

Field Advocacy Through Certification and Licensure

By Thaddeus Labhart, MA, LPC, MAC, NCC AP Commissioner

As addiction treatment professionals, most of us know the domestic treatment environment is rapidly changing. In the United States, approximately 22 million people age 12 or older have substance use conditions.¹ Unfortunately, nation-wide, only around 11% of those with addiction disorders receive treatment.² As part of the relatively recent implementation of the Affordable Care Act, approximately eight million people have signed up for exchange insurance policies and an additional 7.2 million have signed up for Medicaid, since 2013.³ This tremendous influx of covered individuals with substance use disorders has led to an increased need for addiction treatment professionals as well. The U.S. Bureau of Labor Statistics projected a 22% increase in the number of jobs for counselors specializing in substance abuse and behavioral health disorders between 2014 and 2024. Clinical supervisors and managers across the nation report difficulty finding qualified addiction candidates. Furthermore, many states and organizations are integrating addiction care with behavioral health and primary care. With all of these rapid changes taking place, how can one help preserve and grow the addiction treatment field?

One way is through membership. If you aren't a member already, you or your organization can join NAADAC, the Association for Addiction Professionals. NAADAC's core membership benefits are centered around education, professional identity promotion, advocacy, and professional services. Education services include free CEs, a free subscription to *Advances in Addiction & Recovery*, and reduced rates for many conferences, periodicals and continuing education opportunities. Professional identity services include substantial networking opportunities, a strong code of ethics and connection opportunities with your state affiliate. Advocacy occurs at the federal level which greatly impacts funding and policy at the state level. Professional services include access to NAADAC's career center, reduced rates for malpractice and liability insurance, and substantially reduced rates for national certification fees.

A less traditional but powerful way to advocate for the addiction field is through advocating

for national standards and obtaining certification/licensure. The addiction field must retain its identity and specialty if it is to survive in this new age of healthcare integration. Ensuring strong certification standards are in place is one way to ensure the addiction field survives. A review of publicly available state credentialing/licensing requirements shows significant variance in requirements for state addiction credentials. Some states do not require a degree while others do. Some states have certification while others have licensure. Others require limited education, with a diploma or GED, and no certification or licensure. The National Certification Commission for Addiction Professionals (NCC AP), under NAADAC, offers numerous national addiction certifications. All but the peer credential require the national applicant to be certified or licensed in their state. In addition, NCC AP credentials and endorsements have minimum education, training and experience requirements.



While dozens of studies show the positive impact of organizational accreditation (JCAHO, CARF, etc.) in improving healthcare client outcomes⁴, safety, and satisfaction, ironically few studies have been conducted to find out if certification or licensing of counselors improves client outcomes. Furthermore, there is little evidence in the literature to support client outcomes are better with degreed versus non-degreed counselors. The often referenced Columbia University study from 2012, *Addiction Medicine: Closing the Gap between Science and Practice*, suggests that gap is complex and has many contributing factors including a lack of training and utilization of evidence-based practices (EBP's) amongst many other factors such as, but not limited to:

- poor quality assurance practices;
- inadequate insurance coverage of patients;
- limited use of pharmacological interventions; and/or
- poor outcome tracking, and no existing overarching body for addiction science and treatment.

The study goes on to recommend a number of strategies including, but not limited to, enhanced screenings, enhanced training for addiction staff, national standards and licensing for addiction facilities, instituting the National Institutes of Health's recommendation to create a single institute addressing substance use and addiction, and expanding the addiction counselor workforce. With so many concerns and recommendations, how does one wade through it all when promoting minimum requirements?

Minimum requirements need to be based in research and science. Studies show some correlation between outcomes and the use of evidence-based practices.⁵ A large survey of MSW graduates showed social workers should be trained in substance use disorder content.⁶ Other studies show

patient outcomes are most correlated to patient-therapist relationships.⁷ As with the Columbia University study, the NCC AP considers these types of studies when setting minimum education and content requirements. Research and policy from the Substance Abuse and Mental Health Services Administration (SAMHSA) as well as the Centers for Medicare and Medicaid Services (CMS) are also strongly considered. When drafting test questions for our certification exams, NCC AP takes the time to utilize and cite reputable literature. At the NCC AP, we are often asked why does one have to have a college degree for many of our certifications? The answer, while simple, is not always easy to digest. As most of us know, it has to do with payer (CMS-varies by state, commercial insurance, etc.) requirements. That is not likely to change any time soon. And thus we incorporate minimum degree requirements as applicable. The NCC AP believes non-degreed addiction professionals need an avenue for certification and practice as well. Two of our national credentials recognize this: the National Certified Addiction Counselor Level I (NCAC I) and the National Certified Peer Recovery Support Specialist (NCPRSS) credentials.

One of the biggest reasons to promote certification and licensure is accountability. Certification and licensure carry minimum requirements. At the national level and typically at the state level, these requirements include minimum education, code of ethics adherence, supervised experience, and passing of a standardized exam. This assures the certified/licensed practitioner has a minimum skill set, ongoing education requirements, and accountability to a body for any patient or public concerns and complaints. These types of standards are common among many flourishing fields such as social work and primary care. The NCC AP strives to base its certification requirements around ongoing research, national policy and payer requirements.

The NCC AP encourages all addiction practitioners to obtain addiction specific certification/licensure in their respective states. We also encourage addiction practitioners to obtain national certification through the NCC AP. Possessing the national credential signifies one has met national standards. It also helps promote a set of national standards which is necessary to strengthen our identity as a profession. For ways you can become nationally certified or promote standards within your own state, please visit www.naadac.org/ncc-ap.



Thad Labhart, LPC, MAC, serves as the Clinical Director for Community Counseling Solutions which provides behavioral health and addiction services in numerous counties throughout Oregon. Labhart is a long-standing board member of the Addiction Counselor Certification Board of Oregon and currently serves as treasurer for the National Certification Commission for Addiction Professionals. He is a current NAADAC member and has been working in the addiction field for 18 years.

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FOOTNOTES

- ¹Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Results from the 2010 National Survey on Drug Use and Health: summary of national findings. Rockville (MD): SAMHSA; 2011.
- ²Office of National Drug Control Policy. 2013 national drug control strategy [Internet]. Washington (DC): White House; 2013 [cited 2013 Sep. 13]. Available from: <http://www.whitehouse.gov/ondcp/2013-national-drug-control-strategy>
- ³Kasier Family Foundation Medicaid enrollment survey conducted by Health Management Associates, October 2015. Courtesy of the Pew Charitable Trusts, 2015.
- ⁴Alkhenizan, A., Shaw, C. Impact of Accreditation on the Quality of Healthcare Services: a Systematic Review of the Literature. *Annals of Saudi Medicine*. 2011;31(4):407-416. doi:10.4103/0256-4947.83204.
- ⁵Martino, S. Strategies for Training Counselors in Evidence-Based Treatments. *Addiction Science & Clinical Practice*. 2010;5(2):30-39.
- ⁶Bina et al. Survey of MSW graduates. *Journal of Social Work Education*. Fall 2008; 44(3).
- ⁷Luborsky, McLellan, Woody, O'Brien, Auerbach. Therapist Success and Its Determinants. *Arch Gen Psychiatry*. 1985;42(6):602-611.