

# NCC AP Update: Changing to Meet Challenges in Credentialing

By Jerry Jenkins, MEd, MAC, NCC AP Chair

In the last issue of the *Advances in Addiction and Recovery*, I provided an update on national credentialing. In my opinion, national credentialing will become even more important due to the mobility of the workforce, increased credentialing requirements from payors, and the expansion of tele-behavioral health. These three factors are subtexts to the challenge of the shortage of qualified substance use treatment workforce.

NAADAC has historically recognized the need for identifying a qualified workforce. NAADAC formally addressed this in 1990 by creating the National Certification Commission for Addiction Professionals (NCC AP), which in turn developed the National Certified Addiction Counselor, Level I (NCAC I) credential and the National Certified Addiction Counselor, Level II (NCAC II) credential. These credentials require specific training related to substance use counseling and supervised experience, along with a passing score on an exam, to demonstrate that the national standard for education, training, and awareness of best-practices is met. This national credentialing system provides a level playing field, as opposed to navigating respective states' credentialing requirements and titles that vary greatly. The credentials also require adherence to a national code of ethics. The Masters Addiction Counselor (MAC) credential was developed in 1994 to recognize professionals with graduate and other advanced degrees who also meet the required standards of education, training, and experience at that level and successfully pass the associated exam.

NCC AP Commissioners, the individuals who set the standards for the certifications NCC AP offers, consist of experienced practicing professionals from around the United States. They come from varied treatment backgrounds and varied educational levels and have all been through the NCC AP certification process. The Commissioners develop and keep current the national standards of requisite knowledge in substance use disorder (SUD) counseling and the evaluation mechanisms for measuring and monitoring the level of knowledge for each credential.

Keeping the standards current can be challenging at times and the focus is always on ensuring a qualified SUD workforce. The following are some of the challenges addressed in the past months and the outcomes.

## Test Taking

Up until 2017, individuals were required to go to a testing center to take certification exams. While this was simple for those who lived in close proximity to a testing center, individuals living in rural areas faced significant challenges. Rural test takers were faced with having to travel significant distances, which could include an overnight stay depending on the distance and the testing start time. Individuals who lived in Fort Yukon, Alaska had to fly to Anchorage via Fairbanks or Bethel! Each of these scenarios is time consuming, expensive and potentially increased the stress of test taking.



Technology provided an alternative and testing can now be monitored remotely. As a result, tests can now be administered from any location where an individual has sufficient internet capacity with a computer with a camera—including the comfort of home. This approach to testing was piloted in 2017 and is now available to all applicants.

## Recognizing Peers

As previously noted, the workforce shortage is a critical issue for the addiction profession. The addiction profession has long

recognized the added value of including peers in the continuum of care for addiction treatment. For those not familiar with the concept, peers are persons in recovery with lived experience with substance use disorders that provide non-clinical support to individuals with substance use and co-occurring mental health disorders. NCC AP recognized the need for having a national standard of knowledge, skills, and competencies for peers and developed the National Certified Peer Recovery Support Specialist (NCPRSS) credential to address that need. In addition, NAADAC and NCC AP created a Peer Recovery Support Specialist Code of Ethics that outlines basic values and principles of peer recovery support practice. NCC AP refined and fully implemented the process in 2018.

## Training Hours

Traditionally, NCC AP has required that at least 50% of training hours required for the various NCC AP credentials be attained face-to-face. In the past, this meant that the individual had to be in the room with the presenter. In today's world, this requirement posed more and more a challenge with the rise of distance learning and online colleges and universities. Distance learning happens now across many platforms and is accessible for anyone with an internet connection. In addition, the advancement of distance learning technology now allows people to interact together and have a more synergistic learning experience. As a result of this new technology and in order to adapt to the current training and educational delivery approaches being used, NCC AP no longer requires 50% of training to be face-to-face.

## State Test Acceptance for NCC AP Credentials

NCC AP has been asked why it required the successful completion of a NCC AP-specific exam despite an applicant having already successfully completed an exam at the state level. NCC AP considered the issue and made the determination that comparable state credentialing exams will now be accepted for purposes of national NCC AP credentialing.

## Quality Assurance & Staying Current

An important part of providing quality healthcare is quality assurance. The same holds true for credentialing. NCC AP has been engaged since

early 2018 in maintaining and updating our processes and materials. Some of the process updates included the aforementioned test taking changes, as well as redefining what is acceptable training. The requirements related to the candidate's knowledge and skills are also maintained and updated.

Since NCC AP establishes national professional standards for addiction professionals based on training, education, experience and demonstrated knowledge, it is imperative that we recognize and incorporate the fields' advancements and best practices. Ultimately, each level of exam certifies that the successful candidate has the knowledge and skills necessary to screen, assess, evaluate, diagnosis, and treat individuals and their family members regarding/with substance use and co-occurring disorders (CODs). Since knowledge and skills are being refined constantly, commissioners must periodically perform a formal review of each exam—examining the purpose of each exam, to whom each exam applies, and the associated requisite knowledge, competencies and skills—and re-evaluating each exam's blueprint to ensure that the exam questions properly correspond to required knowledge and skills for that appropriate level. As this is a long and very complex process, I will address it fully in my next column.

All this work takes time and commitment and I am very thankful for the efforts of Commissioners Christina Migliara (FL), Rose Maire (NJ), Elda Chan (Hong Kong), Kansas Cafferty (CA), Kirk Bowden (AZ), and Mick Meagher (CA), as well as former commissioners Joan Standora (PA), Kathy Benson (TN), and Thad Labhart (OR/AZ). NAADAC President Diane Sevening, NAADAC Immediate Past President (and former NCC AP Commissioner) Gerry Schmidt and NAADAC Executive Director (and former NCC AP Commissioner) Cynthia Moreno Tuohy have significantly contributed to these efforts as well.

## On the Horizon

NCC AP is recruiting new commissioners. We attempt to have geographical diversity, so the focus will be finding qualified candidates from the Mid-Central, Mid-South and North Central regions. NCC AP needs a diversity of credentials as well. We are currently in need of people with a NCAC I and/or NCAC II credential. Applications can be found at [www.naadac.org/about-the-ncc-ap](http://www.naadac.org/about-the-ncc-ap).

Also, on the horizon for NCC AP are discussions about problem gambling and prevention, as well as assisting various states, territories, and international organizations with credentialing for recognizing substance use disorder professionals.

In closing, thank you for your professionalism and what you do. As I stated in the beginning, I think national credentialing will become even more important due to the mobility needs of the workforce, increased credentialing requirements from payors, and the expansion of tele-behavioral health. NCC AP addresses these factors through process improvements as described earlier and insuring thoroughly vetted credentials for the professionals making up the substance use treatment workforce.



*Jerry A. Jenkins, MEd, LADAC, MAC, currently chairs the National Certification Commission for Addiction Professionals. He has over 35 years of experience in treating substance use disorders and mental illness and has been a member of NAADAC since the late 1980s. He has worked in and managed community based, outpatient, halfway and residential treatment services where he has regularly hired people in recovery. He is an advocate for recovery as the expectation for behavioral health care with an emphasis on being trauma informed and substance use disorder treatment counselors having credentials to demonstrate having specialized training, experience and skills.*

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