MA Department of Public Health Bureau of Substance Addiction Services
Approved Addiction Education Providers
For Alcohol and Drug Counselor Licensure
Overview

Pursuant to 105 CMR 168.006, education used to meet requirements for Licensed Alcohol and Drug Counselors (LADCs) must be approved by the Bureau of Substance Addiction Services (BSAS). This document provides a brief history of the LADC regulations, includes a copy of the Addiction Education Provider Application, and provides an overview of the development of the Addiction Education Provider (AEP) approval process.

I. Background

In 2004, 105 CMR 168.000, the Licensure of Alcohol and Drug Counselors went into effect. These regulations were developed by BSAS, and an advisory group made up of representatives from the field of Substance Use Disorder Treatment, including SUD treatment providers, education providers, and several pre-existing certifying bodies (NAADAC, MAADAC, and IC&RC, described below). The regulations, which are governed by MGL C 111J, established eligibility requirements and an application and renewal process for three levels of licensure: LADC I, LADC II and LADC Assistant. In order to be considered for approval, applicants must demonstrate they have passed the licensing exam and completed required work experience and approved education associated with the Department-prescribed application process. LADC I and LADC II applicants must complete 270 hours of approved education and 300 hours of approved practical experience, while LADC Assistant applicants must complete 50 hours of approved education. A link to the regulations and licensing requirements is available at https://www.mass.gov/how-to/apply-for-an-alcohol-and-drug-counselor-license.

The purpose of the Addiction Education Provider Approval Process, which was implemented in 2015, is to ensure that individuals obtain the necessary rigorous education for licensure through a process which is simple and transparent for the licensure applicant, the education provider, and the regulatory body. The Department publishes a list of Approved Addiction Education Providers on its website https://www.mass.gov/how-to/apply-for-an-alcohol-and-drug-counselor-license (scroll to second bullet under "what you need.") Licensure applicants who attend one of these programs may access a streamlined process for reporting education on their LADC application. Alternatively, LADC applicants may submit materials related to education provided by non-approved education providers to BSAS, which will review and approve or deny them on a course-by-course basis.

II. National Standards

Much work has been done in the substance use and addictions field to delineate standards for minimum training and competencies a person entering the field as a professional should have. Based on a review by a BSAS internal working group, these standards meet or exceed the minimum educational requirements for MA LADCs. Standards set by the following entities provide detailed review of necessary content:

- **NASAC** - the National Addictions Studies Accreditation Commission (which combined the academic program accreditation standards of *NAADAC, the Association for Addiction Professionals* and *INCASE, the International Coalition for Addiction Studies Education*).
- **NAADAC, the Association for Addiction Professionals** (formerly the National Association for Alcoholism and Drug Abuse Counselors). NAADAC standards for academic programs were incorporated into NASAC *accreditation*, but NAADAC maintains separate *approval* processes for academic education providers and continuing education providers.

- **IC&RC** - the International Certification & Reciprocity Consortium. The MA IC&RC member responsible for implementing the standards is the *MA Board of Substance Abuse Counselor Certification (MBSACC)*.

All of these incorporate SAMHSA's Technical Assistance Publication TAP 21, "Addiction Counseling Competencies: the Knowledge, Skills and Attitudes of Professional Practice." They also address other aspects of practice, such as the 12 Core or the NAADAC-National Certification Commission credentialing standards. **This is key content for today's substance use and addictions workforce.** BSAS recognizes that many addiction education providers will have applied for approval/accreditation by one of the three organizations listed above; certain materials prepared for such approval/accreditation will also be accepted for portions of this Approved Education Provider application. Demonstration of coverage of this content, either by approval/accreditation by one of these bodies, or independent demonstration to BSAS, is required to become an approved AEP.

III. Massachusetts Standards

BSAS-approved Addiction Education Providers must also prepare students to meet Massachusetts Licensed Alcohol and Drug Counselor (LADC) regulations. Educational programs are expected to periodically review the following BSAS documents to keep updated about areas of focus and those skills which will be particularly in demand in the field and at BSAS-licensed and funded programs:

- *Principles of Care and Practice Guidance* documents are sub-regulatory companions to BSAS regulations, 105 CMR 164.000: Licensure of Substance Abuse Treatment Programs. BSAS issues these documents under its regulatory authority and uses them to promote excellence in substance use and addiction services.
- On the BSAS Website you will find the *Standards of Care* for contracted programs, which specify key areas of knowledge and skill. Be in touch with providers in your region to better understand current workforce needs.
- Program Regulations
- LADC Regulations
- BSAS Mission and Vision (currently being updated):

Mission: We foster healthy life choices through culturally responsive services that prevent, treat and promote recovery from substance related disorders.

We Believe:

- Substance related disorders can be prevented and must be treated as a chronic disease.
- In strengthening people through prevention, harm reduction, treatment and recovery.
- Substance related disorders affect individuals, families and communities.
- Everyone in the Commonwealth must be treatment with dignity and respect and must have access to quality ongoing care.
- Our services must be diverse and responsive to all cultures.
- Eliminating the stigmas associated with substance related disorders is integral to our prevention and treatment efforts.
- Recovery works.

BSAS expects the following will be addressed by educational programs, regardless of phrasing differences in national standards:

A. Learning Experience - describe how these are covered throughout your program:

1. **Culturally and linguistically responsive** approaches should be used. Refer to this article from MDPI's Education Sciences journal.

2. **An Equity and Justice** framework should be incorporated, through examples, case scenarios and resource materials that demonstrate how substance use and addiction (and related policies/responses) affect, present, and can be treated in Black, Indigenous and People of Color (BIPOC), individuals with LGBTQIA+ identities, individuals with disabilities, and individuals from other historically marginalized communities.
3. **Adult-oriented learning approaches**, such as experiential learning, should be used.
4. **Quality Clinical Supervision** should be provided for any practicum.
5. **Educational content** should be continuously updated and based on current science and research.

B. General Content Requirements – describe how the following areas are covered by program courses:

1. **Addiction** should be covered comprehensively, including both process and substance addictions.
2. **All types** of substance use should be covered including abstinence, use, misuse, and dependence.
3. **Harm reduction** approaches must be covered as they relate to working with individuals at any stage of change related to their substance use.
4. **Addiction should be approached as a chronic condition which is treatable,** and for which effective responses attend to the multiple needs of individuals, families, and communities.
5. **Evidence Based and Best Practices** must be included, as well as methods designed to help one remain current on new techniques and trends in the field. For example, Motivational Interviewing and Medications for Addiction Treatment are widely adopted evidence-based practices which are supported by BSAS.
6. **Adaptations** of techniques for particular populations should be taught.
7. **Prevention, Intervention, Harm Reduction, Treatment, and Recovery Supports** should be approached as collaborative activities.

C. Specific Content Requirements – describe how the following areas are covered by program courses:

BSAS recognizes that AEP curricula cover most, if not all, of the topics described below. The purpose of this section is to provide a clearer understanding of the framework that students will be expected to work within once they enter the field, and to learn how AEPs address these topics within their curricula. If a particular topic is not covered, BSAS will work with the AEP to figure out how best to incorporate it.

1. Basic Concepts of Addiction
    a. **Pharmacology/Neurobiology:** Descriptive and up-to-date information about commonly-used substances, including alcohol, and how they interact with and affect the body and brain.
    b. **Tobacco:** Information about tobacco use, prevention, and cessation.
    c. **Compulsive Gambling:** Understanding how compulsive gambling may be co-occurring and is related to substance use disorder.
    d. **BSAS Levels of Care:** Students should be familiar with the BSAS Levels of Care (described in the Program Regulations), the methods and goals of each level of care, and how a person may enter, flow through, exit, and return to the system.

2. Ensuring Quality Care
    a. **Consumer/Client Rights**: Familiarity with the rights of consumers/clients.
    b. **Ethics and Boundaries:** Understanding of common ethical dilemmas and boundary violations that can impede treatment and break professional standards through scenario discussions and opportunities to practice appropriate responses; familiarity with BSAS counselor licensure regulations, and Ethical Standards for Counselors (NAADAC Code of Ethics) per 105 CMR 168.023.
    c. **Culturally Responsive Care:** Explicit discussion about the importance of providing culturally responsive services to reduce health disparities for individuals, families, and communities that

have been historically marginalized. Reference to the Culturally and Linguistically Appropriate Services (CLAS) National CLAS Standards, DPH's CLAS initiative and the Making CLAS Happen manual. SAMHSA's LGBTQIA+ Behavioral Health Equity Center of Excellence has guidance on working with LGBTQIA+ clients, MA DPH has information about the importance of data collection to measure for health inequities through Sexual Orientation and Gender Identity (SOGI) and Race, Ethnicity and Language (REL) data standards (email DPHDataStandards@mass.gov for more info), along with related BSAS sponsored trainings.

d. **Self-care:** Information and resources related to secondary or vicarious trauma, ethics, boundaries, and professional self-care, to help counselors best serve their clients.
e. **Evaluation of Service Delivery:** Information about the importance of continually working to improve services, through process improvement techniques such as those used by NIATx, methods of incorporating consumer input, and data collection and interpretation for outcomes measurement.

3. Providing Client-Centered Care
   a. **Culturally Responsive Care:** Information and discussion about responding to individual clients' needs in the context of race, ethnicity, heritage, disability, gender, gender identity, sexual orientation, economic and social class, housing status, criminal justice involvement, age and developmental process. Refer to resources listed in 2c, above.
   b. **Trauma Informed Care:** Clear understanding of Trauma-Informed approaches to care, including trauma of witnessing or experiencing overdose, violence and/or abuse.
   c. **Medication As Treatment:** Information and discussion about responding to individual needs in the context of challenges faced by those whose substance use or mental health disorders require pharmacological interventions. Information and discussion around the use of medication within the context of treatment; including overview of the evidence-based medications to treat substance use and mental health disorders including the federally approved medications to treat opioid use disorder and alcohol use disorder.
   d. **Contingency Management:** Coursework should include information and discussion about the use of reinforcement contingencies to alter an individual's day-to-day behavior, for the purpose of decreasing drug use and related problems. Students should learn about the ways in which Contingency Management can be integrated into services, counseling and treatment activities that provide ongoing support to their clients.
   e. **Stigma:** Information and discussion related to the different ways that stigma and discrimination affect people struggling with substance use and addiction, their families and friends, and people working to support them.
   f. **Family Issues/Involvement:** Information about familial cycles of addiction, theories of attachment, reference to the seminal Adverse Childhood Experiences study, effects of substance use and addiction on children and other family members, as well as how families can intervene in a person's addiction and play a positive role in their recovery.
   g. **Age-Specific/Developmentally Appropriate Services:** Information about the impact of substance use across the spectrum of ages and levels of development, with close attention paid to up-to-date research and trends. For example, adolescents, as well as 18-25 year-olds are known to be especially vulnerable to the effects of alcohol and drugs since their brains are still developing. People over 65 are also a rapidly-growing age group with unique substance use prevention, intervention, harm reduction, treatment, and recovery support needs.
   h. **Gender-Specific Services:** Discussion about the importance of using evidence-based gender-specific models, techniques, and programming to meet the different needs of cisgender, transgender and nonbinary individuals within the treatment system.

i. **Priority populations:** Information and discussion about the unique presentation and impact of addiction in BIPOC individuals, pregnant and parenting people, people who inject drugs, service members and veterans, people involved in the criminal legal system, Deaf and hard of hearing individuals, people living with HIV, unhoused and housing-unstable individuals, civilly committed individuals under section 35, and those from other marginalized communities.
j. **Behavior management:** Understanding the meaning behind client behaviors, including how diagnoses or disabilities (both physical and neurological) may need a tailored approach, and methods for responding appropriately (such as using de-escalation techniques and/or Motivational Interviewing techniques), which can help clients learn to more effectively interact with others.
k. **Safety:** The importance of ensuring physical safety (related in part to behavior management) and emotional safety (related in part to self-care skills and to Trauma Informed practice) for staff and clients.

4. Understanding Prevention, Intervention, Harm Reduction, and Outreach Strategies
   a. **Prevention:** Information about up-to-date prevention techniques and strategies, including the Strategic Prevention Framework and Environmental Strategies, and Opioid Overdose prevention strategies.
   b. **Intervention**: Information about a range of intervention strategies for people at different levels of need, including SBIRT for healthcare, school, and other settings; and Family Intervention strategies such as ACRA-ACC, CRAFT, and ARISE.
   c. **Harm Reduction**: Information about the ways in which harm reduction can be applied in all areas of substance use services. Include approaches based on the stages of change model and meeting clients where they are, as well as other definitions and strategies and local and statewide harm reduction resources.
   d. **Outreach:** Information about the spectrum of outreach strategies counselors might use to engage clients at every stage in their use. For example, reaching out to those not yet engaged in services, following up for continued services, and making connections to recovery and harm reduction supports after treatment. Outreach also includes partnering with providers in other systems to best support the needs of shared clients.
   e. **Opioid Overdose Reversal:** Overview of the use of Naloxone, how to obtain training for use of this medication, etc.

5. Supporting Recovery
   a. **Self-help**: Integration of SMART Recovery,12-step, faith-based, and/or other groups in the recovery process.
   b. **Medication:** Evidence Based Medications that support recovery from opioid use disorder including methadone, buprenorphine and naltrexone; evidence-based medications to support recovery from alcohol use disorder, nicotine dependence, and commonly prescribed mental health medications.
   c. **Culture of Recovery:** The notion that recovery is possible and achievable through multiple pathways, and exists on a continuum from early to long-term; information about concepts such as Wellness and Recovery Oriented Systems of Care (W/ROSC), Peer Recovery Support Services (including Peer Recovery Support Centers) “recovery capital,” and Recovery Coaching.
   d. **Responses to re-occurrence of symptoms:** Information about re-occurrence as a part of recovery, including re-occurrence prevention and harm reduction, and supportive responses (as opposed to immediate discharge). Introduce concept of a “Recovery Supportive Workplace.”

6. Addressing Related Health Needs
    a. **Co-occurring Conditions:** Information about mental health and physical health conditions that frequently co-occur with addiction.
    b. **Holistic and nutritional approaches to recovery:** Awareness that a range of approaches support recovery, including (but not limited to) acupuncture, naturopathic/homeopathic medicine, chiropractic, healthy eating/exercise, and mindfulness.
    c. **Infectious Disease:** Understanding the interplay of addiction and infectious diseases (infectious diseases include, but are not limited to: HIV/AIDS, viral hepatitis, sexually transmitted infections [STIs], tuberculosis) and treatments available for HIV/HCV, as well as pharmacologic prevention tools to prevent HIV (PrEP).
    d. **Integrated Care:** Integration of treatment for behavioral and physical health conditions, including pregnancy and medication management.

IV. Counseling Practicum

105 CMR 168.000 requires a 300-hour supervised counseling practicum. A practicum, in this case, can include a range of supervised work experiences. Students who are currently employed at a SUD treatment agency may submit evidence of e their work experience to fulfill the requirement, as long as the required amount of supervision and functional experience opportunities. Of the 300 total hours each of the 12 core functions must be performed for a minimum of 10 hours under clinical supervision

V. Application

In order to be considered for approval, please complete the Addiction Education Provider application and email it to LADC Coordinator Ian.Bain@Mass.gov or QAAL Special Projects Coordinator at Alex.Kearns@Mass.gov. Questions about the application can also be directed to Ian or Alex at the email addresses listed above.

Note: All information submitted to the Bureau of Substance Addiction Services as part of an application for approval is considered part of the public domain, therefore, you should not include any proprietary materials.