

**SAMHSA'S
Co-Occurring Center for Excellence (COCE)**

**Certification and Licensure
Issues Related to the Treatment
of Co-occurring Disorders**

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April 28, 2005

3:30-4:30 P.M.

Overview

- Purpose of licensure and certification for professionals is to protect the public and ensure that practitioners have meet standards for practice.
- Purpose of licensure and accreditation of programs is to ensure that they meet state regulations and/or national operating standards and also protect the public.

Licensure and Certification of Professionals – Key Definitions

- Licensure: A license is a property right of an individual and as a property right a license is backed by the laws of the State in which it is granted. (Shimberg & Roederer, 1994) “...it is illegal for a person to practice a profession without meeting standards imposed by the State.” (Schoon & Smith, 2000)

Licensure and Certification of Professionals - Key Definitions

- **Certification:** A process established by a private sector body that defines standards for professional practice. It may prohibit the use of a title or designation but often does not restrict someone from practicing a profession. (Schoon & Smith 2000)

Licensure and Certification of Professionals – Key Definitions

- Difference between licensure and certification is that certification is voluntary, not overseen by a governmental body and usually does not prohibit someone from practicing
- Some states use the term “certified to indicate a license-e.g. “certified independent social worker” instead of “licensed independent social worker

Purpose of Licensure and Certification

- Provides assurance that practitioners
 - have met standards of practice
 - Can perform scope of practice established for the profession
 - Have demonstrated knowledge and skill to practice
- Provides protection from incompetent and unscrupulous professionals

Current Scopes of Practice and Core Competencies

- Scopes of Practice for social workers, psychologists and psychiatrists include assessment, diagnosis, treatment of mental, emotional and behavioral disorders
- The scopes of practice for psychiatrists, psychologists, social workers, mental health counselors, and marriage and family therapists also include addiction treatment
- However, pre-service education for these disciplines contains little content on addictions

Specialty Credentials

- Specialty credentials in addictions exist for psychiatrists, psychologists, social workers and licensed professional counselors
- Fewer than 7 percent of practitioners hold these national credentials (Harwood, et al, in press)
- Some States (e.g. CT, IL, PA) have developed or are in the process of developing specialty credentials in COD but they are generally for addiction counselors

Specialty Credentials Requirements

- Mental Health Practitioners need to know the Transdisciplinary Foundations as described in the Addiction Counseling Competencies (CSAT 1998)
 - Understanding Addictions (models & theories; behavioral, psychological, physical health and social effects of psychoactive substances)
 - Treatment knowledge (continuum of care; importance of social, family and other support systems; understanding and application of research; interdisciplinary approach to treatment)
 - Application to Practice (Understanding of diagnostic and placement criteria; understanding of variety of helping strategies)
 - Professional Readiness (Understanding of diverse cultures; disabilities)

Specialty Credentials

- For addiction counselors providing COD treatment the domains that have been identified include:
 - Assessment/evaluation/diagnosis
 - Clinical Competence
 - Case Management
 - Pharmacology and medical issues
 - Systems Integration
 - Professional Responsibility (IAODAPCA 2002)

Benefits and Risks Related to Specialty Credentials

- Enhance competencies of practitioners in providing services to clients with COD
- Integrates COD services into practice
- Specialty credentials are voluntary and not required for those providing COD services
- Lack of pre-service education in COD may preclude effective screening, assessment, intervention and referrals for COD clients

Elements of a COD Certification

- Need comprehensive understanding of substance abuse & mental disorders
 - Remission
 - Recovery
 - Resilience
- Competencies should include integrated assessment, engagement, integrated treatment planning and treatment, and long term integrated treatment methods (CSAT 2005)

Benefits and Risks of a COD Credential

- Currently a specialty credential for COD practice exists mainly for substance abuse professionals in several states
- Other disciplines have an addiction certification
- Advantage of developing a national COD credential is the creation of a scope of practice and competencies specifically designed for working with COD clients
- Risk is further splintering of the field and concerns that all patients would be perceived as needing COD treatment

Program Accreditation and Licensure

- Accreditation is a voluntary performance-based process used to assess an organization or institution based on established quality and safety standards. Surveyors are carefully trained to conduct the evaluation; funders and third party payors usually require accreditation of institutions and agencies

Program Accreditation and Licensure

- Licensure is a right or permission granted by the state to engage in a business, perform an act or engage in a transaction that would be unlawful without such a right or permission (Merriam-Webster 1996)
- States regulate the licensing of programs & hospitals; regulations may include policies, procedures, types of staff, facility safety standards and types of care specific programs can offer

Core Capabilities for Programs Serving COD Clients

- Following services are needed:
 - Integrated screening and assessment
 - Staged interventions
 - Assertive Outreach
 - Motivational interventions
 - Simultaneous Interventions
 - Risk Reduction
 - Tailored mental health and substance abuse treatment
 - Counseling
 - Social Support Interventions
 - Longitudinal view of remission and recovery
 - Cultural sensitivity and competence (CSAT 2005)

Current Issues Regarding State Licensure of Programs

- COD programs need to have appropriately trained & certified/licensed staff; comprehensive services including a full array of mental health and substance abuse treatment; supportive services; and implementation of evidence-based practices
- Most programs are licensed by State mental health and substance abuse agencies respectively: funding streams are separate; different data collection systems; different staffing patterns; distinct service requirements

Models of Licensure Standards for COD Programs

- Comprehensive Continuous Integrated System of Care (CCISC) model is being implemented in several states (CSAT 2005)
- CCISC integrates mental health and substance abuse systems to provide a comprehensive system of care including policies, financing, programs, clinical practices and basic clinician competencies (Minkoff 2003; CSAT 2005)

Benefits of Licensure and Accreditation for COD Programs

- Elimination of many obstacles that currently exist
- Programs would be able to screen and assess for COD and some could be designated as programs to provide enhanced services
- Programs that wish to specialize in COD treatment could be recognized
- National accreditation would create consistent standards for programs including administrative, staffing and programmatic

Issues and Future Direction

- Little research exists on whether licensed/certified clinicians have better outcomes than those not certified
- Though competencies in substance abuse are being added to practice standards few curricula provide adequate education or training
- Evidence-based practices for COD treatment need to be incorporated into education and training standards
- State program licensure practices still make programs providing COD treatment jump through a maze of regulations
- JCAHO has not yet established national standards for dual diagnosis programs

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