

**Testimony on SB 1065(raised) : An Act Concerning Licensed Alcohol and Drug Counselors**  
**Public Health Committee Hearing**  
**March 20, 2013**  
**Submitted by: Eileen M. Russo, MA, LADC**

I am submitting this testimony in support of SB 1065 which reinstates the alcohol and drug counseling educational requirement for the Licensed Alcohol and Drug Counselor (LADC) credential. In the interest of full disclosure, I am an assistant professor for Gateway Community College in the Drug and Alcohol Recovery Counselor program. However, I am writing this as a private citizen and a licensed alcohol/drug counselor. (LADC)

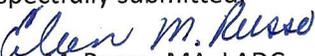
As someone one has who worked in the addiction field for 27 years in a variety of capacities, I have seen this field grow from one that graduated clients from treatment on Friday and hired them as "counselors" on Monday to one that has, by necessity, demanded professionalism.

This demand has been driven by the complexity of the problems of those who are seeking treatment, the increased expectations of those who are paying for treatment, and the expectation that addiction professionals are part of treatment teams that consist of doctors, nurses, and social workers.

The current requirements for knowledge, skills and attitudes of addiction professionals include eight (8) practice dimensions that cover one hundred twenty three (123) competency areas. The depth of these areas span the ability to screen for and diagnose substance use disorders, assess for impact of these disorders, develop treatment plans, provide counseling to individuals and families, use evidence based treatment approaches, make referrals, and write clinical notes and reports. The expected level of performance of providing services is in keeping with the expectations of licensed clinical social workers and professional counselors when performing social work duties or general counseling. The key difference is that being able to treat substance use disorders is a specialization, similar to a medical doctor choosing a specialty area such as cardiology.

The 2012 changes to the LADC standards essentially roll back the profession to an unequal and unprofessional status in comparison to other licensed professionals. This has several consequences with the primary one of possible harm to those seeking treatment and undermining the public's confidence in what a licensed professional means. If I can make an extreme comparison, if I hire a home improvement contractor that is licensed by the state of CT, I am expecting that the contractor can actually do home improvement work. If I send my child to substance abuse treatment and she is treated by a licensed addiction counselor I should not expect that a license equals competency? In fact, the "licensed" addiction counselor may not have any specialized training and may have a completely unrelated master's degree?

It is imperative that the educational/training requirements for licensing be reinstated and that the masters' degree requirement is clearly defined.

Respectfully submitted,  
  
Eileen M. Russo, MA, LADC

Naugatuck, CT

3/19/13