

You Can Do What??? That's Not in Your Scope of Practice!

By Mita M. Johnson, EdD, LAC, MAC, SAP, NAADAC Ethics Committee Chair

Over the last several years there has been renewed and oftentimes heated discussion regarding “scope of practice” within the healthcare disciplines including addictions counseling, and amongst professional and legal regulatory bodies. Scope of practice and standards of practice can be viewed as two sides of the same coin. Scope of practice is defined here as those activities a clinician can ethically and legally engage in as a result of education, training, skills development, and supervised experience. Standards of practice is defined here as those activities that are considered to be evidence-based, outcome-driven treatment modalities specific to co-occurring mental health and substance use disorders. Scope of practice wasn’t meant to create a turf war; scope of practice was meant to protect both the client and the clinician.

While it is important to maintain the specialized identities of our numerous disciplines, scope of practice is meant to protect our clients first—not us. It is important to keep sight of this fact: our clients deserve to be and expect to be protected from fraudulent, incompetent, and unethical practitioners. Since we claim to be professionals, their expectation is that there are ways to monitor and regulate clinicians when they are not offering competent, safe, and effective services. The public also expects that clinicians who claim to be professionals have standards, guidelines, and rules that they adhere to.

The scope of practice of credentialed and licensed healthcare professionals is defined in each state’s laws in their practice act, by profession. To adopt or modify the scope of practice of any healthcare profession requires the actions of the state’s legislature, which ultimately has the authority to make such changes. The paradigm shifts around healthcare delivery are noteworthy; the underlying assumptions around who can deliver what services are changing in evolutionary ways. We have more baby boomers who are aging in our systems. We are treating the first generation of HIV patients who are identifying themselves as older adults. Daily, there are advances in technology that allow us to reach out further and deeper. Advances in evidence-based



and outcome-driven treatment are occurring on a continual basis. Clinicians are being asked to deliver quality services with fewer dollars. Healthcare practices must evolve as healthcare demands and capabilities change.

The Affordable Care Act and other healthcare reforms are invested in collaborative, integrated care teams with numerous credentials at the table. The collaborative care team is charged with tearing down barriers to treatment, promoting improved and targeted care by competent providers, and developing flexibility across disciplines as each discipline maneuvers overlapping scopes of practice. It is important for us to acknowledge that professions don’t own a skill or activity and many professions utilize the same skill or activity; a profession is not defined by any one activity. Each healthcare discipline is unique because of the entire scope of activities that work together under its purview. That is true in the world of co-occurring mental health and substance use disorders as well.

While many mental health disciplines can claim to have addictions treatment within their scope of practice, not every clinician has developed the skills or knowledge necessary to provide addiction-specific services. Practice acts are the logical vehicle to require licensees to demonstrate that they have the requisite training and competence to provide a service; scope of practice is demonstrated through specialized education, training, skills development, and supervised experience. Scope of practice changes occur when there is an established history of a practice being utilized by the profession, advanced education and training with supportive

evidence, and appropriate regulatory frameworks. Working with addictions requires an understanding of the science of addiction, including pharmacology of drugs of addiction and brain science, in order to provide competent and safe services to clients. A new professional comes into the field with entry-level skills and techniques—not advanced techniques. With supervised experience comes advanced tools and broader scope of practice.

Working with addictions is a specialization that is much needed in today’s healthcare environment. Having addictions within one’s scope of practice means that the clinician has education, training, skills, and supervised experience that offers clients access to quality healthcare based on the best available clinical evidence, expertise, and research. NAADAC and NCC AP have been at the forefront encouraging clinicians, regardless of discipline, to make sure they have evidence that supports their claims as a substance use and addictive behavior disorders clinical provider. Collaborative care practitioners who consider addiction services to be within their scope of practice have an ethical and legal obligation to make sure that their scope of practice competencies are valid, targeted, evidence-based, and client-focused.



Mita M. Johnson, EdD, LAC, MAC, SAP, has a doctorate in Counselor Education and Supervision, an MA in Counseling, and a BA in Biology. She is a licensed professional counselor, licensed marriage and family therapist, and licensed addiction counselor, along with earning the national Master Addiction Counselor (MAC) and Department of Transportation

Substance Abuse Professional (SAP) certifications. Johnson has two supervisory credentials (ACS and AAMFT) and am a NCC. In addition to being a core faculty member at Walden University, she maintains a private practice where she sees clients and supervises who are working on credentialing. Johnson is the Past-President of the Colorado Association of Addiction Professionals (CAAP) and am the Ethics Chair and Southwest Regional VP for NAADAC. She speaks and trains regionally and nationally on topics specific to counseling skills, ethics, supervision, and addiction-specific services. She has been appointed by the Governor of Colorado to two committees working on behavioral health integration and transformation, is a consultant to the state regulatory agency that regulates our professions, and is a consultant and committee member at the state Office of Behavioral Health.