

Licensing the Addiction Profession in All Fifty States: The Process Begins

By Don P. Osborn, PhD, LCAC, MAC

If a discussion about licensure of addiction counselors has not started in your state, it would be wise to start one. If your state already has licensure, you may need to reevaluate your current licensure laws to see if they really protect you as an addiction counselor. Starting in 2015 NAADAC, the Association for Addiction Professionals will begin to advocate for the implementation of licensure of addiction counselors in all 50 states. In recent years, a handful of states, including Arizona, Indiana, Connecticut, Kansas, and South Dakota, have set the standard and successful precedent in licensure of addiction counselors due to needs for the addiction profession. Indiana in particular, was the first state to mirror the allied professions of Clinical Mental Health, Marriage and Family Therapy, Psychology and Social Work, to attach higher education to licensure. Indiana's two tier license required a degree in addiction counseling at the undergraduate and graduate level, with specific academic courses in addictions. Indiana's licensure has become known as "the Indiana Model", and has been used by other states for their addictions licensure legislation. Further, states such as Kansas and South Dakota, have implemented inclusion of legislative language that to be license eligible, you should be a graduate of an addictions studies degree program in higher education that is accredited by the National Addiction Studies Accreditation Commission (NASAC). As NAADAC moves forward with a comprehensive strategic 50-state plan for licensure, states and NAADAC affiliates will be assisted by its Professional Affairs and Practice Standards Committee (PAPSC) to accomplish the goal of licensure or to protect and further enhance current licensure legislation.

This article is to inform, introduce, or reintroduce you to the issues, necessity, and strategy for implementation of addiction counseling licensure on a national scope. I hope to provide you with a foundational knowledge on which to build understanding and relieve any anxieties you may have on the subject. The issue can no longer be ignored; licensure

is coming and one way or another it will happen. Yes, it will impact you, and NAADAC's mission is to have the impact be a positive one on your future and career.

Why now?

Very simply, addiction counselors and the practice of addiction counseling are exposed. This is due to states not having addiction counseling licensure, or states having non-defined, weak licensure legislature as written. From a business model, addiction counseling is exposed and at risk for take-over by other allied helping professions. One such example is Vision 2020, the national initiative by the American Counseling Association to have counseling licensure in all 50 states by the year 2020. The concern by NAADAC leadership for the addiction counseling profession is that the American Counseling Association as a professional body sees "counseling" alone as the profession, and addiction counseling as only a specialty of the counseling profession. Hence, the *International Association of Addiction and Offender Counselors* (IAAOC) is one of 20 specialty divisions within the American Counseling Association. It does not see the primacy of addiction-specific practice, training, and education.

So what are the perceived ramifications for states that do not have addiction counseling licensure, or non-defined written licensure? There are several that could or will impact addiction counselors.

Creating licensure legislation from the Vision 2020 approach of "counseling as the profession" where addiction counseling is viewed as a specialty and not a profession is the opposite of seeing addiction counseling as a stand-alone profession with specific competencies, skills, and attitudes. Such an approach would initiate the diminishing of the distinct role, identity and practice of addiction counselors. Other issues that

Application for Licensure

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emerge is the possibility of licensure language crafted by another entity that may not adhere to the academic course work, qualifications, scope of practice, and ethics distinctive to addiction counseling. Further, what impact will this have on the understanding of substance use disorders and treatment of persons with substance use disorders and their families? The major issue for those in the addiction counseling profession in a state where Vision 2020 is adopted will be if the licensure bill requires that persons giving addictions-specific counseling have met the academic licensure standards, especially in higher education for addiction counseling. Vision 2020 is advocating that for individuals to be eligible to sit for licensure, they must have a degree from a graduate program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). In contrast, NAADAC believes that licensure should require addiction counselors to have graduated from a program accredited by the National Addiction Studies Accreditation Commission (NASAC).

For the last three decades, managed health care has been shaping the delivery of addiction and mental health services. Many providers had to meet specific qualifications to provide substance use disorder services. One of the major changes, especially for addiction counseling is the developing need for counselors to have a master's degree to provide clinical level services and be licensed in order to be reimbursed for addiction counseling. No longer is just a certificate from a training program or being in recovery alone sufficient for clinical service and reimbursement. Persons with less than the required degrees or graduate degrees that do not meet

the stringent criteria will be relegated to positions of "peer recovery support," technician, or other non-clinical positions.

The reasons why the addiction counseling profession has lost ground is due to the allied "helping" professions establishing their own academic requirements. As a result, clients with substance use disorders were treated by licensed counselors with masters or doctoral degrees that did not necessarily have addictions-specific course work as part of their academic study. At the same time, addiction counselors didn't recognize the need to attain a graduate degree in order to perform clinical work, and resisted the idea of academic and licensure standards specific to addictions. Such positions jeopardized the future of addiction counseling. The frustration of many addiction counselors mounted, as they saw more allied professionals counseling substance use disorder clients. Unfortunately, these addiction counselors would not, or could not advance their education to compete with the allied professionals. As a result, more addiction counselors are now losing their jobs to higher educated allied professionals. With the advent of the Affordable Care Act academic and licensure requirements at the master's degree level are here to stay. Thus, it is critical for states that do not have addictions licensure, or less defined licensure for the addiction profession to pass legislation and/or revisit their existing licensure language. Because most of the complicated issues surrounding addiction counseling licensure are nationally universal, NAADAC has the experience to best represent the addiction counseling profession in the crafting, and implementation of addictions licensure at the state level.

Licensure 101

Licensure can be a complex issue, but it is not rocket science. Some addiction counselors and state affiliate boards find that they are at a loss on how to begin, or where to go to develop licensure in their states. Some addiction counselors worry that they lack the people, time, and financial means to see licensure through the arduous process it can often become. Some addiction counselors hope the licensure issue will go away or fade into a minute issue that won't require their attention or involvement. Such actions are futile.

The first step in understanding licensure is understanding the difference between certification and licensure. Certification is the established training, educational and service hour criteria of a profession, culminating in passing an examination. The examination is adminis-

tered through a profession, or an agency selected by the profession. Some states only have certification. In these states, the state or agency of the state allows the professional entity to register with the state to grant certification. In this way the state saves the expense of administration, and the professional entity has the financial benefit of the certification, through its testing, training, and renewal.

There are three types of certification: national, state, and specialty. National certification is a certification which is recognized by states, employers, and health care providers. State certification can have the same benefits as national certification, and often differs by having multiple levels of certification based upon completion of training course hours, direct service hours, and years of service. Each level and criteria is based upon the type of job criteria established by the state.

A major issue the field of addiction counseling is facing is criticisms from other allied professions for having too many specialty certifications. Questions have risen as to whether the subject matters of these specialty certifications are legitimately problem-based in occurrence, severity, chronicity, and research, to require such a certification and whether such specialty certifications, with specific educational requirements, study materials and exam costs, are "manufactured" for financial gains in the perpetuation of renewing certification that sustains the issuing entity. People question whether addiction counselors legitimately need these specialty certifications for employment or their job function or whether the certifications simply serve to shore up a counselor's lack of confidence in their ability to treat certain areas of clinical service. Worse yet, to obtain some certifications, all one needs to do is pay a fee and meet some minimal criteria to hang another piece of paper on their wall.

With the number of certifications available, addiction counseling has acronym'd itself to the point where credibility and validity are questioned by the allied professions. In contrast, licensure supersedes certification in rigor and standards. Because of this, we are now at a time in the addictions profession where licensure will replace certification, especially state certification, and many of these specialty or vanity certifications will in time will diminish or cease to exist.

Licensure can be divided into two major types: "general counseling" licensure and "license by profession." General counseling licensure (in some states) is identified by the title, such as "Licensed Professional Counselor"

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(LPC). The LPC license is an encompassing license in the aspect that all other allied counseling professions are encompassed under the umbrella of this title. This is what the American Counseling Association's Vision 2020 initiative would be reflective of, as the LPC license already exists in some states. Since the LPC is all-encompassing, it does not have a particular professional sub-identity attached to it, such as marriage and family therapist or addiction counselor, thus there is no identification of a specialty. The professional identity of that licensed individual is that of a general counselor. In creating such an LPC license, the requirement of practicum, internship, and post graduate hours are in most cases also generalized.

In "license by the profession" legislation, each profession has a role in creating the language and criteria for licensure requirements for that profession. In this manner, courses, scope of practice, post graduate hours, and licensure exams are specific to the profession. In short, this is the license that NAADAC prefers, as state legislators and other state officials will seek input from the profession to develop the license to ensure that it contains the necessary specificity in language and requirements. This allows the profession to have more influence and control as the experts in the specific licensure have the ability to make or suggest changes as necessary to secure the integrity of the profession. Another advantage of this type of licensure legislation is that typically, as part of this process, the state assumes oversight in the practice of the profession regarding ethical and legal matters. This is an important aspect to licensure, as in the past, some certifying bodies have been subject to questions of bias and discrimination in the investigation of ethical complaints.

Licensure for the addiction counseling profession is imperative in that it establishes (1) a title and (2) practice protection. Of the two licensure models described above, "licensing by a profession" allows for a more strongly established license. No other allied helping professional can call themselves an "addiction counselor" or practice addiction counseling if the

title is protected in a legislated licensure statute. Unfortunately, there are some states where individuals are LPC in title, but other allied professions can practice outside of their education and scope of practice. For those states that have licensure, or LPC enacted, the licensure statutes should be reviewed to allow for the incorporation of new findings as new research emerges and professional development standards change. This is especially true today with changing academic standards and insurance provider panel demands. History tells us that states that enacted licensure laws and practice standards for physicians and nurses in the sixties are not using the same standards today. In those states existing licensure statutes were reexamined and updated to incorporate contemporary practices of medicine, patient care, and reimbursement. So too will current licensure laws governing the addiction counseling profession.

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A Little History

During my term as NAADAC Regional Vice-President, I was preparing to work on my doctoral dissertation. As part of my preliminary research, I looked at the history, academic course work, licensure, and professional development of addiction counselors. To my shock I found that the field of addiction counseling, unlike the allied professions, did not have a nationally standardized academic curriculum. Without a curriculum, there is no "profession," as a curriculum is the repository of the collective evidence of result-driven data that establishes the distinctive tasks of a profession. The void of a curriculum also complicated the ability to establish standards, especially when it came to licensure, because I discovered that licensure needed to be "nationalized" in consistent standards for the addiction counseling profession to be viable. This means that licensure standards must be built on the same language, criteria, and be closely similar in each state. This would

mirror what social workers, psychologists, and marriage and family therapists have done across the states to secure and protect their professions. There is recognition that each state may have its own nuances to licensure legislation, yet the addiction counseling profession will have outlined a "nationalized" degree program, courses, hours, scope of practice, and examination process.

During my research period, members of various state legislative and executive branches contacted me requesting assistance in the development of their licensure statutes. An issue of concern across many of the states was that licensure legislation was being drafted or had been drafted by individuals with little to no knowledge about addictions or "behavioral health," or what important or specific issues needed to be addressed in a licensure bill. In others states, licensure bills were being written using educational and practice standards not specific to addiction counseling, such as the case where social workers in a state agency that had oversight of mental health and addictions services wrote a licensure bill that contained the educational and practice standards of social work. This is similar to the early versions of Indiana's licensure bill, as social workers had written the academic standards in clinical supervision hours. Fortunately, and in time, all social work content was deleted from the Indiana licensure bill. If left uncorrected, the bill would have been challenged and faced certain death. The above examples show that even if a state has licensure, addiction counselors should not have a false sense of comfort and assume that they are protected in their state. In many states where licensure bills were written by non-addiction professionals, the statutes are non-defined, weak, have a bare minimum of standards, or language that benefits of one or more allied professions in its professionals' ability to do addiction counseling.

Because of these findings, I began to work with other addiction professionals to collect what was needed to build the foundation of our profession. This pursuit was also the fodder for my doctoral dissertation, which I wanted to be a solid piece of research to benefit addiction counseling from both a historical and contemporary understanding. With the outcome data from the dissertation, I tasked myself to draw a blueprint, and the structure of the foundation the addiction profession would need to build. Using the graduate addiction counseling curriculum from Indiana Wesleyan University (IWU), I conducted interviews with clinical practitioners in addictions about what addiction

counselors need know, and be prepared to do. The same practitioners completed a survey of the IWU program to rank, in order of importance, those courses relevant to their work in addiction counseling. I then reviewed what other allied professions had done to solidify themselves as professions. In conclusion, I outlined the following requirements needed for addiction counseling to become an in kind profession with practice standing: 1) a national addiction studies curriculum; 2) the creation of an accrediting body in higher education for addiction studies; 3) a scope of practice based upon research of the curriculum and practice of addiction counseling; 4) licensure based on an addiction specific scope of practice; and 5) a licensure examination based upon the addictions curriculum. The goal in mind was to develop and thus ensure a specific career path to bring addiction counseling from a field to a profession, and most important, create a national standardization that would provide addiction counselors with reciprocity. With reciprocity, addiction counselors would no longer need to start anew, or find they needed to jump through hoops in order to be recognized when moving from one state to another.

These goals were made possible with a grant from the Substance Abuse and Health Services Administration (SAMHSA) to NAADAC, and with collaboration from the International Coalition of Addiction Studies Educators (INCASE), a committee made up of 27 addiction stakeholders was given the mission to establish a nationally standardized addictions studies curriculum. This committee became known as the National Addiction Studies and Standards Collaborative Committee (NAS-SCC) and I was honored to be named its chair. After three years of hard work, NASSCC established a curriculum of standards in addiction counseling from the associate level through the doctoral degree level. To coincide with the curriculum development, NAADAC's Executive Director, Cynthia Moreno Tuohy and National Certification Director, Shirley Beckett Mikell, developed the first national scope of practice for addiction counseling. Both worked to cross walk the curriculum to the respective level of academic degree, training, supervision and experience related to addiction counseling practices. TAP 21 competencies were related to each scope of practice to guide the addiction counselor and their clinical supervisor. The national addiction studies curriculum and the scope of practice have been vetted and approved by a stakeholders through convening by SAMSHA. As a result of the work of NASSCC, my

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doctoral research with the IWU template, and the support and inclusion of INCASE, we were able to develop a higher education academic addiction profession accrediting body.

During my tenure as President of NAADAC, a historic moment occurred in 2010 when then INCASE President, Dr. Kirk Bowden and I, by our signatures, brought into existence the National Addiction Studies Accreditation Commission (NASAC) before a special meeting of the NAADAC membership at the national conference in Washington, D.C. At long last, addiction counseling was no longer a field; it was officially respected and recognized academically, as a young profession with its own academic accreditation body.

How will this be implemented and why this is important for you?

During my terms as NAADAC President-Elect and President, the development of the curriculum, scope of practice, model licensure legislation, and related licensure examination for the addiction counseling profession was written and piloted. During the tenure of NAADAC President, Robert "Bob" Richards, vetting and endorsement review was conducted with several states implementing addiction counseling licensure. Now with our current NAADAC President, Kirk Bowden, full implementation will move forward. The implementation process began at the 2014 NAADAC Annual Conference & 40th Anniversary Celebration in Seattle, as I was privileged to present the first legislative licensure workshop to state affiliate leaders and NAADAC members. This workshop provided the details for state affiliates on how to develop and manage the process of licensure. Helpful to this effort were representatives from the states that have already enacted addiction counseling licensure. Attendees heard some of the representatives speak of the work, and the benefits that have come from licensure for addictions professionals and their clients. This article is the next step of the process - to inform you, the NAADAC membership, and state affiliates of what lies ahead in the coming months for you to educate yourselves and for you to plan.

Through NAADAC and its Professional Affairs and Practice Standards Committee (PAPSC), NAADAC affiliates, leaders, boards and members will have a resource for direction and consultation. NAADAC leadership will strategically implement other means to educate and support these efforts in the coming months. As states are unique and varied in their resources, the PAPSC and the NAADAC leadership will help state affiliate leaders assess their legislative landscape, identify current needs and challenges, and implement new strategies to enhance the addiction profession. NAADAC will work with states affiliates that need to organize a legislative committee, or simultaneously start conversations with legislators. Other states may be ready to write and support a licensure bill. Some states affiliates may find they need to start by assessing what type of addiction courses and programs exist in the higher education institutions in their state. If such education does not exist, then the affiliate must figure out how the development of addiction specific courses and programs can begin and move toward eventual NASAC accreditation. As of now, some academic programs are transitioning from current course descriptions and student learning outcomes to those within NASAC accreditation. Each state affiliate will also need to establish timelines, financial costs, and the person-power needed to implement the necessary plan in its state. The key is to have every state's licensure bill built upon a tiered system, with similar language and components in all states to ensure national standards in all states.

Licensure is coming. The question is whose licensure will it be, and are you, or will you be prepared? If not, then what? NAADAC has worked long, hard, and smart to develop a professional package for current and future addiction professionals to ensure the profession will continue to exist in providing a career path toward professional practice. NAADAC seeks not to scare you, but prepare you for what is ahead. The choice is yours as members and affiliates. Many over the years have asked "What can NAADAC do for me?" My response has always been, and as you can read, "a lot."



Don P. Osborn, PhD, LCAC, MAC, is a Past President of NAADAC (2010–2012), and current Chair of the Professional Practices and Standards Committee. He is Director and Professor of the graduate addiction counseling program at Indiana Wesleyan University. Don also serves as the Vice-Chair of the Indiana Behavioral Health and Human Services Licensing Board.