

We Can Work It Out

Leading Addiction Organizations Talk Collaboration, Commitment to the Profession

BY DONOVAN KUEHN, MANAGING EDITOR

The future of the profession is at stake, and the nation's leading addiction organizations are working to preserve it.

Due to the rapid changes expected in the addiction profession through the Affordable Care Act and parity, three leading organizations in the field – NAADAC, the Association for Addiction Professionals, the National Certification Commission for Addiction Professionals (NCCAP) and the International Certification &

Reciprocity Consortium (IC&RC) – are discussing collaborative activities to ensure professional quality in the delivery of prevention, intervention, treatment and recovery support services.

Advances in Addiction and Recovery asked Cynthia Moreno Tuohy from NAADAC, Mary Jo Mather from IC&RC and Kathryn Benson from NCCAP to outline what this initiative means and where the addiction-focused profession is heading.

The announcement of this collaboration was welcomed by many throughout the nation. What are the three things that addiction-focused professionals need to know about this initiative?



CYNTHIA MORENO TUOHY: All three of the collaborators understand the monumental change that health care and therefore the addiction profession will be undergoing in this next few years and recognize that in order to exercise any influence, we need to have a united voice.

We are entering into this collaboration with an open mind as to how we progress in order to support the addiction profession.

This collaboration is about more than any of these three groups, it is about the addiction

profession as a whole. We are looking for benefits to the whole profession and may need to sacrifice some of our individuality in order to achieve that.



KATHRYN BENSON: Our goals are to demonstrate through collaborative work, the unification of the substance use disorder treatment profession, its unique areas of prevention, intervention and treatment expertise; and to support professionally and legislatively continued research in our combined effort to

provide the highest level of quality care to those individuals to whom we are committed to serving in their efforts toward healthy, balanced lives.



MARY JO MATHER: First, IC&RC is pursuing this collaboration because it is good for the field and for professionals. We also believe that combining efforts makes us a stronger voice for the field, while strengthening each of our organizations. However, the collaboration will take time — it is a long-term effort.

What can the field expect as the results from this discussion?



KB: The profession should reasonably expect our combined and mutually supportive efforts to promote, advocate and support the addiction disease model, the needed research and technology development to enhance the provision of prevention and treatment services and to strengthen efforts to influence a healthier work environment in support of the professional's ability to deliver desired quality services.



MJM: A strong, united voice for the professionals in the field — that's our primary goal. To achieve that, we want to finally put to rest the perception of rivalry between our organizations. Together, we can share resources that allow us to do more for the field.



CMT: Professionals can expect unified communication that is informative and instructive as to how to prepare, how to become in-

involved and how to remain connected to the public policy and health care reforms that are impacting the profession. We also plan to look at scopes of practice and our professionals' ability to provide care in the health care and Medicaid system. As well as unified communication on ongoing initiatives and how we will strategically plan to implement impactful change.

What brought these three organizations together?



MJM: We often found ourselves at the same tables in Washington, D.C., and beyond, and it became clearer and clearer that — despite our different approaches — we shared the same goals for the addiction prevention, intervention, treatment and recovery field. It was natural for the idea of collaboration to

surface, and now, we feel it's more important than ever that the professionals have a unified voice.



CMT: A common goal to inform and advocate for the addiction profession and those that serve in the profession.



KB: The fact is our three organizations have always worked together in a variety of ways. We recognize the current and growing need for maximizing our efforts, resources and professional workplace development strategies to both insure continued stabilization and future enhanced growth of the profession and the professional care giver.

What are the biggest threats to the profession?



CMT: Becoming irrelevant in the bigger picture of primary care and mental health.



KB: Rather than a “threat” I believe we have a great opportunity, with significant national support, to move forward with greater emphasis on development of additional areas of treatment including, but not limited to: brain research and applying this knowledge to the

prevention and treatment experience, co-occurring disorders and their role in the development of and treatment of substance use disorders, environmental influences that enhance development of and recovery obstacles with multiple addictive disorders. We have never, in the history of addiction treatment, experienced both the understanding of the role of the brain, environment, genetics and social involvement in the development and recovery from addictions.



MJM: What IC&RC is hearing from its members in 25 countries and 45 states is that substance abuse is a low priority for federal and state agencies. Parity, integration into primary care, and extending the spectrum of recovery often seems to mask an erosion of the substance abuse field. As the workforce continues to age, we need to halt the decline with new measures to attract and retain professionals.

How does this initiative fit into the strategic plans of the IC&RC, NCC AP and NAADAC?



KB: Within the substance use disorders (SUD) prevention and treatment profession the first and foremost focus is the informed, research based, provision of quality clinical care to all who seek our services. It is the purpose of the NCC AP to support this commitment to quality care by identifying, teaching, supporting and credentialing those professionals who are committed to providing the highest level of care to those individuals impacted by addictions. Our commitment to the population seeking care is the establishment and maintenance of knowledge and skill-based credentialing as a way of supporting and protecting the public in their efforts to receive health care.



MJM: IC&RC’s strategic plans, current and past, always highlight the need for collaboration with other organizations, so this initiative fits perfectly into our strategic plan. The cost of doing business continues to rise —

from credentialing to advocacy. It makes sense to look at ways to operate smarter, eliminating duplication of efforts. I think this collaboration will, in the end, result in our respective organizations becoming stronger and more effective.



CMT: Several years ago, NAADAC’s leadership developed and implemented a strategic plan to focus on Four Pillars, or key areas, to strategically move NAADAC and NCC AP forward. These pillars grow the addiction profession in four strategic areas:

- 1) **Professional Development** by focusing on education and training such as our annual conference, online education, webinars with over 80 continuing education credits and through state-level conferences with our local affiliates.
- 2) **Public Engagement** through NAADAC’s advocacy efforts at the national and state level with legislators and regulators and through our annual advocacy conference.
- 3) **Professional Services**, offering evidence-

based trainings and products with continuing education credits attached. Key areas we address are counseling theory and methods, pharmacology and physiology, ethics, Screening, Brief Intervention, and Referral to Treatment (SBIRT), co-occurring, conflict resolution and recovery and many other products relevant to practicing professionals, and,

4) **Communicating our Association’s Mission**, according to NAADAC’s mission, our job is “to lead, unify and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.” To support that end, NAADAC has launched a new magazine, *Advances in Addiction and Recovery*, and works with the media interviews and uses social media to communicate with our members and others in the profession.

This collaboration touches on all of our four focus areas.

Is there anything else you would like to add?



MJM: Personally, I want to say how honored I am to be working with two organizations that IC&RC respects a great deal — NAADAC and NCCAP. The small workgroup we have assembled to set the agenda for our efforts is excellent, representing the best from each of our three organizations. I be-

lieve people will be impressed as we issue periodic reports to the field.



CMT: NAADAC is excited to work with IC&RC and NCCAP in a deliberate plan to assist the addiction profession and professional to remain cogent and relevant.



KB: The NCCAP is honored to be part of this strong, progressive initiative of collaborative professional work and advocacy. We anticipate a stronger unified voice in national agenda setting and implementation for the ever-growing Substance Use Disorder professional workforce development service plan.

In its Occupational Outlook Handbook, 2010–11 Edition, the U.S. Department of Labor (DOL) named substance abuse and behavioral disorder counselors as one of the fastest growing professions, expected to grow 21 percent by 2018.

Despite this positive outlook, changes to practice legislation and funding streams make the future of the profession difficult to predict.

Together, IC&RC, NAADAC and NCC AP hope to influence federal policy, including workforce development issues within Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resources and Services Administration (HRSA) and other departments to protect the addiction profession as a specialty within the primary healthcare system.