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Testimony on S.B. 1065: AAC Licensing Alcohol and Drug Counselors
Public Health Committee
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The National Association of Social Workers, Connecticut Chapter, representing over 3200 members supports S.B. 1065. This bill reinstates critically important educational requirements for eligibility to be licensed as a Licensed Alcohol and Drug Counselor (LADC).

From the inception of the LADC until last year all candidates for the LADC had to successfully complete 360 hours of education with no less than 240 of those hours in drug and alcohol specific addiction training. This stringent requirement assured that the LADC candidate is sufficiently educated in the field of drug and alcohol counseling. Unfortunately, for reasons that are not clear to us, last year the LADC law was amended by eliminating the specificity of drug and alcohol training within the 360 hours. This change has dramatically weakened the requirement for the LADC and by doing so has removed the assurance that a LADC is indeed adequately trained in drug and alcohol counseling.

As social workers we too are able to provide drug and alcohol counseling under the Licensed Clinical Social Worker license. The NASW Code of Ethics has a higher standard though than just holding the license and we expect our members to abide by the Code. That standard says that social workers should only offer services in substantive areas within the boundaries of their training, education, and experience. Furthermore the NASW Standards for Social Work Practice With Clients With Substance Use Disorder, NASW 2013, states that *“Social workers working with clients with substance use disorders shall possess specialized knowledge and understanding of psychological and emotional factors, physiological issues, diagnostic criteria, legal considerations, and co-occurrence of mental health disorders and substance use. This knowledge shall include an understanding of family dynamics, the effects that SUDs have on parenting abilities, and the resulting consequences for children. Social workers shall also be knowledgeable about current evidence informed approaches and best practices for service provision to clients with substance use disorders.”* Thus we expect that those individuals who hold a LADC, which is a DPH issued license, have similarly strong educational requirements as we expect of clinical social workers.

Allowing individual's to qualify for the LADC without significant educational training in drug and alcohol training does a disservice to the public and specifically clients who are being served by a LADC. The client is to believe that the LADC is fully trained and qualified in drug and alcohol counseling based on the DPH license however that assumption is no longer true given the current weakened educational requirement.

We urge that S.B. 1065 be passed so as to restore to the LADC requirements adequate training hours in the field of alcohol and drug counseling.