

The Need to Stay Vigilant!

By Cynthia Moreno Tuohy, NCAC II, CDC III, SAP, NAADAC Executive Director

At the time of this writing — the 7th week that the new Trump Administration has been in office — there are Congressional proposals to change Medicaid into a block grant that would limit funds and access to the addiction and co-occurring treatment systems that have been building over the past six years. Currently, the Affordable Care Act has resulted in over 20 million people gaining access to the health care systems, many of whom have addiction/substance use and co-occurring disorders. Our concern is that before the current ACA is dismantled, a clear, efficient, and well-articulated “replacement” affordable health care insurance plan will not be created that will meet the needs of and include the major initiatives of the ACA.

Now is the time to build a relationship, if you have not done so already, with your local, state and national legislators and decision makers to educate them on the rising addiction epidemic that your community is facing. The current opioid crisis, the upcoming marijuana crisis, and the constant alcohol crisis are affecting communities across the country. Your voice, your education and your experience are needed now more than ever! Fund reduction is not going to change the tide of an ever growing addicted America — we need a National Strategy for Prevention, Treatment and Recovery Support, as articulated in the Surgeon General’s Report.

The ACA required initiatives that are important to have in any national health plan, including:

- Preventing loss of insurance coverage due to preexisting conditions
- Medicaid expansion to include addiction/substance use and mental health disorders
- Subsidies for health insurance for low income individuals
- Funding for community health centers
- Systems for coordinated care, including prevention, treatment and recovery support
- Quality care for persons of diverse populations (race/ethnicity/sexual orientation)

In addition to issues revolving around healthcare, here are other important issues to make sure you are staying on top of and advocating to secure your services and your profession:

- **Quality Improvement** of your program is essential to ongoing funding. This includes using evidenced based practices and promising practices such as Medicated Assisted Treatment and Recover (MATR). Medication plays a role in addiction treatment and long term stability and recovery. Medications that are appropriate for the individual coupled with therapy for the individual and their family. Motivational Interviewing and counseling that engages the client in their role and responsibility for treatment, cognitive behavioral therapy that assists the client in learning new ways and building new brain neuro pathways to stronger behavior and patterns of recovery and family therapy that addresses the behavior patterns in the family that are not functional to long-term change. Quality improvement suggests that having a system for outcome data and analysis that informs changes in treatment and recovery programming is not only helpful for the program and therefore, the clients, it is essential to evidence

that your program is providing essential services that are meaningful and long term for the clients you served.

- **A National Credentialing system** that is standardized across America that is credible, understandable and portable. Confusion is created by the varied addiction credentials throughout our country. MCOs/PPOs/BHOs find it easier to reimburse credentials that are standardized from state to state, especially as we nationalize insurance and Medicaid. These same national standards and tests can be used at the state level to ensure portability from state to state. For the Addiction Professional, it provides name, a public and across-discipline knowledge level of credible education, training and competencies. The alphabet soup of credentialing levels is tailored to a few that become immediately recognizable. Currently, the National Certification Credential for Addiction Professionals (NCC AP) credential for Master degree level — the MAC — is the most recognized and reimbursed credential in the addiction treatment arena. NAADAC is working with states that want to achieve this level of recognition and standardization. Most of the public have at some level of recognition what an MSW is — we want that same level of recognition for Addiction Professionals at the NCAC I, NCAC II, and MAC levels.

- **Professional accountability** for your individual professional growth and development in order to remain relevant in the workplace and employable. Higher standards of education, current training and ongoing clinical supervision are the tone for clinical work and practice. Some states have moved to a Master’s or at the very least, a Bachelor’s for clinical work in private and public practice. Peer Recovery Support Specialists are also encouraged to continue with their education, training and supports in order to develop their own plan of growth and development. Taking the value of continuous professional development and life-long learning is no longer seen as a practice for only those in the private addiction industry, it is seen as a necessary component of every level of continuum of service providers — from the Intern, to the Recovery Support Specialist, to the Technician and through to the clinician and the clinical supervisor. Competing in the market place with other disciplines such as Social Workers, Marriage and Family Therapists, Licensed Counselors or Mental Health Professionals require the Addiction Professional, who may also hold one or more of these other discipline credentials, to be continuously improving in their own professional growth and development.

- **Securing your Self and your Professional identity** means belonging to and being involved, to some degree, to your professional membership organization that recognizes your needs, advocates for your profession and your specific practice, works with the Federal organizations, departments, the Administration and Congress, and partner with allied organizations to bring your voice to the table and create a space for your needs and the clients you serve to be heard. NAADAC has been that organization for 45 years! Yes, 45 years ago NAADAC formed as NCAC and began the journey of creating, developing, documenting and funding a profession of people who cared for those with alcoholism and drug

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of the limits of their training and capabilities, and collaborate with other professionals and recovery support specialists to best meet the needs of the persons they are serving. They have a responsibility to help persons in recovery achieve their own personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery. Peer recovery support specialists need to be able to recognize when a person they are working with is in need of additional care beyond the scope of their services. Often times peer recovery support specialists become enmeshed in the supportive relationship they have and fail to see outside of their services to the total continuum of care for an individual in early recovery who might be in need of therapeutic, education and/or vocational services. Peer recovery support specialists need to be careful that they do not practice outside of their scope of practice/service and do not give the person they are serving the impression that they are either directly or indirectly providing counseling or other clinical services to that individual.

Peer recovery support specialists also need to remain skilled and knowledgeable in the core competencies related to their specific role in the continuum of care. They have a responsibility to keep a basic level of understanding of the continually evolving issues surrounding substance use, addiction, recovery, and mental health fields, as well as a comprehensive understanding of the referral resources in their community from basic needs (housing, food, clothes), to medical and emergent care, to therapeutic services. They need to have a level of understanding of the diseases, the progression of the diseases, the continuum of care available to support the treatment and recovery of these diseases, and how to help the persons they serve receive the treatments and services necessary for recovery. While peer support is an invaluable and an essential part of early, as well as long term, recovery, peer recovery support specialists need to remain current on treatment issues, open to feedback via treatment team, and responsive to fluctuating changes on the part of the persons they are serving. There are going to be times where an adjustment in an individual's care plan is necessary and peer support plays a critical role in assisting the individual to the level of care or to the resources necessary for healthy and responsible decisions. To this end, peer recovery support specialists must be current on all available treatment resources, and be in the position to assist the individual to the appropriate resource, or assist as part of the treatment team in accessing that care.

Throughout this all, peer recovery support specialists also have a responsibility to maintain high standards of personal conduct and conduct themselves in a manner that supports their own recovery, to seek their own recovery supports and maintain a system of support that is a safety net for their own long-term recovery.

The complexities discussed above call into focus the need for peer recovery support specialists to maintain regular and structured supervision. Treatment providers need to be engaged in ongoing clinical support for the services they are providing. Many peer recovery support specialists have never been in a setting where they are part of a continuum of care, whether directly or indirectly involved in a multi-disciplinary team providing a variety of services for a person in recovery. It is important and critical to the care of the individual that recovery support specialists receive support, guidance, and insight in the review of the supportive services they are providing. How this supervision structure is employed will be dependent on how and where individuals are affiliated in their recovery support service provision of care. In some instances, peer recovery support specialists are private providers working in a contractual setting with other providers or not, while others are part of a total continuum of care provided by a

single entity. Either way, peer recovery support specialists need to perceive the value of this supervisory relationship and the vital role it plays in the provision of the services they are engaged in as well as in their own support system to undergird the work they are doing.

The role of peer recovery support specialists is vital in the ever changing and emerging profession of long-term recovery for those with substance use and mental health disorders. In today's time with the uncertainty of the Affordable Care Act, consistent and quality treatment in a changing and uncertain environment is critical. However, we need to make certain that peer recovery support specialists are upholding themselves to the basic values and principles of peer recovery support practice/services and do not violate boundaries and ethical standards. We need to take special measures to ensure those that are new coming into the delivery of peer recovery support are prepared in advance for the tasks they are being entrusted with and are encouraged and exposed to ongoing training and education on substance use and mental health disorders and all of the related issues.

Those doing the vital work of recovery support need to embrace and review NAADAC's National Certified Peer Recovery Support Specialist (NCPRSS) Code of Ethics. Each have a responsibility to know and honor the scope of practice/services as well as being aware of potential pitfalls and of colleagues or anyone who appears to be in violation or askew of these. Our mantra should always be: "do no harm and do not go beyond your area of expertise, training or education."

To learn more about the National Certified Peer Recovery Support Specialist (NCPRSS) credential and/or Code of Ethics, please visit www.naadac.org/ncprss.



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had served as Chair of the National Certification Commission for Addiction Professionals (NCC AP) and NAADAC's Public Policy Committee, and as NAADAC's Clinical Affairs Consultant. Awards include the Distinguished Service Award in 2003 and the Senator Harold Hughes Advocate of the Year in 2010. In addition to his national and international work, Schmidt has been active within West Virginia in advocating and supporting State legislative issues related to addictions and addiction treatment.

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addiction to the point of working with NIAAA to study the competencies, knowledge components and skills necessary to treat the diseases of addiction. NAADAC continues to educate and leverage your voice in the Federal, State and Public market place! 45 years strong and not waiving from the vision nor the mission to be the premier organization for addiction focused professionals to serve those individuals, families and communities that are needing the education, prevention, treatment, and recovery support to reduce the ravages of these diseases of the brain that are known as addiction/substance use disorders and co-occurring disorders. Stand with us as we move to engage the new Administration and Congress to build a stronger and more secure America!



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