

National Credentialing: Social Changes Are Wind in Our Sails

By James “Kansas” Cafferty, LMFT, MAC, NCAAC, NCC AP Chair

When I started out in the addiction field in 1997, the options for practicing were circumspect. Our options included treatment centers and other treatment centers. If we were in a city, we may have more options around which level of care we worked at, but even that option could be a luxury of sorts. Most of the positions were community funded non-profits with some sparse options for working in a high-end center where one could cajole psychological defenses as represented by a mink coat as a new patient refused to take off before group.

It would have been difficult to guess that almost 25 years later, a substance use disorder counselor might have the option of wearing a professional top with their comfiest pajama pants while saving a life from their own living room. While telehealth was moving forward, it was still held suspect when it was used for counseling or therapy. It just didn’t “feel right” to try to hold space while not sharing space. The COVID-19 pandemic has caused us to zoom right past these old notions and launch into the world of the unknown. The fact is it has worked out much better than we thought it would. There are sides of this debate that still carry on but with the United States Department of Health and Human Services now reporting a 63 fold increase in the use of telehealth during the pandemic (United States Department of Health and Human Services, 2021), the age of video-based healthcare is here to stay.

With such an incredible dynamic shift in service provision, many of our systems within the United States are also due for a refresh. Among those ready for a refresh are the right to practice laws and codes. We are starting to see other fields move into friendlier territory around the transfer of licensure that has not formerly existed such as PSYPACT, an interjurisdictional agreement that enables psychologists to move more freely from state to state. This has allowed them to carry multiple licenses simultaneously and have multiple practice “locations.” I place quotations around locations because for many of them, it is only their patient that is in a new location, it is not necessarily the psychologist.

Some readers might be thinking something along the lines of, “in addiction counseling, we have had this kind of transferability for years!” You are absolutely correct! Our profession has been ahead of its time, in this regard, for decades. Someone with a National Certified Addiction Counselor, Level I (NCAC I), National Certified Addiction Counselor, Level II (NCAC II), or Master Addiction Counselor (MAC) can walk into countless national or international jurisdictions and pay a small administrative fee and get right to work. For the MAC who is an independent practitioner, this also opens countless jurisdictions in which they can practice so long as they jump through the very wide hoops. For the NCAC I or II, it opens countless jurisdictions in which they can work via telehealth at online intensive outpatient programs or individual counseling platforms.



Our new normal has legs and the national tide is moving in the same direction that NCC AP has been fighting toward for decades. In April, NAADAC will be holding our annual Advocacy in Action Conference and Virtual Hill Day, during which NAADAC Members and constituents engage directly with Members of Congress to help educate them on where we are, where we need to be, and where the country needs to be from our perspective. We continue to be in the midst of an addiction crisis in our country. It is time for Washington to continue to move forward with the removal of hurdles. A counselor in Colorado who specializes, for example, in first responder care, should be accessible to an officer in Washington, D.C., who is drinking to silence the images they can’t get out of their head at night. Our national movement has an opportunity to seize progress and to do it with the wind at our backs rather than in our faces for once. I implore all of you to engage in the Advocacy in Action Conference and Virtual Hill Day and use this storm for the betterment of care delivery and our profession as a whole.

Resource

United States Department of Health and Human Services. (2021, December). *New HHS Study Shows 63-Fold Increase in Medicare Telehealth Utilization During the Pandemic.* <https://www.hhs.gov/about/news/2021/12/03/new-hhs-study-shows-63-fold-increase-in-medicare-telehealth-utilization-during-pandemic.html>



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