

Finding Our Lane

By Rose Maire, MAC, LCADC, CCS, NCSE, NAADAC Ethics Committee Chair

As a profession, we often mention the importance of staying within our scope of practice – but what does that mean? Some providers believe that scope of practice and standards of practice are interchangeable; they are not. When we consider standards of practice, we are trying to determine how most qualified clinicians would address a particular issue. Standards of practice include, but are not limited to, the choice of modality of treatment based on the presenting concerns, the assessment tools to use, and the kinds of wrap around services to engage. Scope of practice is much more specific to the clinician and sets forth their boundaries of competence. We often are frustrated when providers with non-addiction-specific credentials are attempting to provide addiction-related services, stating that they are not qualified based on lack of addiction experience or training. NAADAC and NCC AP’s Code of Ethics calls on us to provide services, teach, and conduct research within our own individual competence. This competence develops through education, training, consultation, and supervised experience. When a person first enters into our profession, they are operating under the levels of competence of their clinical supervisor until they have more in-depth experience.

As we embark upon the journey to provide prevention-related, addiction-specific, and co-occurring disorders treatment and recovery support, we usually begin with education and/or training. Typically, education provides the foundational knowledge needed to work with mental health, substance use, and behavioral/process addictions. Education includes formal high school and collegial studies, continuing education classes, webinars, and post graduate studies. Training overlaps with education and includes applied or specialized work to broaden and refine the scope of competence. Trainings are typically several days to several weeks long and a certificate of successful completion is provided at the end.

Supervised experience is pivotal to developing one’s scope of practice. This is where we are working with real clients on real issues with real consequences for our actions and those of our clients. Supervision is vital to guide, critique, and improve the practices of the supervisee. Consultation happens periodically when we need to consult with a subject matter expert regarding a specific clinical dilemma that the client has brought to the table. Consultation helps the clinician address particularly difficult or complex cases. In order to maintain our scope of practice, we have to engage in professional development on an ongoing basis. This can include attending conferences and lectures, taking advantage of online professional development opportunities, and networking with industry and community experts.

So, how do I know if I am staying within my boundaries of competence and scope of practice? Why should I care about that? Didn’t I learn all I needed to in my Master’s program? After all, the mental health practice act that governs professional practices in my state says I am qualified to provide these services – isn’t that enough? This is where clinicians can get themselves into trouble. There are several reasons why

a provider should stay within the boundaries of their competence, the primary reason being public safety. We are not qualified to provide any services if we have insufficient training and experience in that arena. Reading a book does not qualify me to provide specialized services. Attending a one- or two-day seminar does not qualify me to provide specialized services. There is one question you have to ask yourself before stating that a specific modality, tool, or service is within your scope of practice: would you be able to defend your statements of competence and scope of practice to a licensing authority, grievance board, or ethics board? If you believe the board would agree with you that the services in question were delivered within your scope of practice based on your education, training, and supervised experience, you are probably ok. If you know the board would have questions about how you are defending your level of competence and scope of practice, you are on shaky ground. NAADAC and NCC AP’s Code of Ethics clearly states that you must practice within your scope of practice. The client’s wellbeing is always our primary concern.

No matter what position you are in within our profession, and no matter what your job duties include (i.e., intake and assessment coordinator, evaluator, clinician, peer recovery support, clinical supervisor), make sure you “stay in your lane.” Make sure that you are not providing services that you are not qualified to provide. Deliver services that are clearly within the role you have engaged with the client; be clear about what your role is and what it is not. If you are an evaluator, and the role is not specific to providing counseling services, stay within your role as the evaluator. If your role is as a peer, you are not providing counseling. If your role is clinical supervisor, you are not providing counseling to your supervisees. Clients are our primary concern. They are easily confused and often want us to provide services that are not within our role or within our scope of practice. Be clear with the client about what the deliverable services are. Stay within your scope of practice. You have worked hard to earn your credentials and certifications. Having boundaries around your scope of practice protect you, your agency, your clients, and the addiction profession.



Rose Maire, MAC, LCADC, CCS, NCSE, has worked in the addiction treatment field for over 30 years and is currently the Clinical Director of COPE Center in Montclair, NJ. She holds a Master’s degree in Counseling and is licensed in New Jersey as a Clinical Alcohol and Drug Counselor. She is also certified as a Master Addiction Counselor and a Certified Clinical Supervisor, and holds the National Clinical Supervision Endorsement. Maire has worked in outpatient, intensive outpatient, and short-term residential levels of care. She has also taught graduate level counseling courses and has worked as a Student Assistance Counselor. She is currently a member of the NJ Professional Advisory Committee. She also serves as Secretary to the newly formed New Jersey affiliate of NAADAC. Although she has held many different positions in the field, her first love remains working directly with clients. Maire was a commissioner on the National Certification Commission for Addiction Professionals (NCC AP) for 10 years. She found working with professionals dedicated to maintaining competency standards for addiction treatment professionals to be an honor and a highlight of her career. She currently serves as Chair of the NAADAC Ethics committee.