IC&RC Alcohol and Drug Treatment Credentials

Focus Group Recommendations

In the summer of 2014, IC&RC assembled a group of Subject Matter Experts (SMEs) to discuss the standards for IC&RC’s Alcohol and Drug Counselor (ADC), Advanced Alcohol and Drug Counselor (AADC), Co-Occurring Disorders Professional (CCDP), and Co-Occurring Disorders Professional-Diplomat (CCDP-D) credentials.

The decision to review the credential standards was made in light of the update of the Job Analysis (JA) for the ADC and AADC credentials. Through the JA process, it became clear to IC&RC that the concepts and standards currently in place were outdated and no longer meeting the needs or trends of the field of substance use disorder treatment. In particular, the co-occurring disorder credentials were included in the discussion as the Subject Matter Experts felt that treatment of co-occurring disorders is not a separate specialty, but rather the norm in the treatment of substance use disorders. Ultimately, it was the recommendation of the committee to no longer offer separate co-occurring credentials but rather incorporate the expected knowledge and competencies into the ADC and AADC credentials.

Select individuals from each JA panel were asked to reconvene to discuss:

- Emerging trends in the field of substance use disorder treatment,
- A career ladder for professionals in the field, and
- Recommend credential standards to coincide with the career ladder.

The Subject Matter Experts selected came from diverse backgrounds with varying vantage points of the substance use disorder field. Participating Subject Matter Experts represented both national and international organizations such as the ATTC, The National Council for Behavioral Health SAMHSA/HRSA Center for Integrated Health Solutions, NASADAD’s National Treatment Network, Dartmouth Hitchcock Medical Center Addiction Treatment Program, clinicians from a variety of states and countries, and the Chairs of IC&RC’s Credentialing Services, ADC, AADC, and Co-Occurring Disorders Committees.

Below is a summary of their discussions and recommendations.

Emerging Trends

- Core competencies of integrated care: substance use disorder treatment integrated with mental health and/or physical health
- The need to ensure that there is still an addiction specialty focus in the integrated care model. Substance use disorder credentialing is a niche in which IC&RC is the unequivocal leader.
- There is a need to continue to require substance use disorder specific education/training.
- Changing concept of addiction with legalization of marijuana, changed views on substance use and abuse.
- DSM V changes from the clinical perspective
- Tobacco treatment as an addiction
- Other behavioral health process addictions, e.g. problem gambling
- Screening Brief, Intervention and Referral to Treatment (SBIRT)
- Trauma Informed Care
- Medication Assisted Treatment (MAT)
- Changes in the demographics of professionals entering the field. New professionals tend to be masters level, clinical mental health professionals with certifications in substance use disorders.
- Non-degreed persons are rarely doing clinical work but rather providing peer services.
- State policy makers and other funding sources determine what services can and cannot be reimbursed. Agencies requiring professionals to have the needed qualifications as defined by third party payers.
- The majority of those who are eligible for third party reimbursement are licensed professionals at a master’s level. Those performing clinical work without a master’s degree are often only able to work and/or be reimbursed if supervised by a licensed professional at a master’s level.

**Career Ladder:**

With SAMHSA’s 2011 document as a reference, the panel discussed and outlined a career ladder for substance use disorder treatment professionals and proposed certification standards for each level. The ladder has three levels. The different levels, corresponding credentials, and credential standards are outlined below:

**Level 1:**

Level 1 professionals are working in treatment centers but in non-clinical jobs. They tend to have a high school diploma/GED or an associate’s degree and were identified as falling into one of two categories:

- Counselor assistants, e.g. Substance Use Support Staff/Tech/Aid/Case manager, Direct care associates, etc.
- Peer Recovery Coaches, Specialists, Mentors, etc.
The panel discussed developing standards around the first category of the Level 1 para-professionals, but recognized that individual credentialing boards typically have a credential level for this group. They ultimately concluded there would be limited demand for such a credential.

The standards for IC&RC’s Peer Recovery credential are in place for the second category.

Level 2

Level 2 professionals typically are working in clinical jobs but under the supervision of a Level 3 professional or in an appropriately licensed facility. They are performing the tasks delineated in IC&RC’s 2013 ADC JA.

They are expected to recognize and have a general understanding of co-occurring disorders but not diagnose and treat. They need to have the ability to recognize co-occurring disorders in order to make referrals to appropriate professionals for treatment.

Proposed Name:

The panel agreed the credential name Alcohol and Drug Counselor (ADC) should remain the same.

Alcohol and Drug Counselor (ADC)

Proposed Standards per Focus Group recommendations:

- **Degree:** Bachelor’s
- **Training/education:** 315 hours (equivalent hours of a 7 course academic minor)
  - Minimum of 20 hours in each domain
  - Minimum of 20 hours in mental health and other co-occurring conditions
  - Minimum of 135 hours in substance use disorders
- **Experience:** 4,000 hours specific to the domains
  - Accrues upon completion of degree and training/education requirements
  - Must be completed within 2-6 years of starting the supervised work experience
- **Supervision:** 100 hours of clinical supervision
  - Minimum of 10 hours of supervision per domain
- **Signed code of ethics**
- **Examination**
  - Pass the IC&RC ADC examination upon completion of all other standards
- **Recertification**
  - 40 hours of continuing education every two years
Level 3:

Level 3 professionals typically have a Masters or other post graduate degree in a behavioral health field. They are performing the tasks delineated in IC&RC’s 2013 AADC JA with ability to diagnosis and treat co-occurring disorders.

Proposed Name:

The panel recommended continuing to refer to the credential as the AADC but to change the name to either of the below:

Advanced Alcohol and Drug Co-Occurring Clinician

Advanced Alcohol and Drug Clinician

Recommended Tagline to be used under the credential title in all materials: A Masters Level Behavior Health Credential Focusing on Addiction and Co-Occurring Disorders

Proposed Standards per Focus Group recommendations:

• **Degree:** Master’s in a behavioral science with a clinical application
• **Training/education:** 180 hours of co-occurring specific education that includes:
  o Minimum of 20 hours in each domain
  o Minimum of 90 hours specific to substance use disorders
• **Experience:** 4,000 hours specific to the domains with at least 2,000 of the 4,000 hours completed post master’s degree.
• **Supervision:** 100 hours of clinical supervision
  o Minimum of 10 hours of supervision per domain
• **Signed code of ethics**
• **Examination**
  o Pass the IC&RC AADC examination upon completion of all other standards
• **Recertification**
  o 40 hours of continuing education every two years

General Guidelines for all Standards

• Degree granting universities must be accredited by regional or national organization or an international equivalent if the degree is from an international institution
• References to the “domains” mean all elements comprising the domains including their respective tasks, knowledge, and skills delineated in the current Job Analysis for each examination
• Co-occurring refers to mental health, physical health, and/or other developmental/intellectual disabilities

• Training and education is defined as formal, structured instruction in the form of workshops, seminars, institutes, in-services, college/university credit courses, and distance learning:

• The training and education hours can overlap

Impact on IC&RC Credentials Offered:

Underlying the proposed three level system described above is the assumption that IC&RC would end the offering of the CCDP and CCDP-D credentials. The rationale behind these thoughts is that co-occurring disorders is the norm in substance use disorder treatment and not a specialty of treatment. The co-occurring knowledge and competencies needed by each professional as defined by the level 2 and level 3 standards have been incorporated into the ADC and AADC JAs. As such, candidates would need to have specific training, experience, and supervision in co-occurring disorders making the separate CCDP and CCDP-D credentials duplicative. The new menu of IC&RC credentials to be offered would be as follows:

• ADC (with revisions)
• AADC (with revisions)
• CS
• PS
• CCJP
• PR

Ending Offering the CCDP and CCDP-D Credentials:

At this time, a process for discontinuing the CCDP and CCDP-D credentials has not yet been discussed in detail. Possible options discussed are outlined below but further research and consultation with SMEs, IC&RC leadership, legal counsel, IC&RC boards and other knowledgeable parties is needed before more definitive recommendations can be made.

• Stop offering the IC&RC CCDP and CCDP-D credentials but allow professionals that currently hold the credential to continue to renew the credential for an indefinite time.
  o The renewing CCDPs and CCDP-Ds would be reported to IC&RC on annual dues reports.
  o Boards would still pay a per professional annual membership fee for these recertifying CCDPs and CCDP-Ds.
  o Professionals would still be eligible for reciprocity.

• Stop offering the IC&RC CCDP and CCDP-D credentials and transition the professionals into holding either the new ADC or AADC credential.
  o Certified CCDPs would be transitioned into the new ADC
  o Certified CCDP-Ds would be transitioned into the new AADC
The formerly certified CCDPs and CCDP-Ds would have reciprocity as a new ADC or AADC.
The transitioned CCDPs and CCDP-Ds would be reported to IC&RC as ADCs and AADCs on annual dues reports.
Boards would pay a per professional annual membership fee for these transitioned CCDPs or CCDP-Ds as an ADC or AADC.

It is important to keep in mind that although no new co-occurring credentials will be granted at the time credential discontinuation is effective, co-occurring elements were added to the ADC and AADC JAs.

Please remember that this document consists of recommendations. IC&RC’s Credentialing Services Committee and staff with the Executive Committee’s approval are seeking input from IC&RC’s key stakeholders including member boards and many others. No standards changes will be put forward for votes by the membership until feedback is received, compiled, and considered.

Your input is valuable and important. Please engage in discussions regarding these standards recommendations:

- On the Administrators’ call September 15, 2014
- At the Fall Meeting in Dallas, October 14-16, 2014
- By speaking with Staff directly

Or in writing:

Please email your specific comments to Rachel and/or Mary Jo at Rachel@internationalcredentialing.org or MaryJo@internationalcredentialing.org