

**Presentation by Vicki Michels, a Representative of the North Dakota Board of Addiction
Counselors to the Human Services Committee**

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West Conference Center, Nutrition Services Building
Life Skills and Transition Center
701 West Sixth Street
Grafton, North Dakota

Chairman Damschen and committee members,

I am Vicki Michels, a member of the NDBACE and immediate past president. Background: director of Minot State University Addiction Studies Program, President of the International Coalition for Addiction Studies Education, a commissioner of National Addiction Studies Accreditation Commission, Chair of the Northwest Training Consortium Board and a psychologist.

The NDBACE, as you and many are across the state and nation, is concerned about the shortage of addiction counselors. NDBACE has the difficult job of creating a process which does not put undue roadblocks to people entering the field and yet makes sure clients and the public are protected.

Clients who come to addiction treatment have complicated problems.

1. The majority will have at least one co-occurring disorder, abuse multiple substances, many have trauma in their background, health complications, and troubled family lives.
2. LACs are required
 - a. to be able to diagnose accurately (takes time and exposure to many cases; protect public) substance use disorders
 - b. assess for withdrawal symptoms of multiple drugs
 - c. recognize the symptoms of intoxication for multiple drugs
 - d. be able to screen for co-occurring disorders
 - e. make appropriate referrals
 - f. provide accurate information about addiction to the patient and families
 - g. create a treatment plan
 - h. provide individual and group counseling
 - i. assess for suicide and homicide risk
 - j. accurately document treatment
 - k. understand the justice system because LACs are involved in commitment procedures and testifying.
 - l. They need to understand complicated federal and state laws governing confidentiality and child and vulnerable adult reporting laws.

My point is that what LACs are licensed to do in the state of North Dakota requires a wide range of knowledge and skills which take time to develop and need guidance to develop. Just as we would not want a physician to treat us who was not thoroughly trained, we do not want addiction providers who are insufficiently prepared. People who are in addiction treatment are suffering and their families are suffering. At the same time, we strive to ensure our requirements are no higher than necessary to ensure our licensees provide competent care.

The basic requirements to become an LAC in ND are for the individual to:

1. Earn a bachelor degree in addiction studies or a closely related field and 32 credits of specific course content related to addiction counseling.
2. Complete 1400 hours of a supervised training experience
3. Pass the national licensing exam.

The vast majority of other states **require far more** hours of supervised experience for those who will practice at the level we are licensing addiction counselors in North Dakota. In 2009, I reviewed all of the country's state licensing laws.

1. 85% of the 49 states had over 2000 hours of supervised experience required to get certified or licensed (at the level of expertise given in ND).
2. 78% of those 49 states required 4000 or more well above the 1400 hours required in ND.
3. Only 2 states require less than 1000 hours
4. 5 states require 1000 hour
5. the remaining 42 states require 2000-6000 hours.

The confusion about North Dakota hours may arise from a use of certain terminology related to the hours necessary to be licensed. North Dakota requires 1400 hours, which we refer to as "training hours." Within these 1400 "training hours" we require that the prospective licensee be supervised during 250 of those hours. Many other states require around 300 hours of training hours—which sounds substantially less than the 1400 hours we require—but then in addition to those training hours, the other states require an additional 2000-6000 hours of supervised work experience, making their standards far higher than North Dakota's requirements. .

The national trend is to increase standards not decrease the requirements.

We understand there has been concern about professionals from other states getting licensed in North Dakota. Please understand addiction licensing and certification is not standardized across the nation and varies greatly.

If a professional is moving from another state, they have two options to become licensed.

1. The first way to become licensed is the most common means of licensure—and it is referred to as Initial Licensure. The person demonstrates that they have met ND academic requirements, supervised experience, and have passed the required licensing exam.
2. The second option is a means by which individuals who are licensed in other states may apply for licensure through reciprocity A licensure through reciprocity can be granted if the other state's laws are substantially the same as North Dakota law. Many applicants do not fully understand this process and assume that during a reciprocity analysis we assess the applicant's education and experience, but we do not. We only analyze the similarity laws of the two states. We endeavor to educate applicants on this requirement. In doing so, we often encourage a person coming from a state where the laws are not substantially similar to ours, but who individually seems likely to meet our Initial Licensures requirements—to apply through that avenue. We do not charge them an additional fee if they apply for licensure under both options.

We understand that persons licensed in other states and licensed in other professions gain valuable experience during their years of practice, and as a result we calculate the hours of experience to recognize this fact.

For example, to help people moving from the few states that require less supervised experience than ND, we give 150 hours of credit toward supervised experience for every year the person has been licensed/certified in the other state. This can make it easier for a person from another state to meet our requirements and move to North Dakota for employment as an addiction counselor. If someone has been licensed in Minnesota (which requires 880 hours) for 4 years (receiving ND credit of 150 hours X4 =600 hours), they will meet our supervised experience requirement. Because most states have more supervised experience hours required, most licensees moving to North Dakota from the majority of other states will meet our training requirement.

Similarly, to encourage mental health professionals such as psychologists to enter the field of addiction counseling, we credit them 150 hours of for every year they have been licensed as a mental health professional up to 900 hours. Because addiction is often neglected in mental health training, the board and the members of the addiction field who helped craft the current rules decided 500 hours of supervised experience is necessary to develop the mental health counselor's skills at diagnosing and treating addiction.

Considering the role of the addiction counselor is to treat patients with addiction and frequently dual diagnoses, I think comparing our licensing standards to other professions who work with similar cases is also relevant. Our licensing requirements are not overly stringent considering a psychologist who will share some of the cases with the addiction counselor must have

- 1 Ph.D.
2. 2000 hour internship
3. one year of post doctorate supervision

All mental health professionals who are licensed to provide treatment of mental illnesses must have at least a master degree; addiction is a complicated mental illness.

I have rarely had a student balk at the number of training hours required for an addiction counselor; never have I had a student tell me they believed the 1400 hours was too long. I have had students who were returning to Canada where there are no requirements for supervised experiences, ask if they could do their training here before returning home because they want to be well prepared. Rather than feeling as if the 1400 hours is too long, students report feeling nervous about starting to practice after such a short time. People who enter professions such as addiction counseling want to provide the best treatment possible for their clients and therefore want to be well prepared.

A provider who is underprepared can harm clients by wrongly diagnosing, missing important information, not making appropriate referrals, and providing substandard treatment. Clients and families can become mistrustful of the field as a whole which becomes a barrier for people seeking treatment. Professionals who are underprepared are more likely to burn out and those well prepared

who are working with underprepared professionals may also have increased work load because they may need to take all of the more complicated cases, provide extra supervision to the under prepared clinician, and correct work that is not done adequately. Now the problem is compounded because the competent professional is also more likely to burn out.

Unfortunately, the nation is experiencing a shortage of addiction counselors even the states with lesser requirements than North Dakota. Many factors contribute to the problem. Stigma, poor pay, stressful work conditions, stressful cases, high burn out rate, and significant paper work all contribute.

In conclusion, I am of the opinion that an appropriate way to address these concerns is to continue engaging in conversations with stakeholders in an effort to identify practical means for improving recruitment results. Some ideas are to:

1. Increase incentive to clinical supervisors to train.
2. Provide a stipend to trainees going through training programs
3. Offer student loan repayment
4. Increase wages
5. Improve work conditions

I think that it is not in the best interest of the state or its citizens to lessen the standards required for licensure as an addiction counselor in North Dakota. These standards have served the state well and are comparable and even less stringent than the requirements of most other states.

2009 State Standards Equivalent to North
Dakota Licensure

States requiring 6000 hours

Delaware
Florida
Georgia
Indiana
Kentucky
Maryland
Massachusetts
Mississippi
New Hampshire
Tennessee
Texas
Virginia

States requiring 3000 hours

New Jersey
Wyoming

States requiring 2000 hours

Alabama
Alaska
Louisiana
New Mexico
Oklahoma
South Dakota
Washington

States requiring 1000 or less

Colorado
Iowa
Kansas
Minnesota
Missouri
Montana
Oregon

States requiring 4000 hours

Arizona
Arkansas
California
Connecticut
Hawaii
Idaho
Illinois
Maine
Michigan
Nebraska
Nevada
New York
North Carolina
Ohio
Pennsylvania
Rhode Island
South Carolina
Utah
Vermont
West Virginia
Wisconsin