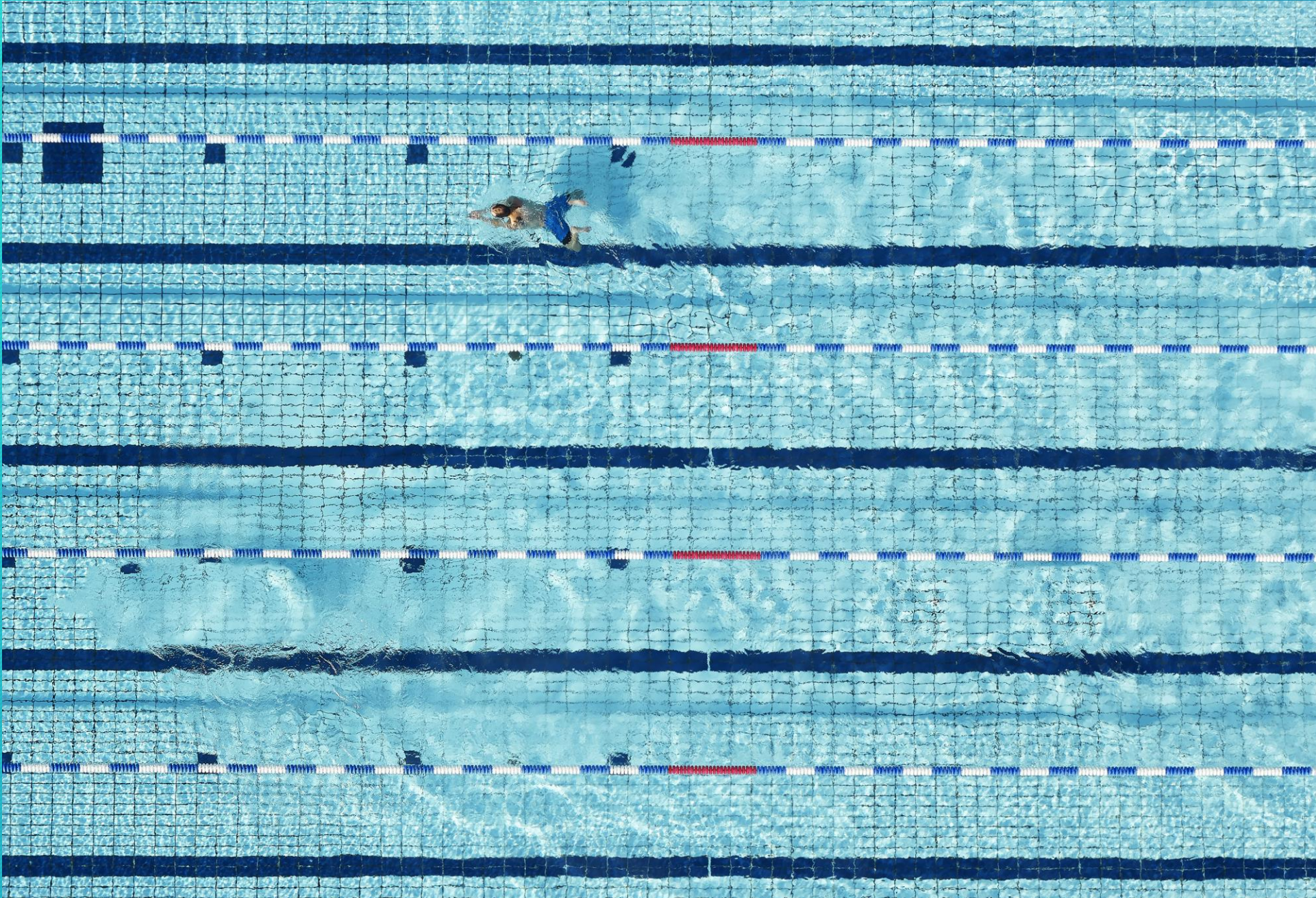




# Swim Lanes:

Managing Scope of Practice  
without Drowning!

Dr. Phil Atkins,  
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OCPC, ACHE



# What We're Going to Do...

- Review scopes of practice for treatment and prevention credentials.
- Define the prevention-treatment continuum of care.
- Talk about scenarios where scopes become unclear, overlap, or leave parts of the continuum uncovered.
- Develop a “self-check” to help you stay in your swim lane!

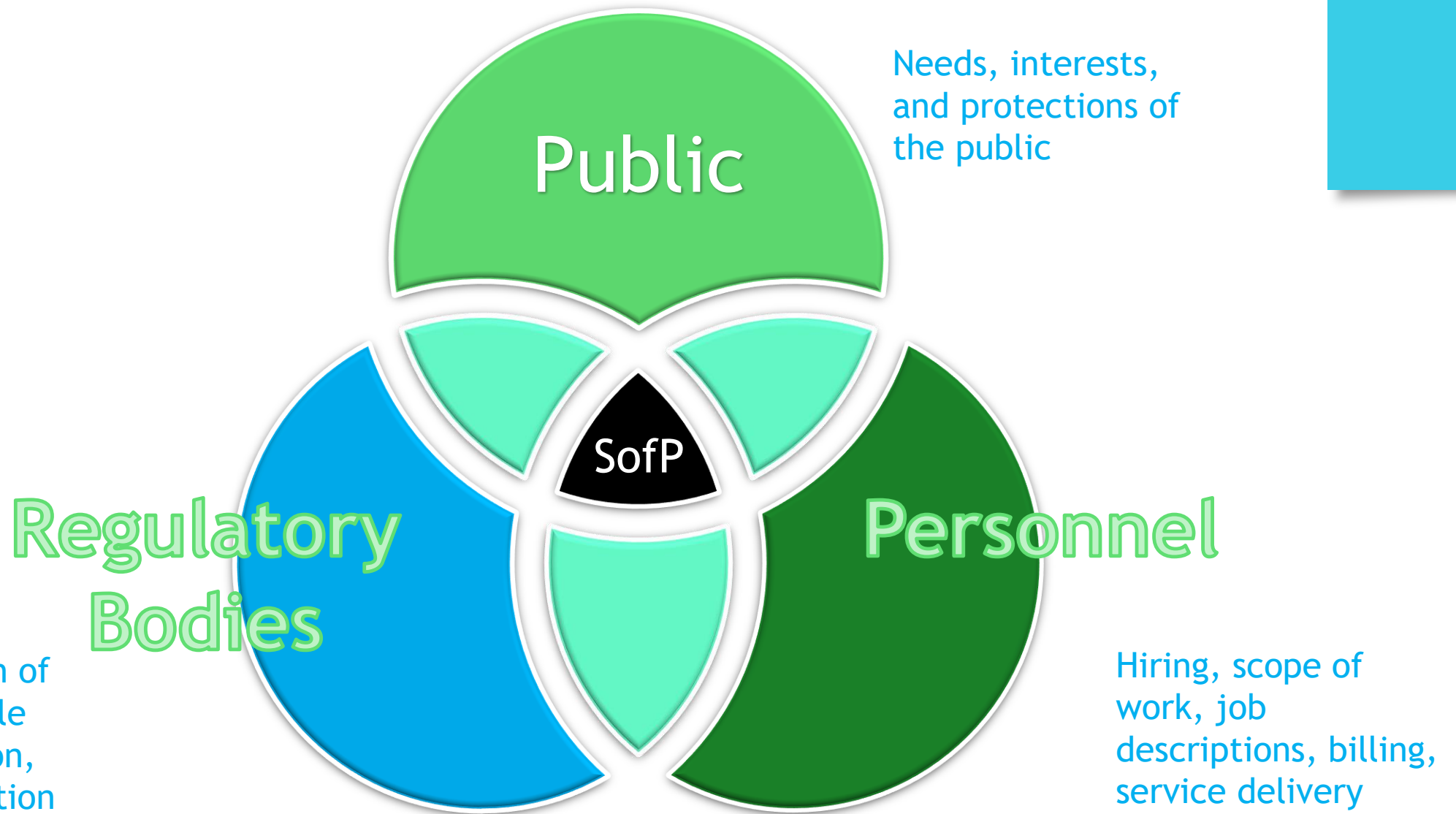
# What is a “scope of practice”?

The term “scope of practice” refers to the range of **roles**, **functions**, **responsibilities**, and **activities** that a professional is **educated**, **competent**, and has the **authority** to perform.

# Importance of the Scope of Practice

Scopes of practice are important because they are the basis from which:

- Regulatory bodies prepare standards of practice
- Educational institutions prepare curricula
- Employers prepare job descriptions



# Pressures that Affect Personnel

- Shortages of behavioral health providers and high-turnover and increasing demands to “fill in” or “cover”
- Organizational misunderstandings for scopes of practice for various types of providers makes it easy to swim over the lane
- Providers with one type of credential may have expertise in other scopes of practice
- It is difficult to keep up with changes in laws, rules, and professional guidances.

# Pressures that Affect Regulatory Bodies

- Need to clarify and delineate roles
- Establish professional boundaries and codes of ethics
- Addressing any gaps in regulations or rules
- Perceptions of the public

# Principles for determining Scope of Practice

The following principles are the basis for making decisions about the scope of practice.

- Competence
- Accountability
- Continuing professional development
- Support for professional practice
- Delegation

# Competence

- In determining their scope of practice, the provider must judge if they are competent to carry out a particular role or function.
- **Competence** is not static. You may learn a specific skill but the knowledge behind that skill may change over time.
- The provider must take appropriate measures to gain **competence** in the area.
- The provider must acknowledge any limitations of competence and if asked to perform outside of their **competence**, refuse to accept delegated or assigned functions.

# Accountability

- Accountability is the cornerstone of professional practice.
- Accountability means being answerable for the decisions made in the in the course of one's professional practice.
- Providers are accountable to the patient, public, employer, payers, administrative bodies, and regulatory boards.
- Accountability applies to both **actions** and **omissions**.

# Continuing professional development

- Continuing professional development encompasses experiences, activities, and processes that contribute to the development of the provider as a professional.
- It is a lifelong process of learning both formal and informal.
- Continuing education is a significant part of continuing professional development.

# Support for Professional Practice

For a provider to practice competently, the following systems must be in place to support them. These include:

- Legislation
- National, State, and local guidelines
- Policies and protocols
- Evidence-based practices
- Science-to-practice supports such as the ATTC (Addiction Technology Transfer Center) and the PTTC (Prevention Technology Transfer Center)

# Delegation

- Delegation is the transfer of authority to another person to perform a particular function. For example, an OCPS may delegate certain tasks to an OCPS-A or an RA as long as it is in *their* scope of practice.
- Delegation helps providers to practice at the “top of their scope”.
- The provider is accountable for the decision to delegate and the delegated tasks.
- The provider to whom the task has been delegated must acknowledge any limitations to their scope or competence.

Once we understand scope...



...we can  
apply it to the  
continuum of  
care!

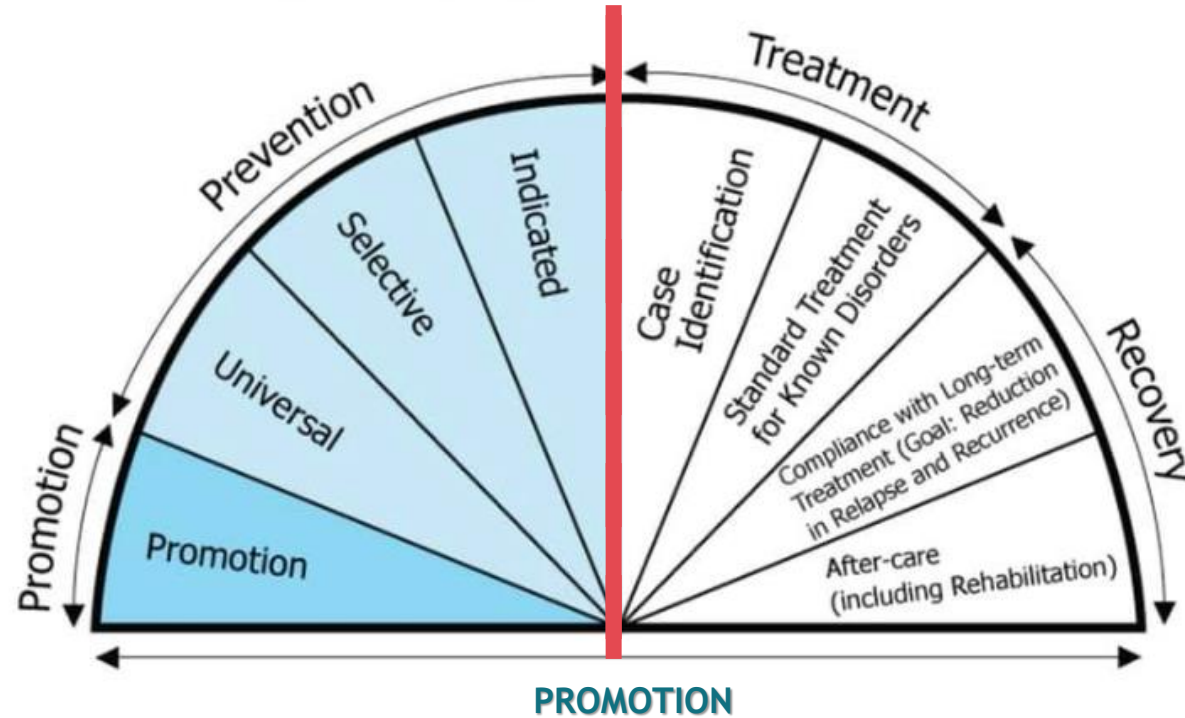


This is where the  
swim lanes get  
interesting.

# The IOM Protractor

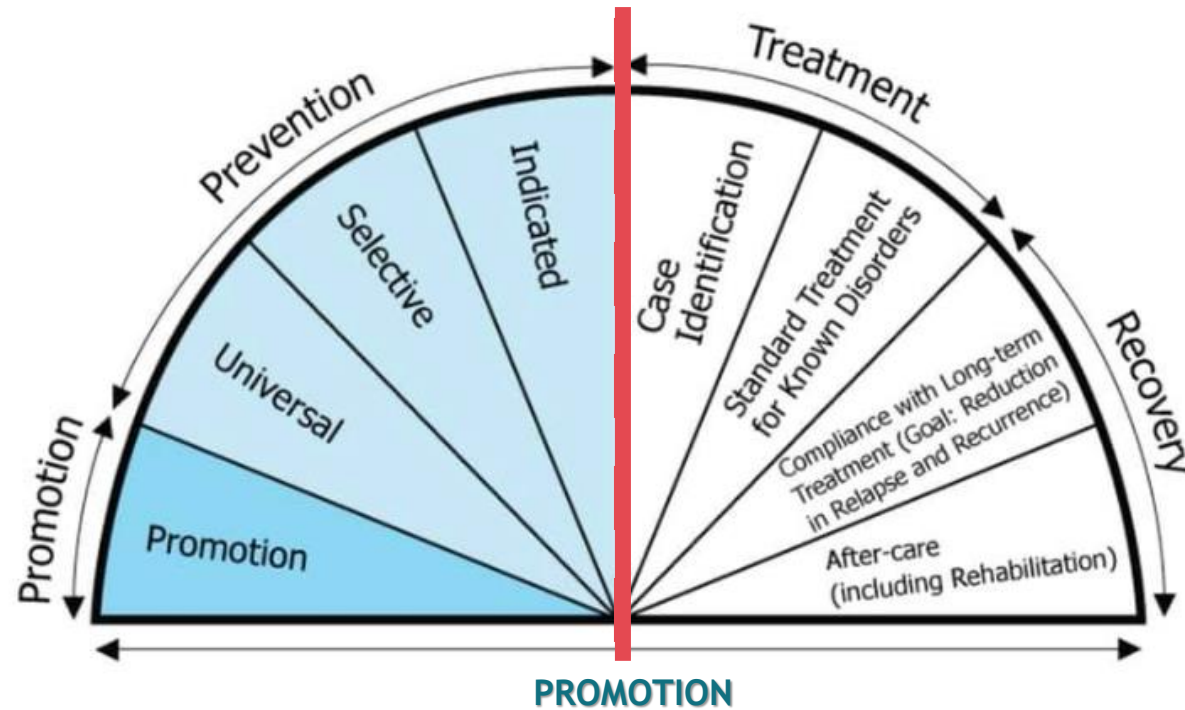
The Institutes of Medicine graphic that changed the world.

## Continuum of Care



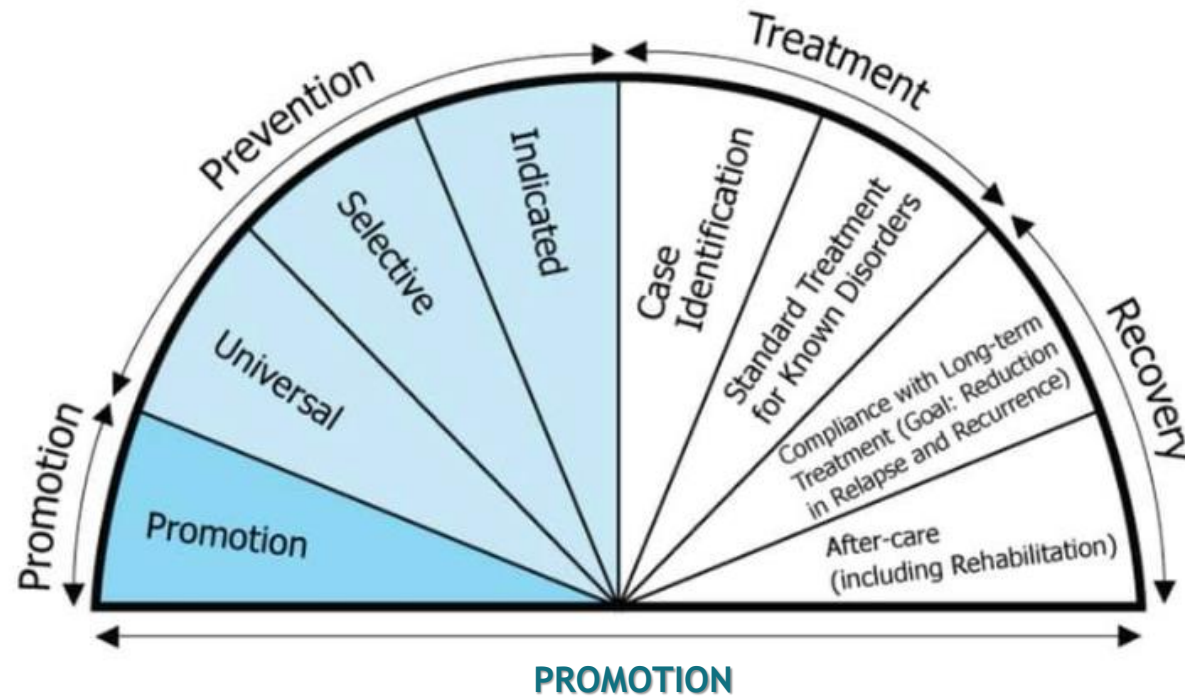
**Promotion:** These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

## Continuum of Care



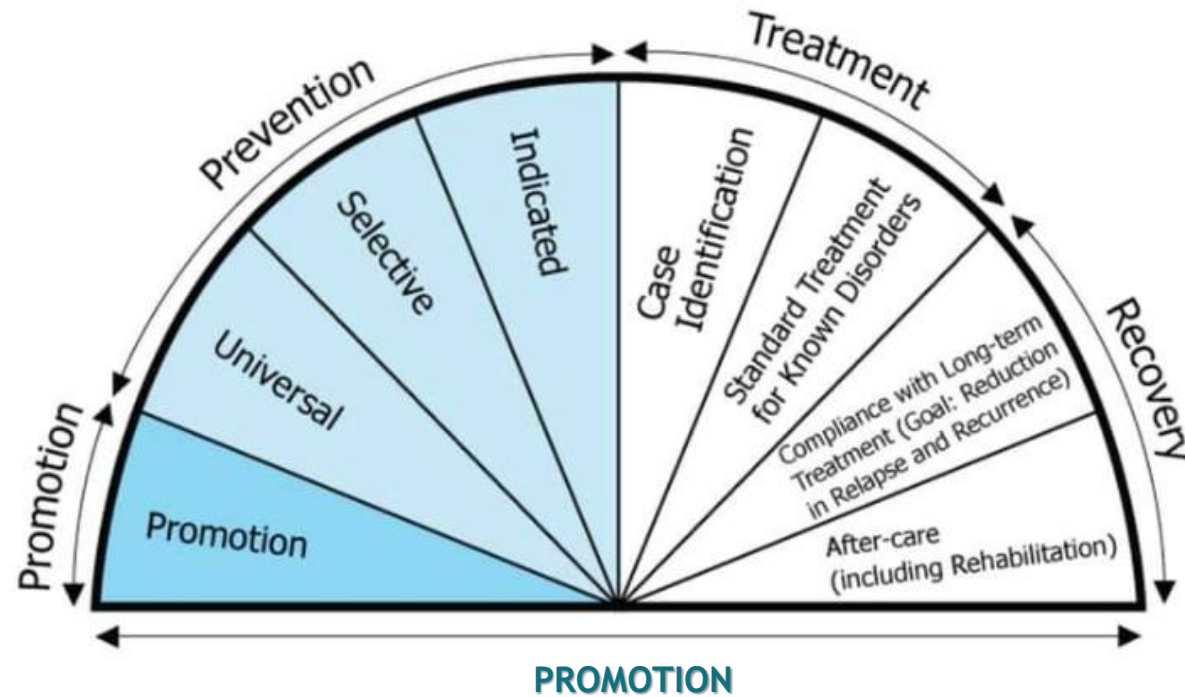
**Prevention:** Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse, and illicit drug use.

## Continuum of Care



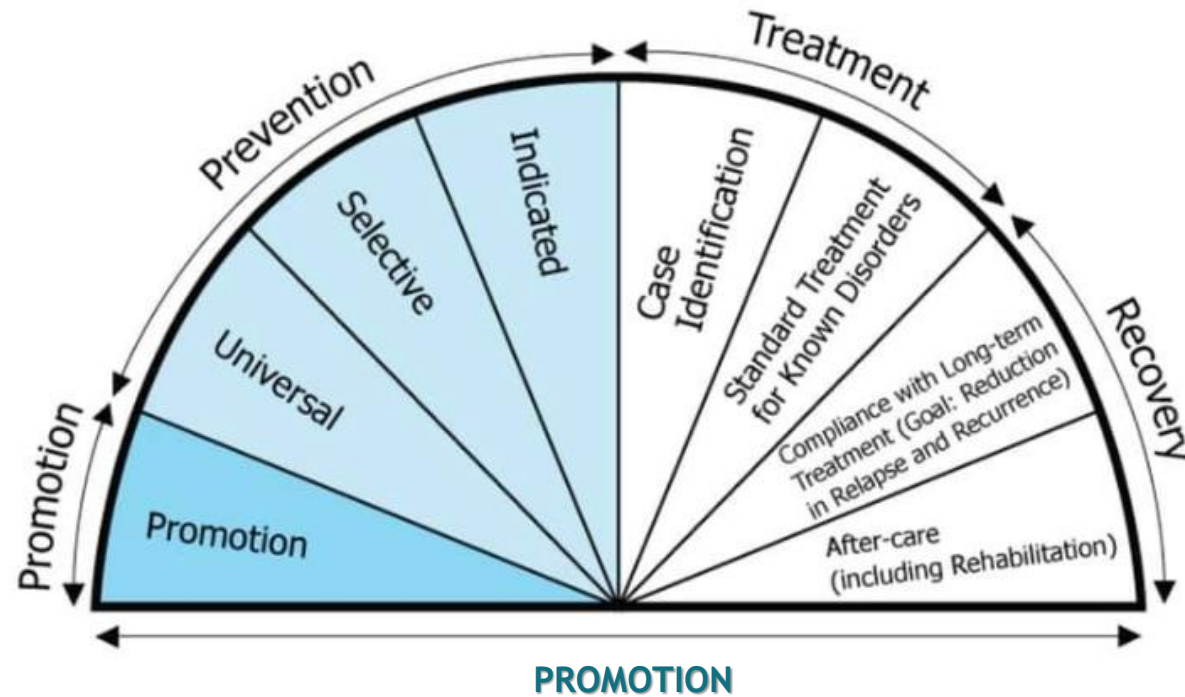
**Treatment:**  
These services are for people diagnosed with a substance use or other behavioral health disorder.

## Continuum of Care



**Maintenance:** These services support individuals' compliance with long-term treatment and aftercare.

## Continuum of Care



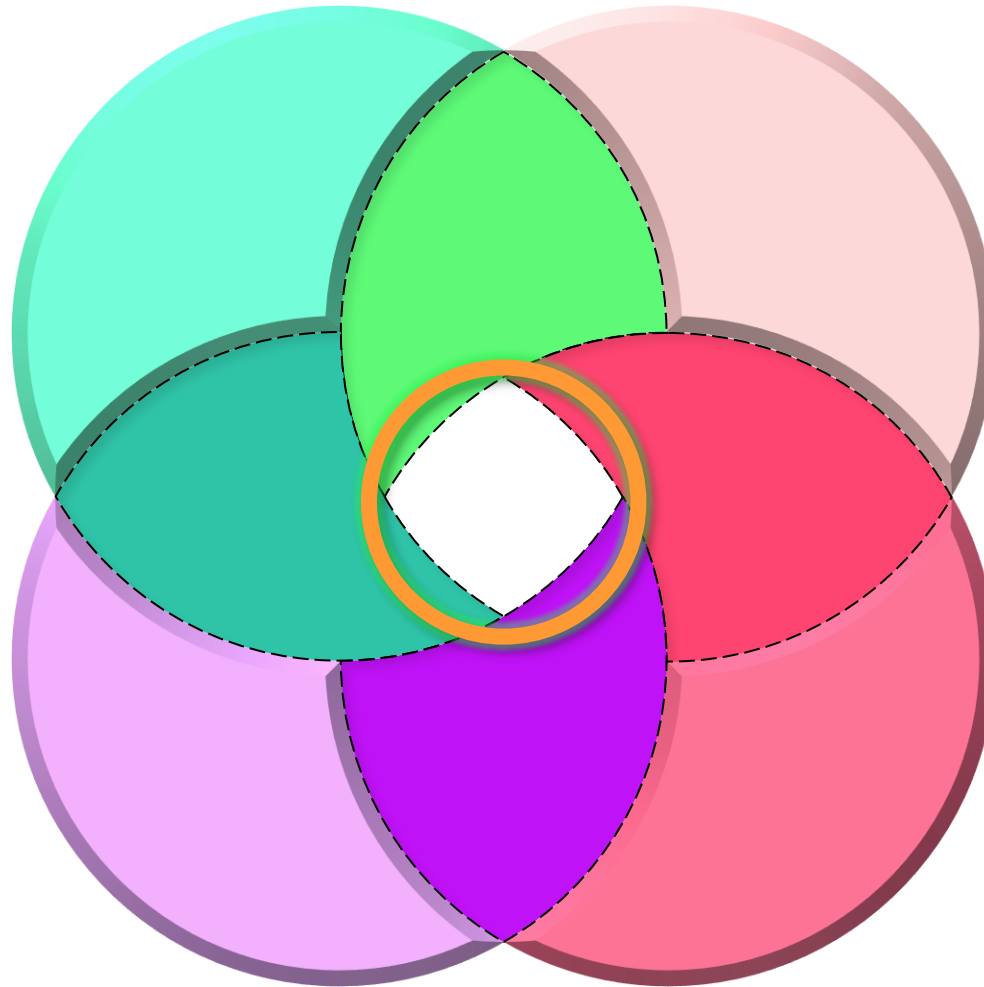
**Maintenance:** These services support individuals' compliance with long-term treatment and aftercare.

## INDICATED PREVENTION

Indicated prevention strategies identify individuals who are experiencing early signs of substance abuse and other related problem behaviors associated with substance abuse and target them with special programs.

## CASE IDENTIFICATION

When individuals are screened and assessed for substance abuse or related behavioral health problems. May lead to diagnosis or indication for other interventions.



## PROBLEM ID & REFERRAL

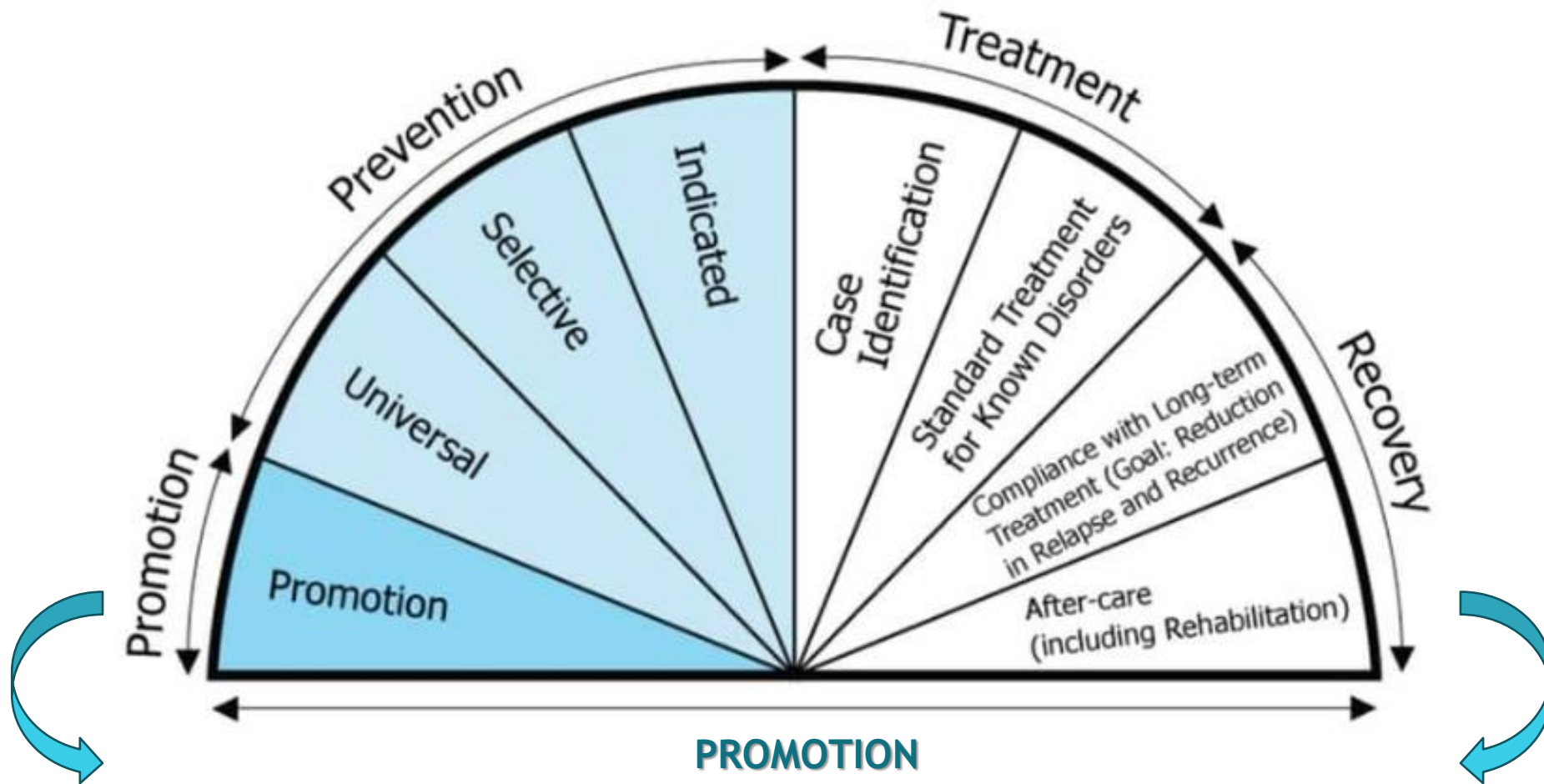
Problem ID and referral aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in the first use of illicit drugs. The goal is to assess if their behavior can be reversed through education.

## ASAM 0.5

Level 0.5, which is called Early Intervention. Early intervention can consist of assessment and education for people at risk of developing a substance use disorder, or programs like DUI classes for people arrested for driving under the influence.

# Continuum of Care

Could this be a circle?



“

In the past, practitioners and researchers saw substance abuse prevention as distinct from the prevention of other behavioral health problems. But mounting evidence indicates that the populations affected by these problems overlap significantly, as do the factors that contribute to these problems. Consequently, improvements in one area often have direct impacts on the other. ”

*Center for Application of Prevention Technologies*

Overlapping Problems, Collaborative Solutions

“

Despite extensive research documenting strong associations between multiple problems, it's not always clear what leads to what. For example, can substance abuse lead to thoughts of suicide, or can thoughts of suicide lead to substance abuse? Or are they both the product of a third, unknown causal factor?

”

*Center for Application of Prevention Technologies*

Overlapping Problems, Collaborative Solutions

“The Continuum of Care model reminds us to think, more explicitly, about the relationships between promotion, prevention, and treatment. All too often these relationships are overlooked, opportunities for collaboration are missed, and outcomes are compromised.”

*Center for Application of Prevention Technologies*

Working Across the Continuum



Carlos

# Carlos

Carlos is a CDCA, RA, and a certified life coach. One of his life coaching clients, Anastasia, has also been receiving substance abuse counseling from Carlos, as well as life coaching sessions. Recently, Anastasia has made statements about suicide. Her parents contacted Carlos and asked him to address these statements in one of their sessions because Anastasia trusts Carlos and won't talk to anyone else. Carlos has some literature about preventing suicide that he plans to share with Anastasia in one of their life coaching sessions.

Are there any scope of practice issues here?

What should Carlos do?



Kim

# Kim

Kim is an OCPS that works in a large agency that provides both prevention and treatment. Recently, a client Jessica was enrolled in Intensive Outpatient Services. Jessica has three children ages, 9, 11, and 15. She stated in group that she is worried about her 15-year-old son Devon because he is starting to do some risky behaviors with peers. When Jessica confronts him about these behaviors, he threatens to kill himself.

What are some ways that Kim could work across the continuum to assist this family?

# Takeaways

- Start with knowing your scope of practice.
- Understanding the scopes of practice of your colleagues will help you identify resources as you work with your participants and clients.
- Familiarize yourself with the continuum of care. Think about how participants and clients may be in one part of the continuum for one problem, and a different part of the continuum for another problem.
- Thinking holistically, work with your peers across the continuum to develop the best strategies to help the whole person and their families.



# Sources and Resources

Center for the Application of Prevention Technologies. *Information Sheet 1: A Behavioral Health Lens for Prevention.*

<https://www.mass.gov/doc/samhsa-behavioral-health-continuum-of-care-overview-9232019/download>

Ohio Chemical Dependency Professionals Board <https://ocdp.ohio.gov/>

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THANK YOU!

Great to be with my UMADAOP Friends!