



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

07 SEP 2001

MCHO-CL-H

MEMORANDUM FOR

Commanders, MEDCOM MEDCENS/MEDDACs
Commander, U.S. Army Medical Department Center and School,
2250 Stanley Road, Fort Sam Houston, TX 78234-6100
Commander, U.S. Army Europe and 7th Army, ATTN: Wellness Branch,
Unit 29351, APO AE 09014

SUBJECT: Alcohol and Drug Abuse Prevention and Control Program
(ADAPCP) Policy Update

1. References:

- a. Army Regulation (AR) 40-1, Composition, Mission and Functions of the Army Medical Department, Interim Change 3, 4 Sep 92.
- b. AR 40-48, Nonphysician Health Care Providers, 1 Sep 95.
- c. AR 600-85, 21 Oct 88, subj: Alcohol and Drug Abuse Prevention and Control Program (ADAPCP).
- d. Department of Defense Directive 6025.13, 20 Jul 95, subject: Clinical Quality Management Program (CQMP) in the Military Health Services System (MHSS).
- e. MEDCOM Regulation 10-1, Organization and Functions, Policy, pages 31-32 (ADAPCP Configuration and Policy), 21 Mar 00.
- f. Memorandum, ASD(HA), 16 Feb 97, subject: Policy Memorandum on TRICARE Substance Abuse Treatment.
- g. Memorandum, HQ MEDCOM, MCHO-CL-H, 16 Mar 98, subject: Transfer of Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) Certification Records and Functions.
- h. Memorandum, OSA(M&RA), 20 Aug 99, subject: Titling Practices for Positions of Psychologists Employed in Alcohol and Drug Abuse Prevention and Control Programs (ADAPCPs).
- i. Memorandum, HQ MEDCOM, MCHO-CL-H, 29 Jun 00, subject: Hiring Standards and Certification of Counselors.
- j. Memorandum, ASD(HA), 26 Sep 00, subject: Alcohol and Drug Abuse Prevention and Control Program (ADAPCP) Licensure Policy.

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k. Memorandum, HQ MEDCOM, MCHO-CL-H, 29 Sep 00, subject:
Alcohol and Drug Abuse Prevention and Control Program (ADAPCP)
Configuration and Policy.

l. United States Code Title 10 - Armed Forces, 1094
Licensure Requirements for Healthcare Professionals.

m. 1999-2000 Comprehensive Accreditation Manual for
Behavioral Health Care, page 502, Joint Commission on
Accreditation of Healthcare Organizations.

2. Publication of the revised AR 600-85 has been delayed,
according to the proponent, Department of the Army Deputy Chief
of Staff for Personnel, the Army Center for Substance Abuse
Program Director. As a result, the U.S. Army Medical Command
Inspector General suggested that we send a memorandum providing,
in one document, the program changes brought about by down-
sizing, Public Law, Department of Defense guidance, Department of
the Army policy, and the ADAPCP Code of Ethics. Areas covered
include the mission statement, staff qualifications, privileging,
and ethical practices.

a. Mission Statement. The ADAPCP's clinical purpose is
to support the Army's readiness, health, and safety, through
timely provision of short-term substance abuse intervention and
rehabilitation services by currently competent clinicians, while
collaborating with patient's chain of command to enhance
treatment efficacy and preclude relapse. Clinical staff will
also support prevention and education efforts as a component of
the command's drug-free workplace effort.

b. Counselor Qualifications. Counselors may be hired at the
GS-09 or GS-11 level, depending upon their professional training
and their previously demonstrated level of competence and
responsibility. The COREDOCS Committee developed standardized
job descriptions specifically for the ADAPCP; they may be found
on the web: www.cpms.osd.mil/scpd/daindex.htm. Regardless, they
must meet the following criteria:

(1) Education:

• 48-hour master's degree in Counseling or Clinical
Psychology, plus practicum [not a master's in Education
Administration or Counseling, per se] or higher, in accordance
with (IAW) references 1.b. and 1.h. and qualified in the 180 job
series.

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OR

• Master's degree in Clinical Social Work. Qualified in the 185 job series, IAW reference 1.b.

(2) License: State License in Social Work, Psychology or, LPC (Licensed Professional Counselor license) IAW references 1.j. and 1.k.

(3) Experience: Must have practiced as social worker, psychologist, or LPC within the past 3 years IAW reference 1.d.

(4) Certification: Certified in substance abuse rehabilitation, through having achieved a passing score on a state or other Army-approved certification examination, given under proctored conditions IAW references 1.b. and 1.f.

(5) Free from substance abuse. Must be demonstrated by undergoing urinalysis as a condition of employment, and submitting to random testing on a recurring basis IAW reference 1.c.

c. Clinical Director Qualifications. Positions are GS-12 or GS-13, depending on experience and responsibility. Must have current competence/recent clinical experience and be licensed as a psychologist or clinical social worker IAW reference 1.j. Recent clinical experience may be defined as experience in treating substance abuse as a primary diagnosis within the past 2 years. Earlier experience in treating substance abuse as a primary diagnosis is acceptable IF the applicant has a valid, unrestricted license in psychology or clinical social work and current certification in substance abuse rehabilitation. (Completion of 12 graduate credit hours in substance abuse rehabilitation may be substituted for certification if:

(1) The graduate hours were earned from an accredited university within the past 5 years and,

(2) The applicant is a licensed psychologist or a licensed clinical social worker.

d. Recruiting. ADAPCP clinicians must be licensed before they are hired. If extreme recruiting difficulties arise, the Regional Medical Command (RMC) ADAPCP Clinical point of contact

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(POC) should be asked for an exception to policy to allow hiring of a candidate who meets all criteria except certification IAW reference 1.i. If the RMC ADAPCP POC determines that recruiting efforts have been exhaustive, the POC will approve the exception to policy IAW the conditions set forth in reference 1.d. Counselors hired under this exception will sign an acknowledgment within the first 6 months of their employment, and they cannot be privileged at level 3 until they have passed the substance abuse rehabilitation examination of an Army-recognized certifying body (state, International Certification and Reciprocity Consortium, National Board of Addiction Examiners, National Certified Counselors.)

3. Ethical Guidance. In accordance with state laws, the American Psychological Association, and the ADAPCP Clinical Code of Ethics, civilian personnel titles will not be used verbally or on stamps if they would mislead the public regarding one's education and/or training. For example, only graduates of a doctoral program in psychology may refer to themselves as 'Psychologist.' Regardless of one's job title assigned by the Office of Personnel Management or the servicing Civilian Personnel Advisory Center, ADAPCP clinicians will not refer to themselves verbally or in written form (on stamps, signs, stationary, etc.) as a 'Psychologist' unless they have an earned doctoral degree in psychology.

4. Applicant Review and Privileging. The RMC ADAPCP Clinical POCs will perform the application review duties originally set forth as U.S. Army Medical Command (MEDCOM) requirements in reference 1.a. and, subsequently, in reference 1.b. The MEDCOM Alcohol and Drug Control Officer and Quality Management can assist through checking MEDCOM records for unfavorable privileging actions involving alcohol or other drugs. Counselors will be privileged individually (reference 1.g.) and the credentials committee will be informed of actions potentially reflecting upon the privileging level.

5. Our POC for this memorandum is COL Robichaux or Dr. Kuehr, Behavioral Health Division, Office of the Assistant Chief of Staff for Personnel, DSN 471-7194/7243 or Commercial (210) 221-7194/7243.

Rene J. Robichaux

RENE' J. ROBICHAUX
Colonel, MS
Chief, Behavioral Health Division