

Adequacy of the Substance Abuse Workforce

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Substance abuse counseling has evolved significantly since its earliest documented beginnings with the founding of Alcoholics Anonymous in the mid-1930s. Unlike most careers in the health care field, substance abuse counseling is a profession in which a significant number of professionals have themselves been recipients of substance abuse services. This unique characteristic of the field has created specific challenges as well as opportunities.

One obstacle often associated with the field of substance abuse counseling is the rapid turnover rates of counselors. Although turnover is experienced in all professions, there is a consequential “bleeding out” of collective wisdom and expertise as counselors leave the substance abuse workforce. As counselors strive to excel in their chosen career and are committed to helping individuals in active addiction and recovery, they themselves face the stigma that is often associated with substance abuse. Substance abuse counselors have been forced to play a leading role as advocates for recognition as providers of clinical services.

The field has grown stronger as a united voice as it has collaborated to face these challenges. Codes of conduct have been developed to encourage better ethical practices and to address boundary issues that sometimes arise for substance abuse professionals. Credentialing boards and certifications have been established to promote education and competency standards in order to safeguard the public from unqualified counselors and to solidify substance abuse counseling as a valid profession. The North Carolina Substance Abuse Professional Practice Board (NCSAPPB) has been established as the state’s credentialing board with the International Certification and Reciprocity Consortium, Inc. (IC&RC) as its parent organization.

Incorporated in 1981 and currently headquartered in Harrisburg, PA, IC&RC is a nonprofit voluntary membership organization comprised of certifying agencies charged with credentialing

or licensing alcohol and other drug abuse counselors, clinical supervisors, prevention specialists, co-occurring professionals, and criminal justice professionals.¹ The IC&RC and its members are committed to protecting the public through the establishment of quality, competency-based certification programs for professionals engaged in the prevention and treatment of addictions and related problems. IC&RC also promotes the establishment and recognition of minimum standards to provide reciprocity for certified professionals. The North Carolina Substance Abuse Professional Practice Board is one of the five largest IC&RC member boards.

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The North Carolina Substance Abuse Professional Practice Board, originally chartered in August of 1984, has evolved over the past two and a half decades. The Board was granted statutory authority in 1994 and its legislative authorization changed from a Title Act to a Practice Act in September of 2005.² There have been many catalysts for change over the past 14 years. However, it was the Board’s reaction to workforce development demands that resulted in the introduction of legislation in the 2008 legislative session.

The Board requested legislation that would streamline the application process for both Certified Substance Abuse

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Counselors (CSAC)^a and Licensed Clinical Addictions Specialists (LCAS)^b as well as update terminology in its statute.^c On July 28, 2008, the General Assembly of North Carolina enacted Senate Bill 2117, Amend Substance Abuse Professionals Act. The implications of this recent legislation include an ever-growing roster for the credentialing examinations and broader recognition of qualified substance abuse professionals.

Prior to the passage of NC Senate Bill 2117, substance abuse counselor applicants were required to take and pass two examinations—one written and one oral—before being eligible for credentialing as a CSAC or LCAS. Senate Bill 2117 eliminated the oral examination from credentialing standards. As a result, a counselor is required to take and pass a newly-compiled written exam which includes items that test knowledge on competencies that had been covered on the earlier oral exam. Although a counselor must still meet credentialing standards that existed prior to the 2008 legislation, the application process has been significantly streamlined as a result. Counselors who once might have been content with simply obtaining registrant status^d with the Board (registration is required in order to provide substance abuse counseling services in North Carolina) have been seeking CSAC or LCAS credentialing. In December 2007, the Board administered the written exam to 97 counselors while 241 counselors were registered for the December 2008 exam. Eighty CSACs and 84 LCASs have been credentialed since the Board's statute was amended at the end of July 2008.

In addition to the elimination of the oral examination, CSAC and LCAS applicants are now being recognized for meeting minimum credentialing standards with the use of updated definitions and terminology. A CSAC intern is a registrant who successfully completes 300 hours of Board-approved supervised practical training while the same would qualify a LCAS applicant as a Provisional Licensed Clinical Addictions Specialist.^e One positive consequence of updating these definitions is that a tiered credentialing process has been established for counselors as they pursue a particular credential. As a result, employers have begun to recognize and award counselors as they progress in the application process. Many employers have started to establish deadlines by which employees should obtain the intern and provisional status to ensure job security, some even increasing a counselor's compensation as one completes credentialing standards and achieves a specific status with the Board.

The tiered structure of registrant to intern/provisional to credential also motivates counselors to actively pursue his or her credential as additional services can be provided upon meeting credentialing standards for each separate tier. A prime example of this would be that LCAS-provisional counselors are now eligible to bill Medicaid for certain clinical services.³ This ability to seek reimbursement enhances their validity as qualified professionals and increases their marketability in the health and human services workforce.

Despite the Board's legislative efforts, perhaps the most pressing workforce development issue facing the profession and counselors pursuing credentialing is the limited number of Certified Clinical Supervisors (CCS)^f that are available to provide clinical supervision to CSAC and LCAS applicants. This is especially true as the volume of CSAC and LCAS applicants continues to increase. The problem is further exacerbated in rural counties where access to these CCS supervisors is difficult or, in some cases, impossible.

The Board has worked to help remedy this shortage by providing a listing of names and contact information on its website of those CCS counselors who are willing to provide clinical supervision to applicants.⁴ Additionally, the Board recognizes CCS applicants that have met certain CCS credentialing standards as Clinical Supervisor Interns (CSI).^g CSIs are eligible to provide clinical supervision to CSAC and LCAS applicants while completing credentialing standards to obtain the Certified Clinical Supervisor credential. As the main difference between a CSI and a CCS is that a CCS has accumulated the required two years of experience as a substance abuse clinical supervisor and taken and passed the written exam, the CSI status allows a CCS applicant the opportunity to accumulate the clinical supervision-specific work experience required before being allowed to sit for the CCS written exam.

The profession has matured greatly as counselors have united to create a single, effective voice. With the establishment of standards enforced by credentialing bodies such as the North Carolina Substance Abuse Professional Practice Board, substance abuse professionals are finally receiving deserved recognition as qualified professionals who render clinical services. Although the most pressing issue at this time is the inadequate number of credentialed counselors distributed throughout North Carolina, this situation improves every day as more and more credentialed counselors—of all levels—enter the workforce. **NCMJ**

a A person certified by the Board to practice under the supervision of a practice supervisor as a substance abuse counselor in accordance with the provisions of this Article.

b A person licensed by the Board to practice as a clinical addictions specialist in accordance with the provisions of this Chapter.

c NC General Statute § 90-113-30.

d A person who completes all requirements to be registered with the Board and is supervised by a certified clinical supervisor or clinical supervisor intern.

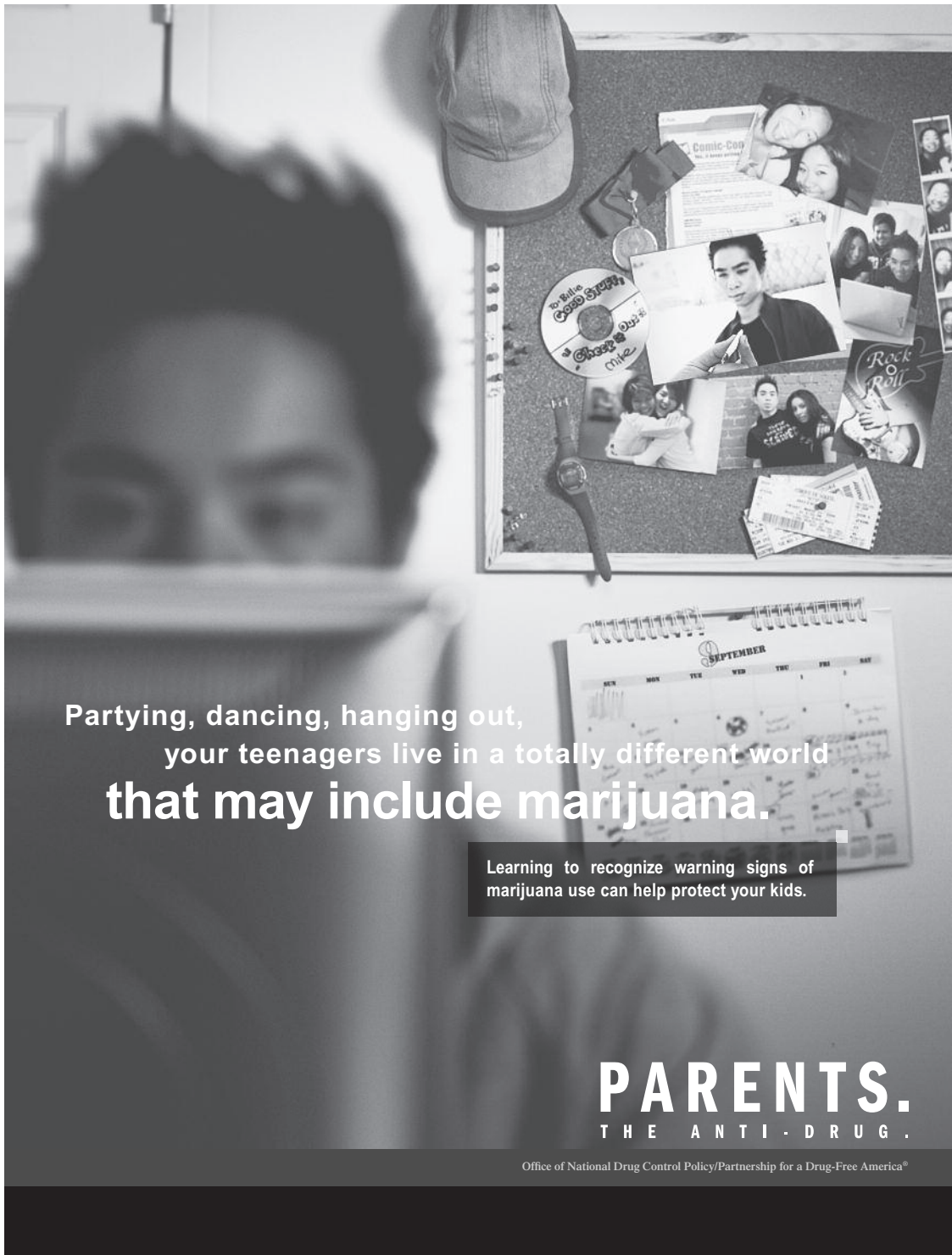
e A registrant who successfully completes 300 hours of Board-approved supervised practical training in pursuit of licensure as a clinical addictions specialist.

f A person certified by the Board to practice as a clinical supervisor in accordance with the provisions of this Article (G.S.90-113.31A).

g A person designated by the Board to practice as a clinical supervisor under the supervision of a certified clinical supervisor for a period not to exceed three years without a showing of good cause in accordance with the provisions of this Article.

REFERENCES

- 1 IC&RC: Public protection through credentialing. IC&RC website. <http://www.icrcaoda.org/about.asp>. Accessed January 6, 2009.
- 2 The Professional Practice Board. North Carolina Substance Abuse Professional Practice Board website. <http://www.ncsappb.org/boardsteve/index.htm>. Accessed January 6, 2009.
- 3 North Carolina Department of Insurance. Advisory notice: session law 2008-130 (senate Bill 2117) NC General Statute § 58-50-30. North Carolina Substance Abuse Professional Practice Board website. <http://www.ncsappb.org/boardbuzzsteve/lcasadvisory.pdf>. Accessed January 6, 2009.
- 4 Supervisors. North Carolina Substance Abuse Professional Practice Board website. <http://www.ncsappb.org/supervisorsteve/index.htm>. Accessed January 6, 2009.



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