement Therapy.

G. Educate individuals and/or their identified supports about the effects of substance use.

1. Scientific principles of substance use and co-occurring disorders,

2. Physiological, psychological, and social effects of substance use.

H. Educate individuals and/or their identified supports about the signs and symptoms of mental health disorders.

I. Educate individuals and/or their identified supports about pharmacotherapies for substance use and mental health disorders.

1. Medication assisted treatment options for Opioid Use Disorder and alcohol use disorder



2. Common classes of medications for mental health (e.g. SSRIs, Mood Stabilizers, Antipsychotics)

J. Educate identified supports in the use of strategies that sustain recovery, maintain mental wellness, and promote healthy relationships.

K. Adapt education to communicate the subject matter in a person-centered and developmentally appropriate manner.

L. Utilize outcome data to adapt treatment strategies.

1. Integrate program evaluation practices into service practice (e.g. recovery capital scale)

M. Apply current professional codes of ethics and standards of practice

DOMAIN 4: Professional Responsibilities and Ethical Considerations

A. Comply with jurisdictionally specific rules and regulations regarding best practices in coordinating and/or providing co-occurring substance use, mental health, and health services.

1. Includes upholding CADAC Code of Ethics

B. Integrate principles of person-centered, trauma-informed care into practice.

C. Evaluate implicit and explicit biases and beliefs to minimize the impact of these variables in the treatment process.

D. Utilize supervision or consultation.

E. Integrate relevant research into service practice.

1. Participate in continuing education to maintain credential

2. Integrate program evaluation practices into service practice (e.g. recovery capital scale)

F. Recognize available technological advances for service delivery (e.g., telehealth, electronic health records).

G. Address unethical practices to protect the integrity of the profession, practitioners, and individuals served.



1. Maintain an awareness on reporting processes for various credentials and licenses

H. Maintain privacy and confidentiality according to jurisdictionally specific rules and regulations.

I. Prepare accurate reports and records.

1. Includes record keeping, storage, destruction.

Additional clarification items:

- A. Obtainment of the CADAC IV/V credential DOES NOT authorize any of the following:
 - a. Administration of a biopsychosocial assessment to determine any disorder.
 - i. A CADAC credential holder must also meet Indiana state-statute requirements to administer said assessments.
 - b. Administration of any medications.
 - i. A CADAC credential holder can support self-efficacy for a client related to self-medication management.

Additional clarification items:

- A. Obtainment of the CADAC IV or CADAC V credential DOES NOT authorize any of the following:
 - a. Administration of a biopsychosocial assessment to determine any disorder.
 - i. A CADAC IV or CADAC V credential holder must also meet Indiana state statute requirements to administer said assessments.
 - b. Administration of any medications.
 - i. A CADAC IV or CADAC V credential holder can support self-efficacy for a client related to self-medication management.
- B. This stated scope of work does not supersede any reimbursement expectations from various funding sources.