

Reciprocity Issues Amidst a Young, Mobile Workforce: Another Argument for National Standards

By Thaddeus Labhart, MAC, LPC

The majority of us have heard or talked about workforce challenges pertaining to younger addiction counselors, often referred to as the “millennial generation.” One of those challenges is the fact that younger workers tend to job hop more often. LinkedIn reports over the past 20 years, the number of companies people worked for in the five years after they graduated has nearly doubled.¹ Millennials are often viewed as mobile, entitled and tech-obsessed, but study after study show millennials prefer work/life balance and flexibility options over financial incentives. It’s incumbent upon our field to try and meet those needs.

The often referenced 2006 Institute of Medicine (IOM report)² and the 2013 Substance Abuse and Mental Health Services Administration (SAMHSA)³ report both showed significant shortages in the addiction workforce nation-wide. The Addiction Technology Transfer Center Network (ATTC) cites a study showing an annual turnover rate of addiction professionals at 18.5 percent nation-wide.⁴ While the SAMHSA report showed an aging addiction workforce, it also projected a 21 percent increase in the total workforce by 2018. The addiction workforce need is present and growing.

Most of us in the addiction field recognize the addiction workforce is aging out. A third of the workforce now is 50 years or older.⁵ Whatever your beliefs and feelings are concerning the younger workforce, if the field is to survive and strengthen its own identity, it is incumbent upon us to ensure future generations of addiction counselors have barriers removed for them to both enter and remain in the field. Wikipedia describes labor mobility as, “The geographical and occupational movement of workers... best gauged by the lack of impediments to such mobility.” One of those impediments for a mobile addiction workforce is reciprocity, sometimes referred to as endorsement.

I was compelled to bring attention to this subject after I had the unfortunate experience of attempting to pursue licensure by reciprocity/endorsement in a state I was moving to. Despite having a graduate degree in the field, the highest level of addiction certification in my former state, a MAC, and 20 years in the field, I was denied licensure in my new state. After countless hours of research, consulting attorneys, endless un-returned phone calls from the new state’s Board and going through an appeals hearing, I was denied a second-time. At the end of the day, I was denied reciprocity because the certification in my former state was through an independent, albeit state sanctioned, certification board. The new state argued only certification or licensure from a state-ran certification/licensure board



would be accepted. The frustration was mind-boggling. I luckily have a strong resume and other licenses to lean on. And I’ll also likely have the ability to pursue addiction licensure in the new state through traditional means which may necessitate another internship and new classes. But if I was a new addiction counselor, this would all likely be a deal-breaker, plain and simple.

I strongly believe that we, as leaders in the addiction profession, find a way to mitigate this

issue of reciprocity, especially for the younger generation. While states will likely retain the ability to make independent certification and licensure decisions, the Substance Abuse and Mental Health Administration’s Single-State Agencies (SSAs) for substance abuse services in each state have significant influence on this issue. Through groups such as the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and through local legislative rule changes, SSAs can influence their respective certification/licensure boards to adopt a national set of standards and criteria for reciprocity/endorsement. This would mitigate a barrier for addiction counselors, particularly younger, more mobile counselors, in pursuing a long career in the field. The National Certification Commission for Addiction Professionals (NCC AP), through NAADAC, will advocate for such an agenda.

Please contact NAADAC or NCC AP for more information or to find out ways you can become involved.



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(Endnotes)

- ¹Berger, G. (2016, April 12). *Millennials Job-Hop More Than Previous Generations, & They Aren't Slowing Down*. Retrieved from <https://www.linkedin.com>.
- ²Institute of Medicine. (2006). *Improving the quality of health care for mental and substance-use conditions*. Washington, DC: National Academies Press.
- ³Substance Abuse and Mental Health Services Administration. (2013). *Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues*. Washington, DC: Author.
- ⁴Knudsen, H., Johnson, J.A., & Roman, P. (2003). *Retaining counseling staff at substance abuse treatment centers: The effects of management practices*. *Journal of Substance Abuse Treatment*, 24, 129-135.
- ⁵Mitra Toossi, "Labor Force Projections to 2022: The Labor Force Participation Rate Continues to Fall," *Monthly Labor Review* (December 2013). Accessed at <http://www.bls.gov/opub/mlr/2013/article/labor-force-projections-to-2022-the-labor-force-participation-rate-continues-to-fall.htm>.