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The Affordable Care Act and Addiction Treatment: Preparing the Undergraduate Human Services Professional

Chaniece Winfield, Rebekah Cole, Laurie Craigen

Abstract

The steady growth of the substance abuse and addiction field in addition to the passing of the Affordable Care Act (ACT) increases the need for competent and credentialed substance abuse professionals. As generalists in the helping field, human services professionals would benefit from education and sufficient credentialing in substance abuse and addiction treatment. The authors of this article suggest that substance abuse and addiction education be considered for inclusion at the accreditation level for human services programs. Furthermore, a discussion of the Alcohol and Drug Counselor (ADC) international credential and its benefits and implications for human services professionals will be presented.

Introduction

According to the U.S Bureau of Labor Statistics (2014), the field of substance abuse is expected to grow by 31% percent by the year 2022. This expansion is fueled by the implementation of the Affordable Care Act (ACA) of 2010, which expands the accessibility of healthcare insurance for individuals with behavioral health needs, which include substance abuse concerns (Karakus, 2014). As a result of this growth, the demand for substance abuse treatment providers will increase, particularly for clients with Medicaid insurance, which is the largest insurance provider in the United States for low-income citizens (Ali, Teich, & Mutter, 2014; Andrews, 2014; Beronio, Glied, & Frank, 2014; SAMSHA, 2014). Despite this growth and increased need for substance abuse treatment providers, human services accreditation standards do not require substance abuse and addiction education as part of the required curriculum for undergraduate human service professionals. Thus, as generalists in the helping field, undergraduate human services professionals could potentially face issues of incompetence in this area as a result of lack of education. This article therefore reviews recent growth and changes in the addiction field, cites accreditation standards in human services, and suggests the incorporation of addiction courses as part of the required curriculum for undergraduate human services professionals. An overview of current credentialing options with suggestions for addiction certification will also be presented. This article ultimately encourages human services education programs to prepare competent professionals that can meet the growing demand for addiction helpers in the field, while also preparing the human services practitioner for service delivery changes as a result of the Affordable Care Act.

The Affordable Care Act and the Human Services Field

As the principle federal agency in charge of implementing the Affordable Care Act, the Department of Health and Human Services has two primary goals: increase insurance coverage and make coverage more affordable (Nordal, 2012). These goals, thus, result in increased coverage for services specific to the addiction field which include, but are not limited to, diagnostic testing, outpatient treatment, partial hospitalization, inpatient and outpatient detoxification, opioid treatment, as well as short and long term residential care (Garfield, Lave, & Donohue, 2010). This increased insurance coverage likewise results in more stringent

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expectations and requirements for providers regarding certification and licensure to be an active provider in this network (McLellan & Woodworth, 2014). Finally, the establishment of expectations and requirements creates the need for adequate credentialing and minimum education requirements of professionals who provide these billable services. Because of the expanded coverage of these services and growth in the helping field, educational institutions are called to prepare competent professionals who can meet this need.

The Role of the Human Service Professional

The U.S Bureau of Labor Statistics (2014) identified substance use and behavioral disorder professionals as those who advise individuals who suffer from chemical addictions or mental disorders. According to the *Diagnostic and Statistical Manual for Mental Disorders* (5th ed; *DSM-5*; American Psychiatric Association, 2013), a mental disorder is a syndrome classified by a clinically significant imbalance in either an individual's cognition, emotion regulation, or behavior, resulting in distress in an important area of their life. As helping professionals who provide an array of services targeted toward improving clients' lives, human services professionals work in a variety of helping settings, providing supportive services to individuals including those struggling with substance use and behavior disorder issues (Bureau of Labor Statistics, 2011; Neukrug, 2017). According to the National Organization for Human Services [NOHS], the field of human services is committed to improving the quality of life through both prevention and intervention efforts. As a result, the field is constantly looking to improve its approach to provide better services to clients and to remain accountable to the community, to clients, and to the profession (NOHS, 2015).

Aligning with this commitment, human services professionals are employed in a variety of settings in which they directly work with clients who are struggling with substance abuse and addiction disorders (Hinkle & O'Brien, 2010; Neukrug, 2017). More specifically, a human services professional may serve in the position of a drug and alcohol counselor, intervening with someone struggling with substance abuse or supporting their family through the time of recovery (HumanServicesEdu.org, 2015; Neukrug, 2017). Additionally, human services professionals provide treatment and support to help the client recover from addiction, modify problem behaviors, and access allowable services that are now covered under the Affordable Care Act (Bureau of Labor Statistics, 2011). As practitioners in addiction treatment, it is vital that human services professionals abide by the ethical codes of their profession with regard to practicing within their scope of knowledge.

Ethical Standards of Human Services Professionals

The Ethical Standards for Human Services Professionals describe the human services professional's responsibilities to clients, to the public and society, to colleagues, to employers, to the profession, to self, and to students (NOHS, 2015). As each of these standards focuses on promoting the wellbeing of the client, human services professionals must possess the skills needed to meet the specific needs and the challenges that each client presents. This knowledge base is emphasized in Standard 27, which emphasizes that human services professionals should only practice within their scope of knowledge and expertise (NOHS, 2015). In addition, Standard 31 mandates the use of best practices in the field to meet the needs of clients, encouraging members of the field to continually seek out effective, evidence-based approaches in their work with clients (Neukrug, 2017; NOHS, 2015). It is important to recognize that evidence-based

approaches are not synonymous with evidence-informed approaches. Evidence-based approaches are supported by documented scientific evidence or study, while evidence-informed approaches are guided by research and evaluation. However, they do not require scientific research or rigorous evaluation to prove positive results or success (Fox, 2014; Nevo & Slonim-Nevo, 2011). Given the ethical mandates related to servicing substance abuse clients in an evidenced-based, competent manner, human services professionals must be trained in the area of assessment, referral, and best practices for working with this population. Misdiagnosis and mistreatment result in ethical violations and consequences not only for the client, but for the professional and the field as well.

Human Services Education: Accreditation and Research

In addition to the NOHS ethical codes, The Council for Standards in Human Service Education (CSHSE) sets curriculum and programmatic standards for human services education. CSHSE includes standards for human services programs at the associate, baccalaureate, and Masters' level. Revised in 2013, these standards are informed by external research in the field, national research on human services education programs, and they have been aligned with the transforming field of human services since the early 1970s. Divided into General Program Characteristics and Curriculum, each of the standards is general in scope, attempting "to strike a balance between clearly stated principles and enough flexibility to avoid constraining natural diversity among programs" (Center for Credentialing and Education, 2015). Given this statement by CSHSE, it is not surprising that a review of standards at all levels yielded no specific mention on addiction and/or substance use/abuse (CSHSE.org, 2015). Thus, in order to fully examine the relationship between human services and addiction, a review of research into this relationship was facilitated.

Research in Addiction and Human Services Education

Substance abuse is a serious public health concern that calls for the assistance of trained human services professionals (Hagen & Kisubi, 2011). Yet, there has been very little published on the inclusion of substance abuse in human services curriculum at the associates, baccalaureate, or Masters' level. A review of the sponsored publication by the Council of Standards in Human Service Education (CSHSE) discovered articles that reference the subject of substance abuse/addiction. DiGiovanni's (2009) monograph, entitled *Council for Standards in Human Service Education Legacy: Past, Present, and Future*, includes a list of each of the required programmatic standards for accreditation, relevant documents, examples from accreditation self-studies, and an applicable national community support skill standard. With regards to examples from self-studies, DiGiovanni likewise noted the themes of faculty expertise in addiction as well as the inclusion of curriculum that addressed salient community issues such as addiction. Based on this publication, it appears that substance abuse/addiction is integrated into some of the human services curriculum for accredited programs and/or programs seeking accreditation. However, additional information is needed to determine how often and to what extent the substance abuse curriculum is integrated into human services education. Additional information is also needed regarding the number of programs that employ program faculty with substance abuse/addiction experience/training. A second monograph published by the CSHSE, *Best Practices in Human Services: A Global Perspective* by Hagen and Kisubi (2011), also mentions the topic of substance abuse/addiction. In fact, there are over a dozen references to

substance abuse and/or addiction within this featured monograph. However, these references do not specifically address how substance abuse/addiction is integrated into human services education.

Moreover, an additional review was conducted within the last ten years of publications from the *Journal of Human Services*, formerly known as *Human Services Education*. These publications did not note any articles specific to substance abuse. The most similar title related to an article on behavioral addiction in the 2014 edition of the *Journal of Human Services*. However, the *Journal of Human Services Monograph*, a special edition from 2015, published two separate articles related to substance abuse: one on substance use in adolescents (Leak & Neal, 2015) and another on drug rehabilitation programs (Brown, 2015). Based on the review of applicable research in this area, it can be concluded that while substance abuse and addiction is a pervasive issue affecting our society, there is little published about the applicability of this role to human services professionals and/or educators. The lack of a requirement of substance abuse education, as well as minimal research into the relationship between the human services professional and substance abuse treatment, creates a clear need for human services professionals in substance abuse settings to pursue education and credentialing in this area.

The Human Services Profession and Credentialing

In 2008, a collaborative effort between the Center for Credentialing and Education [CCE], the Council for Standards in Human Services Education [CSHSE], and the National Organization for Human Service [NOHS] resulted in the development of the Human Services--Board Certified Practitioner (HS--BCP) credential (Hinkle & O'Brien, 2010; Neukrug, 2017). In its development, the goal of this national credential was to provide integrity, value and quality for the credential holder, their employers and the consumer (Hinkle & O'Brien, 2010). As a result, this credential established education, experience, and continuing education requirements for human services professionals in order to enhance their professional identity and further define the field.

Continuing Education with HS-BCP

The HS-BCP requires professionals to maintain their credential with 60-clock hours of relevant continuing education (CE) during the five-year certification cycle, with at least six specific hours related to ethics. HS-BCPs can gain continuing education in 12 competency areas that align with the Council for Standards in Human Service Education (CSHSE). These 12 competency areas include: ethics in helping relationships, interviewing and intervention skills, group work, case management, human development, social and cultural issues, social problems, assessment/treatment planning, intervention models/theories, human behavior, social welfare and public policy, and research, program evaluation and supervision. These standards are broad in nature and do not specifically address substance abuse/addiction. While there is value in training a generalist practitioner, this general focus might also create an additional opportunity for lack of competence in a specific area of the behavioral health field. While substance abuse/addiction could fall within several of these competency areas for HS-BCPs interested in maintaining their credential, the lack of specification of substance abuse/addiction leaves this area of competency to be reliant on the professional's own cognizance.

Human Services and Addiction Credentialing

According to Garfield et.al. (2010), many addiction services provided under the expansions from the Affordable Care Act will need to be provided by a certified or licensed professional for reimbursement purposes. For undergraduate human services professionals serving Medicaid clients, this certification is vital in order to provide addiction services under this act. Unfortunately many certifications and licenses appropriate to service Medicaid clients such as those that can be found in the fields of Counseling or Psychology are only accessible after a graduate level of education in these respective disciplines (APA, 2006; CACREP, 2015; Neukrug, 2017). While the human services field has recently established its own certification, the HS--BCP (Center for Credential & Education, 2009; Hinkle & O'Brien, 2010; Sparkman & Neukrug, 2014), this credential does not allow professionals to be reimbursed for Medicaid services, creating an alarming gap between the human services professional and the progression of the helping field. As a supplement to the HS-BCP, human services professionals are encouraged to pursue credentialing that will enhance their professional identity as human services professionals while also allowing them to meet the impending growth and demand of the addiction field.

Alcohol and Drug Counselor Certification

One such certification is the alcohol and drug counselor (ADC) credential, which is an international certification offered through the International Certification and Reciprocity Consortium [IC&RC] (IC&RC, 2015). Established in 1981, it is the largest credential in the field of addiction-related behavioral health care, with over 20,000 credential holders worldwide. (IC&RC, 2015). According to the IC&RC (2015), the alcohol and drug counselor credential is offered in more than 63 countries, U.S states, and territories as a reciprocal credential. As an international certification, the Alcohol and Drug Counselor (ADC) credential not only allows for billing of Medicaid insurance in some states, but can also be obtained with an undergraduate level of education in human services (IC&RC, 2015).

As a Medicaid billable credential, the alcohol and drug counselor (ADC) credential has specific requirements with regard to substance abuse education, supervision, and experience for undergraduate human services professionals. Because it is an international credential, eligibility for the alcohol and drug counselor (ADC) credential is determined by its individual member boards for that jurisdiction based on the aforementioned areas (IC&RC, 2015). However, consistent with each jurisdiction is required substance abuse and addiction education in the specific domains of (1) treatment planning, (2) collaboration and referral, (3) counseling, (4) professional and ethical responsibilities, and (5) screening, assessment, and engagement, which are the basis for the examination content (IC&RC, 2015). Furthermore, each member board requires a specific amount of experience, which can range from 2,000-6,000 hours of substance abuse practice based on the education level of the applicant. It is during this time that applicants must also obtain 300 hours of clinical supervision from a supervisor that meets board regulations regarding licensure and supervisory training. After successfully completing these requirements, each applicant must pass a competency exam specific to the educational and supervision domains.

Implications for Human Services Programs and Professionals

Considering the growth and change in the helping field toward better holistic care specifically as it relates to substance abuse and addiction treatment, the need to establish ongoing competency in human services professionals is vital (Molfenter, 2013). The Affordable Care Act greatly enhanced the ability of individuals with substance use concerns to obtain insurance coverage and as a result, increased access to behavioral health care (Beronio, et. al. 2014). This change in the helping field supports the holistic approach to client care by encouraging not just a focus on socioeconomic, physical health, or vocational services but also mental health and addiction needs (Molfenter, 2013). The ethical standards for human services professionals state that human services professionals are aware of the limit and scope of their professional knowledge and only practice within their area of competency (NOHS, 2015). This change in the behavior health field creates the potential to limit or detract from the growth of the human services field as a result of lack of education in addiction and substance abuse.

In order to meet the demand of developing competent human services professionals, the field could benefit from change on the accreditation level. Students who graduate from accredited programs are more knowledgeable about core issues in human services, as accredited human services programs undergo a rigorous process to meet the standards of CSHSE (Neukrug, 2013\7). As a result, implications arise for CSHSE to review its accreditation standards with consideration given to incorporating substance abuse and addiction education as part of its core curriculum. Establishing this change on the accreditation level ensures consistency among human services education programs, as accreditation standards often become standards that determine eligibility for certification or licensure.

When addressing areas specific to addiction education, CSHSE is encouraged to consider content areas identified by the Substance Abuse and Mental Health Services Administration [SAMSHA] (2000), which focuses on competency and being knowledgeable in evidence-based practices in its TAP 21 publication *Addiction Counseling Competencies*. The National Addiction Studies Accreditation Commission (NASAC), which is the only accrediting body for addiction programs on all levels higher education (NASAC, n.d), adopted these subject areas as the evaluation standard for accreditation. Consistent with this evaluation standard, topics specific to transdisciplinary foundations (SAMSHA, 2000) such as understanding addiction, treatment knowledge, application of treatment skills and professional readiness would be of benefit to human services programs. Additionally, experiential activities specific to building transdisciplinary foundations include opportunities to engage in clinical documentation for case studies, mock treatment groups facilitated in class by a competent instructor, as well as hands on projects that would assist in reducing stereotypes while building empathy for this population are recommended. The authors of this article suggest the following activities: abstinence projects, attendance at local community based support groups such as Alcoholics Anonymous, or service learning and volunteer activities with organizations that service the addiction population projects.

CSHSE is also encouraged to not only focus on understanding addiction and transdisciplinary foundation but also on practice dimensions, which is the second competency area identified by SAMSHA (2000) in its TAP 21 publication. Educational institutions could aim to focus on developing competence in practice dimensions such as treatment planning, clinical evaluation, referral and service coordination, documentation, as well as professional and ethical responsibilities with substance abuse and addiction clients. Experiential activities such as in-class mock treatment team meetings using hypothetical case studies, projects that provide

opportunities to develop treatment plans with a focus on treatment, and referral and service delivery are also suggested. Finally, activities and exercises that provide opportunities for ethical decision-making and clinical evaluation are recommended.

ADC and Human Services Professionals

Although the human services field has enhanced its professional identity through the development of the Human Services--Board Certified Practitioner (HS--BCP) credential (Hinkle & O'Brien, 2010), the application of this credential in Medicaid funded addiction service is limited. As many human services professionals are employed in the addiction field (Hinkle & O'Brien, 2010), the passing of the Affordable Care Act limits their ability to practice in this growing area of behavior health due to inadequate credentialing and education. Thus, in order to enhance their professional identity as generalists in the helping field, undergraduate human services professionals in the addiction field are encouraged to seek additional certification. Because the alcohol and drug counselor (ADC) credential can be achieved with a bachelor's level education, and allows for professional practice with Medicaid clients in some states (IC&RC, 2015), obtaining this credential would be of benefit to undergraduate human services professionals both nationally and internationally.

Future Implications

Given the importance of being knowledgeable in best practices related to substance abuse treatment, human services programs are encouraged to make substance abuse courses a requirement for graduation. At a broader level, the topic of substance abuse could be included as a required curriculum standard as mandated by the CSHSE. Then, human services students will be more prepared to be competent and trained professionals in this growing area of concern. Human services faculty should likewise focus their research on best practices for helping clients struggling with substance abuse and for teaching these best practices to human services students in the classroom. As more evidence-based articles are published related to the human services role in this area, more much needed material will be available to include in human services curriculums.

Current human services faculty in the field are called to consider the gap in their current programs and the need to fill this gap with quality substance abuse education. Program faculty are encouraged to advocate within the profession to review accreditation standards and to promote the inclusion of substance abuse education as a core tenant in Human Services undergraduate programs. In addition, the National Organization for Human Services is strongly advised to consider these implications on a national scale as they ultimately relate to the organization's mission statement. Given the implementation of the Affordable Care Act and the current need in the field to address the growing issue of substance abuse, change should be considered soon so that the Human Services field can heed the call and meet the needs of this population in our society.

Conclusion

With the increased demand for substance abuse treatment services and the implementation of the Affordable Care Act, human services professionals would benefit from being fully prepared to meet the needs of clients struggling with substance abuse. Unfortunately, with current educational preparation requirements, human services professionals are not prepared in this area. Therefore, the human services professional is encouraged to take steps to incorporate

best practices for working with this population into the core human services curriculum. These measures would prepare human services professionals to become certified and accredited as experts in this arena. Ultimately, as the profession works to better itself to better meet client needs, the field becomes more ethically sound and better prepared to continue to evolve as our society does the same.

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