

Behavioral Sciences Regulatory Board

Survey of Addiction Counselors

June 2025

DRAFT

Introduction

This report is part of a series of reports studying survey results in the spring of 2025 from individuals holding a permanent license under the Kansas Behavioral Sciences Regulatory Board (BSRB). In Kansas, the BSRB is the state agency charged to license and regulate most of the state's mental health professionals, including addiction counseling. As of February 2025, Kansas offers three levels of permanent licensure for the addiction counseling profession: (1) a level of license for bachelor's educated professionals called Licensed Addiction Counselors (LACs); (2) a level of license for master's educated professionals called a Licensed Master's Addiction Counselors (LMAC) license; and (3) a level of license for individuals able to practice independently called the Licensed Clinical Addiction Counselor (LCAC) license. LMACs and LACs must practice under supervision. To assist the work of the Board, the BSRB utilizes seven subcommittees, called "Advisory Committees," which are comprised of the Board member for the profession (serving as Chair), a public Board member, and between three and ten other individuals, usually licensees for that profession.

In 2024, members of the Addiction Counseling Advisory Committee for the BSRB requested the creation of a survey of licensees in their profession. The purpose of the survey was to collect information relevant to the public protection mission of the Board, seek feedback on topics relevant to the work of the Advisory Committee, and to better understand the behavior analysis workforce in Kansas. The members of the Advisory Committee worked with the Executive Director of the BSRB to draft potential questions for a survey, while BSRB Advisory Committees for other professions developed similar questions for surveys for licensees in their professions. While the final survey included a few unique questions per profession, efforts were made to create uniformity for most topics between the professions, so both a profession-specific report and an overall summary report comparing professions could be created.

As of January 13, 2025, the total number of licensees in the addiction counseling profession in Kansas totaled 1,546, including practitioners with a LAC license (520); LMAC license (433); and practitioners with a LCAC license (593). From January 24, 2025, to February 23, 2025, all LCACs, LMACs, and LACs under the BSRB received an e-mail from the agency informing them about the optional survey and notifying them to expect an invitation sent directly from SurveyMonkey with a link to complete an optional survey from the BSRB. While the survey was optional, licensees were encouraged to complete the survey. Adjustments were made to the SurveyMonkey system to ensure responses remained anonymous, however a series of targeted reminders (about one per week) were sent to licensees who had not yet completed the survey.

Over the 31 days that the survey was open for responses, 422 individuals completed the survey, for an overall response rate of 27.3 percent. For the LAC level of license, 127 individuals completed the survey, for a response rate of 24.4 percent; for the LMAC level of license, 107 individuals completed the survey, for a response rate of 24.7 percent; and for the LCAC level of license, 188 individuals completed the survey, for a response rate of 31.7 percent.

Note: While the results of the 2025 survey are included on the following pages, most specific language is found in the appendices. Identical responses were grouped, edits were made for

spelling and grammar, references to specific individuals or companies was removed, but otherwise language in this report reflects responses as they were provided in the survey.

Question 1 (LACs, LMACs, and LCACs). In what Kansas county/counties do you practice the profession of behavior analysis?

**** LACs** answered question 1.

Full responses are included in Appendix #1 on page ******.

<<More Information to Come>>

**** LMACs** answered question 1.

Full responses are included in Appendix #2 on page ******.

<<More Information to Come>>

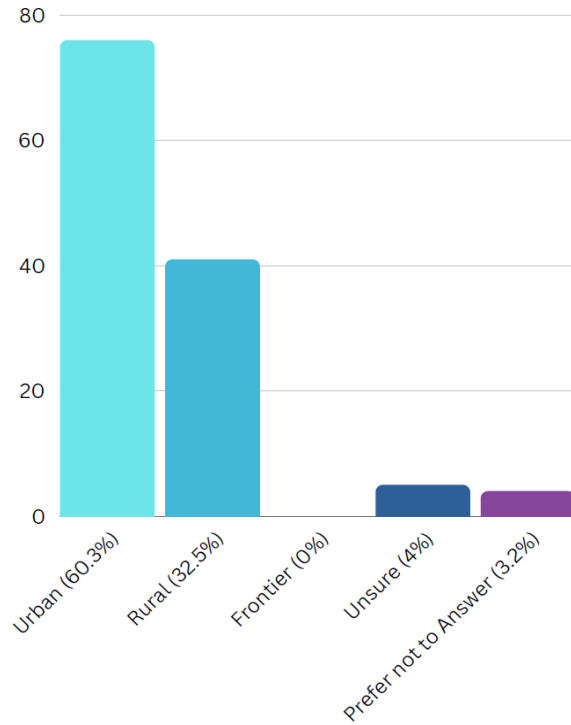
**** LCACs** answered question 1.

Full responses are included in Appendix #3 on page ******.

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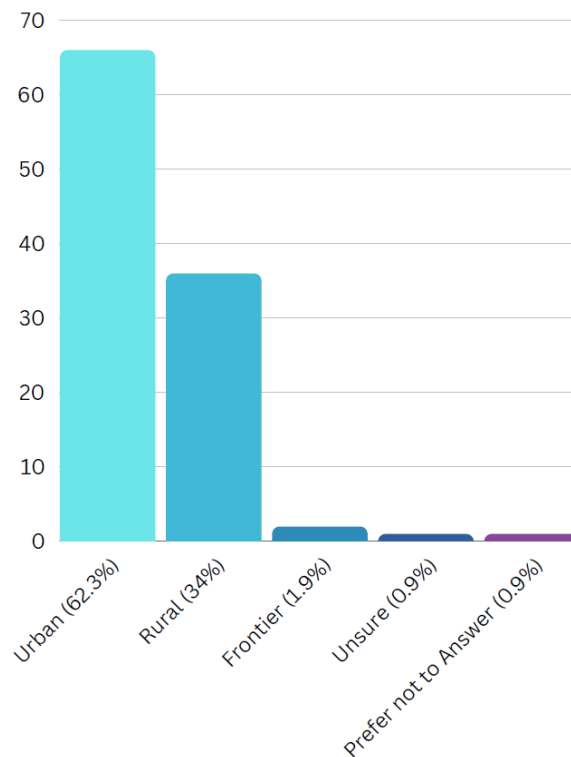
Question 2 (LAC, LMAC, and LCAC). Do you practice in a predominantly urban area, rural area, or frontier area?

LAC Responses



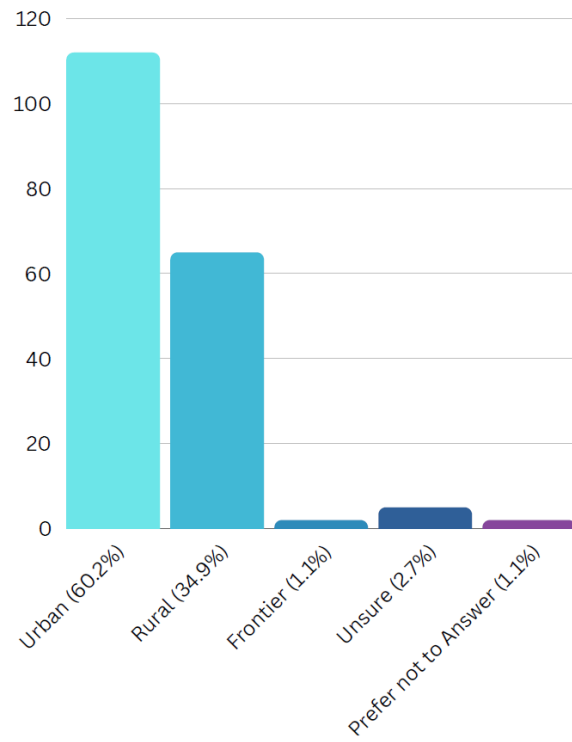
Of the 126 LACs that answered question 2, 76 reported living in an urban area (60%) and 41 reported living in a rural area (33%). All other responses were less than 5%.

LMAC Responses



Of the 106 LMACs that answered question 2, 66 reported working in an urban area (62.3%) followed by 36 individuals working in a rural area (34.0%). All other responses were less than 2%.

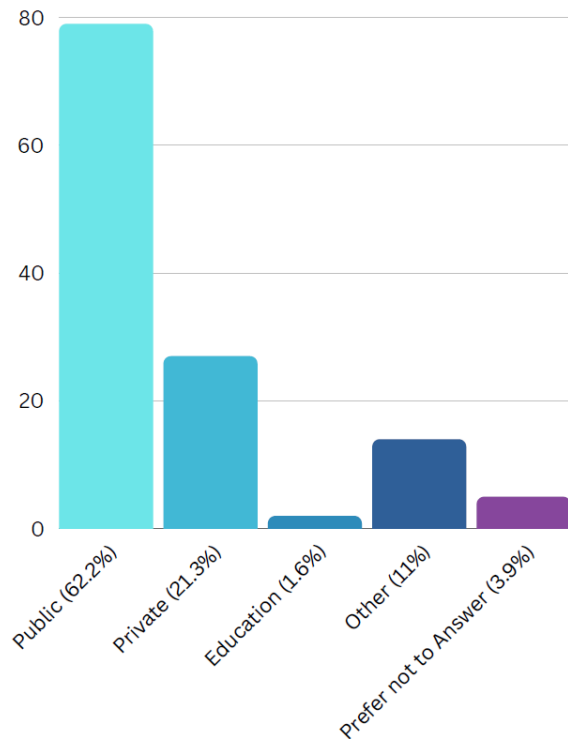
LCAC Responses



Of the 187 LCACs that answered question 2, the largest number of respondents, 112, reported living in an urban area (60.2%) followed by 65 individuals living in a rural area (34.9%). All other responses were under 3%.

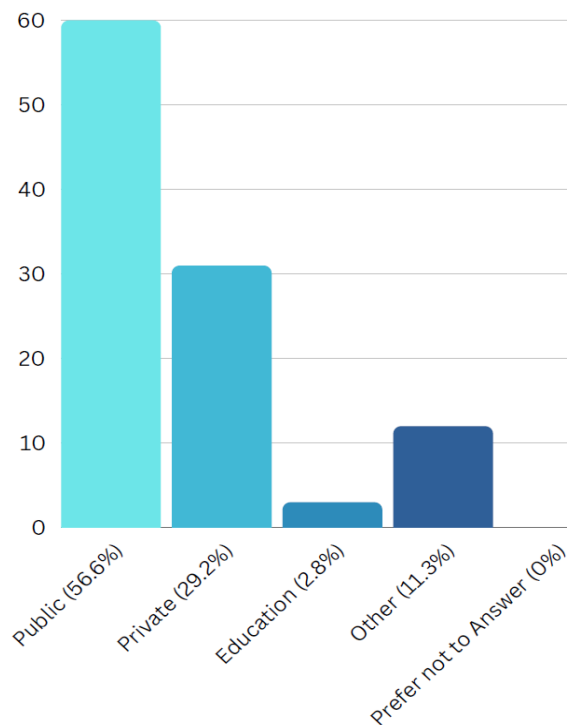
Question 3 (LAC, LMAC, and LCAC). Do you primarily work in a public practice, private practice, educational setting, or another setting?

LAC Responses



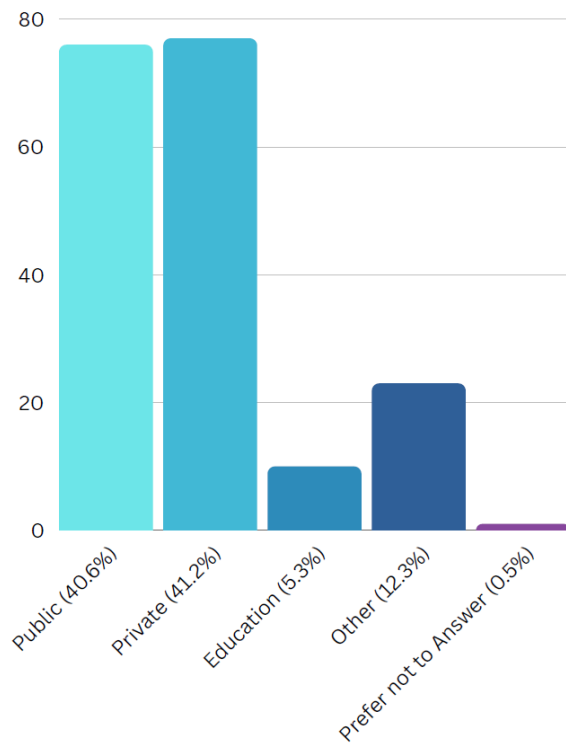
Of the 127 LACs that answered question 3, 79 worked in public practice (62.2%); 27 worked in private practice (21.3%); and 14 respondents selected “other” (11.0%). All other responses were less than 4%.

LMAC Responses



Of the 106 LMACs that answered question 3, 60 worked in public practice (56.6%), followed by 31 individuals working in private practice (29.2%), then 12 individuals who selected “other” (11.3%). All other responses were under 3%.

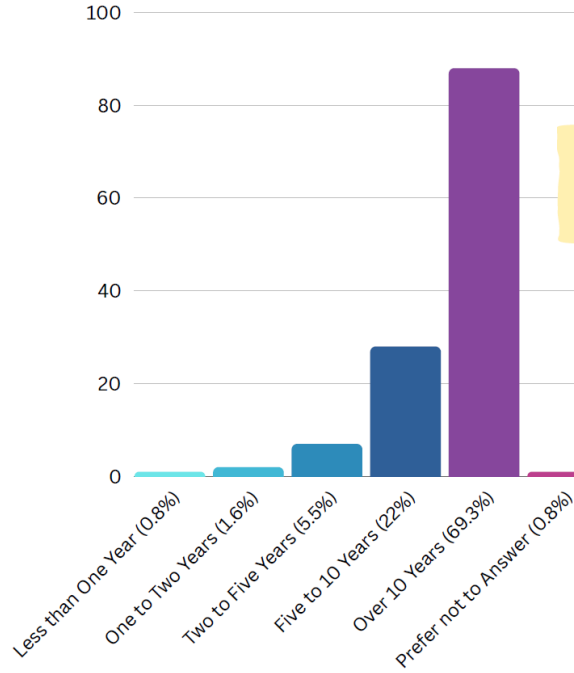
LCAC Responses



Of the 187 LCACs that answered question 4, 77 individuals were working in private practice (41.2%), followed closely by 76 respondents working in public practice (40.6%), and 23 individuals selecting “other” (12.3%). All other answers were less than 6%.

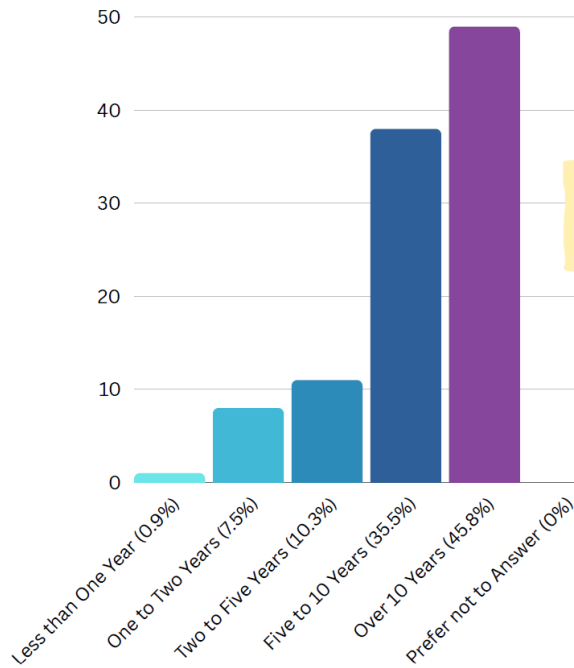
Question 4 (LACs, LMACs, and LCACs). How many years have you practiced the addiction counseling profession (if applicable, you may include years practicing in other states)?

LAC Responses



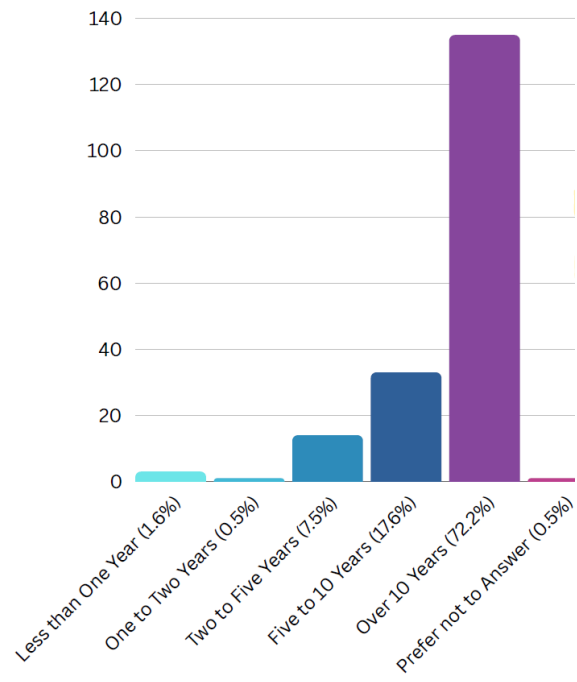
Of the 127 LACs that answered question 4, 88 individual worked more than 10 years (69%), 28 individual worked between five and 10 years (22%). All other responses were less than 6%.

LMAC Responses



Of the 107 LMACs who answered question 4, 48 respondents reported practicing addiction counseling over 10 years (45.8%), followed by 39 individuals practicing five to 10 years (35.5%), then 11 individuals selected between two and five years (10.3%). All other responses were under 8%.

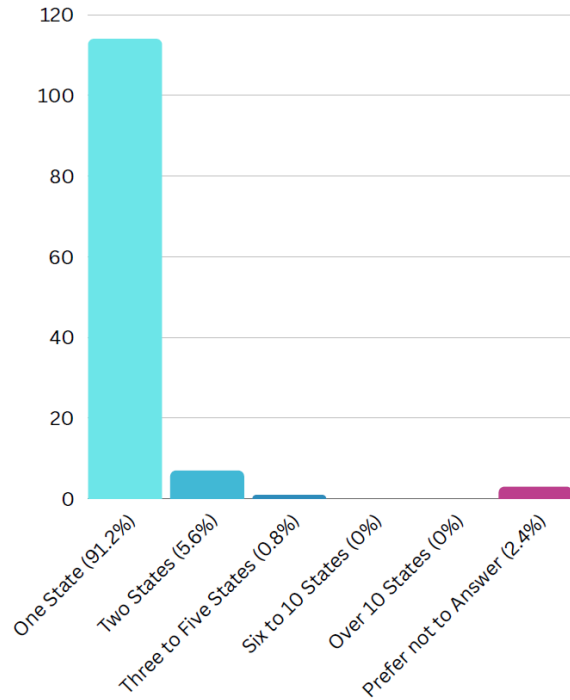
LCAC Responses



Of the 187 LACs that answered question 4, 135 individual worked more than 10 years (72.2%) and 33 individual worked between five and 10 years (17.6%). All other answers were less than 8.0%.

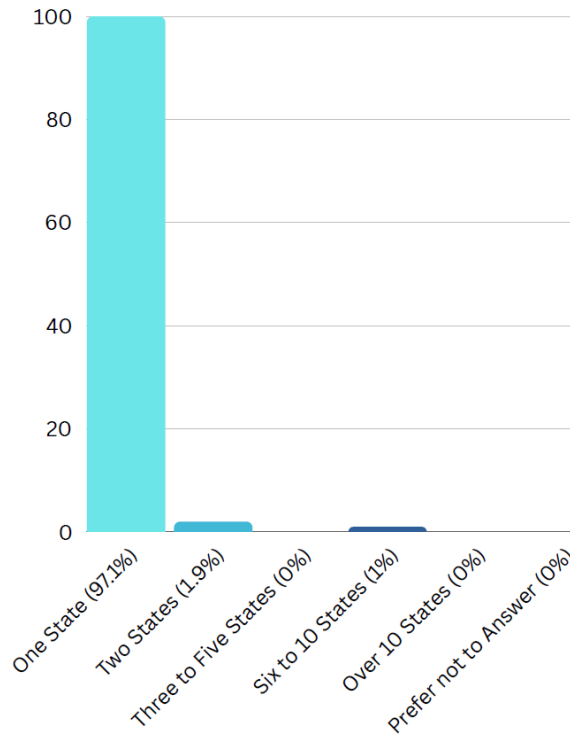
Question 5 (LACs, LMACs, and LCACs). Including Kansas, in how many states are you licensed/certified/registered to provide behavior analysis services between all states?

LAC Responses



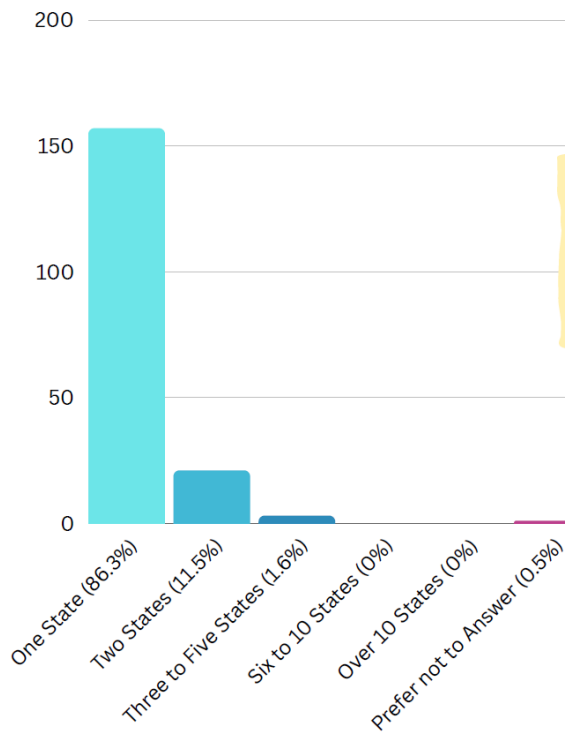
Of the 125 LACs who answered question 5, 114 individuals reported being authorized to practice in one state (91%). All other responses were less than 6%.

LMAC Responses



Of the 103 LMACs who answered question 5, the most popular responses were from 100 individuals licensed to practice in one state (97.1%). All other responses were less than 2%.

LCAC Responses



Of the 182 LCACs who answered question 5, the most popular responses were from 157 individuals licensed to practice in one state (86.3%), then 21 individuals who selected two states (11.5%). All other responses were less than 2%.

Question 6 (LAC, LMAC, and LCAC). Do you maintain an active license, but no longer work as an addiction counselor? If so, please explain why you are not providing services currently.

LAC Responses

Eighty-nine Licensed Addiction Counselors answered this question, identifying reasons why individuals might maintain an active license but not provide services. (Responses for all licensees can be found in **Appendix # on page #**).

The most frequent survey response (sixty-two responses) was that this did not apply to respondents. One respondent, however, is considering changing careers due to a lack of opportunities for LAC licensees.

Twenty-nine respondents indicated maintaining an active license but not providing services, with the most frequently reported reason (seven responses) being that providing services is not required with their current job. Other reasons reported included:

- The pay is higher in other careers;
- Provide services only when needed or short-staffed; and
- Work in private practice with a different license.

Additionally, two respondents stated that while this currently applies to them, they plan to return to the field soon. Four respondents also indicated being retired, and they maintain their license in case they decide to start working again.

LMAC Responses

Eighty Licensed Master's Addiction Counselors answered this question, providing insight into why individuals might maintain an active license without providing services. (Responses for all licensees can be found in **Appendix # on page #**).

The most frequent survey response (fifty-nine responses) was that this did not apply to respondents. Of those who did report maintaining an active license but do not provide services, the most reported reasons for doing so included:

- Providing mental health services under a different license;
- Providing services is not a requirement of their current job;
- Providing supervision but not services; and
- Addiction counseling licenses are too limited.

LCAC Responses

One hundred and twenty Licensed Clinical Addiction Counselors answered this question, providing insight into reasons why licensees might maintain an active license but not provide services. (Responses for all licensees can be found in **Appendix # on page #**).

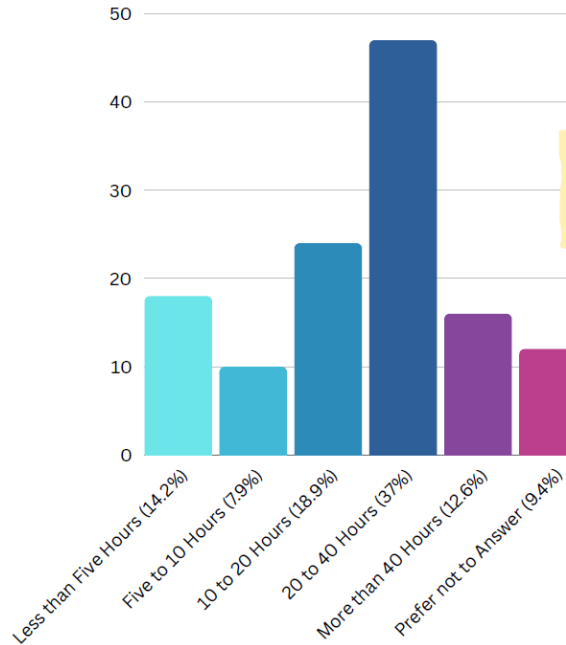
Seventy-six respondents reported that this did not apply to them. Of those who reported that the above scenario applied to them, the most frequently reported reason why (seventeen responses) was because providing services is not required with their current job. Some common jobs included those in administration, consultation, management, and jobs in educational settings.

Other reasons why licensees reported maintaining an active license but not providing services included:

- Primarily does mental health work under a different license (twelve responses);
- Provides supervision (six responses);
- Retired but maintains in case they decide to return to work (four responses);
- Use license only in disasters or emergency situations (three responses);
- Too many issues with insurance billing (two responses);
- Too low of pay in the field (two responses); and
- Live in another state (two responses).

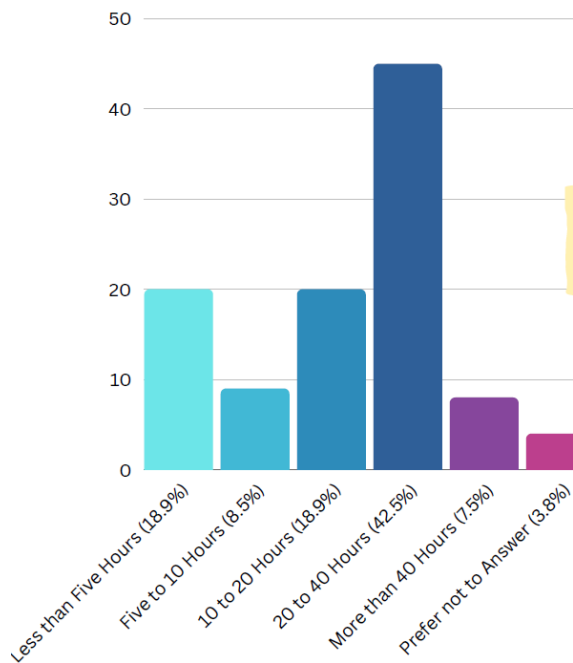
Question 7 (LAC) In a typical week, how many hours do you provide in-person services to clients?

LAC Responses



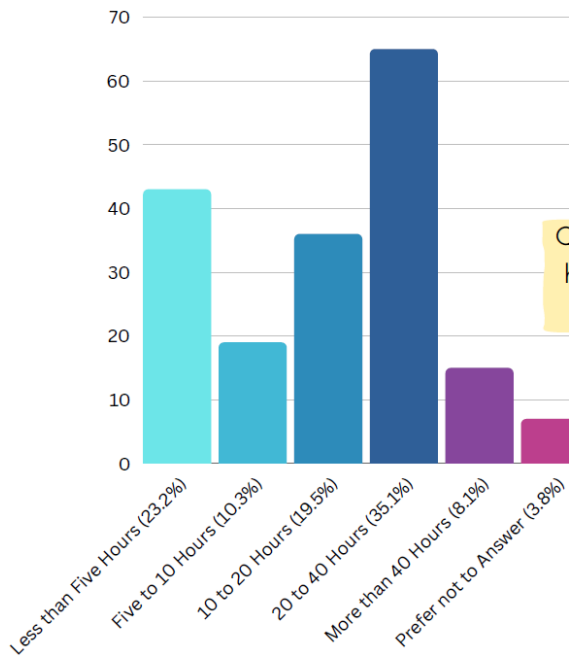
Of the 127 LACs who answered question 7, 47 individuals reported providing between 20 hours and 40 hours of in-person services per week (37.0%), followed by 24 respondents who provide between 10 hours to 20 hours of in-person services per week (18.9%), then 18 individuals reported providing fewer than 5 hours of in-person services per week (14.2%), and 16 individuals reported providing more than 40 hours of in-person services per week (12.6%). All other responses were less than 10.0%.

LMAC Responses



Of the 106 LMACs who answered question 7, 45 individuals reported providing between 20 hours and 40 hours of in-person services per week (42.5%), followed by 20 individuals who reported providing between 10 hours to 20 hours of in-person services per week (18.9%) and 20 individuals providing fewer than five hours of in-person services per week (18.9%). All other responses were less than 10%.

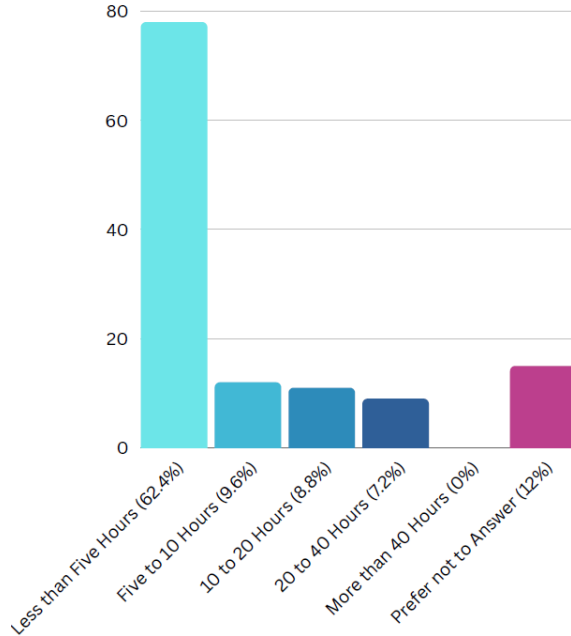
LCAC Responses



Of the 186 LCACs who answered question 7, the most popular responses were from 65 individuals providing between 20 hours and 40 hours of in-person services each week (35.1%), followed by 43 respondents providing fewer than five hours of in-person services per week (23.2%), then 36 individuals providing between 10 hours and 20 hours of in-person services per week (19.5%), and 19 individuals providing between five hours and 10 hours of in-person services per week (10.3%). All other responses were less than 10.0%.

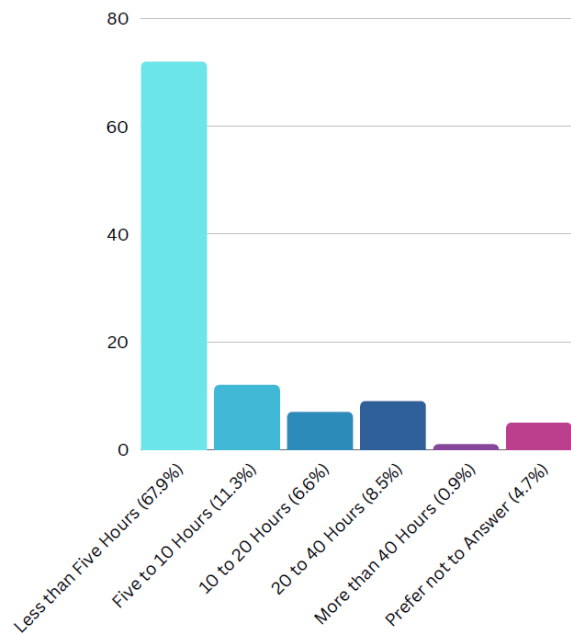
Question 8 (LAC). In a typical week, how many hours do you provide telehealth/remote services to clients?

LAC Responses



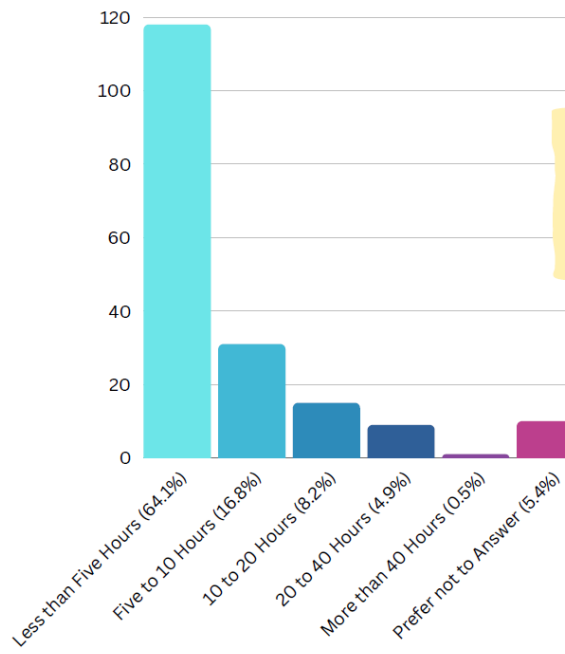
Of the 125 LACs who answered question 8, 77 individuals reported providing less than five hours of remote services per week (62.4%) and 15 individuals preferred not to answer (12.0%). All other responses were under 10%.

LMAC Responses



Of the 106 LMACs who answered question, the most popular response was 72 individuals providing fewer than five hours of remote services per week (67.9%), followed by 12 individuals providing between five to 10 hours of remote services per week (11.3%). All other responses were less than 10.0%.

LCAC Responses



Of the 184 LCACs who answered question 8, the most popular response was 118 individuals providing less than five hours of remote services per week (64.1%), then 31 individuals providing between five to 10 hours of remote services per week (16.8%). All other responses were lower than 10.0%.

Question 9 (LAC). *Are you currently working towards attaining a Licensed Master’s Addiction Counseling (LMAC) license in Kansas? / (LMAC) Are you currently working towards attaining a Licensed Clinical Addiction Counseling (LCAC) license in Kansas? If you are not taking steps to receive such license, please explain why you made that decision.*

LAC Responses

One hundred and twenty Licensed Addiction Counselors answered this question. (Responses for all licensees can be found in Appendix # on page #).

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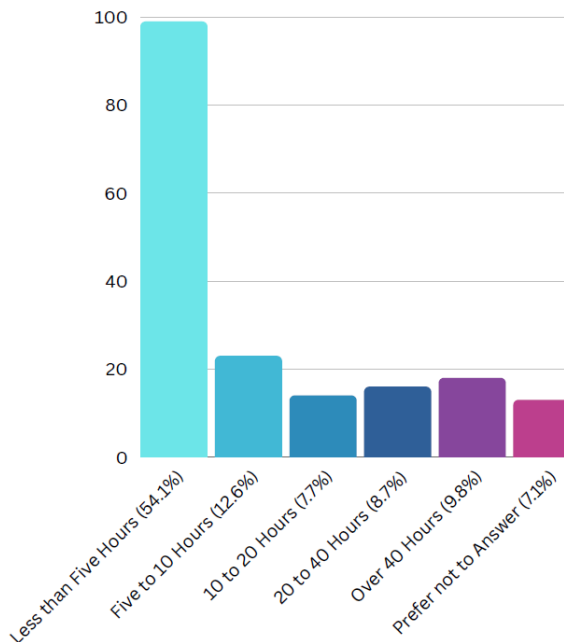
LMAC Responses

One hundred and twenty Licensed Masters Addiction Counselors answered this question. (Responses for all licensees can be found in Appendix # on page #).

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Question 9 (LCAC). *In a typical week, how many hours are you responsible for supervising, managing, overseeing the work of others?*

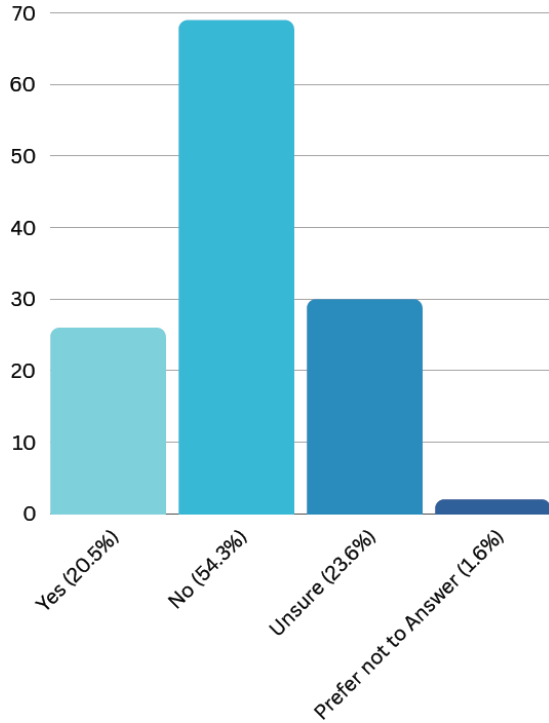
LCAC Responses



Of the 184 LCACs who answered question 9, 99 individuals reported less than five hours per week (54.1%), followed by 23 individuals reporting between five and 10 hours per week, then between 20 to 40 hours (12.6%). All other responses were less than 10.0%.

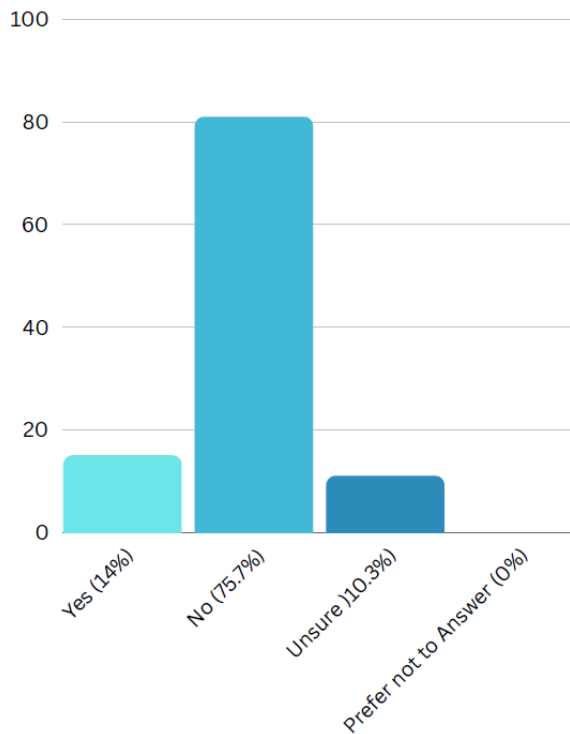
Question 10 (LAC, LMAC, and LCAC). Do you anticipate retiring from the addiction counseling profession in the next five years?

LAC Responses



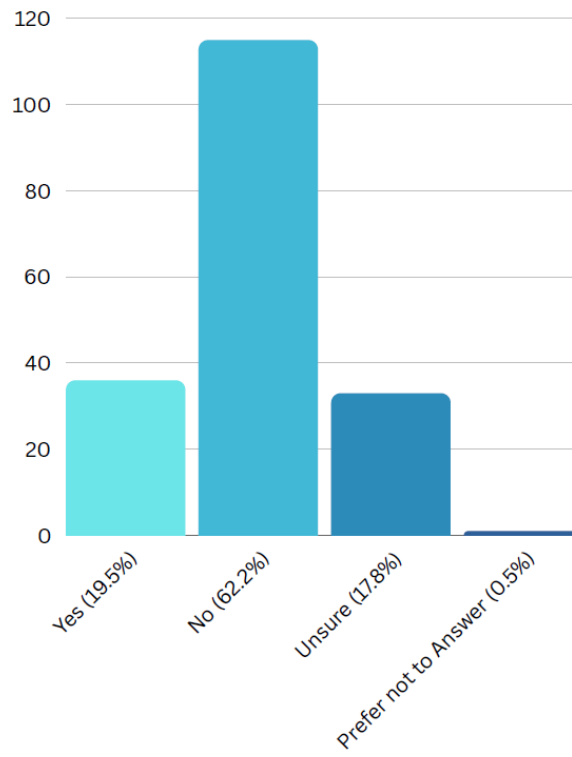
Of the 127 LACs who answered question 10, 69 respondents answered “no” (54.3%), followed by 30 individuals selecting “unsure” (23.6%), then 26 individuals selected “yes” (20.5%). Other responses were under 2.0%

LMAC Responses



Of the 107 LMACs who answered question 10, the most common response, 81, was “no” (75.7%), followed by 15 individuals selecting “yes” (14.0%), and 11 individuals selected “unsure (10.3%).

LCAC Responses



Of the 185 LCACs who answered question 10, the most common answer, 115, was “no” (62.2%), followed by 36 respondents selecting “yes” (19.5%), then 33 individuals selected “unsure” (17.8%). Other answers were less than 1.0%.

Question 11 (LAC, LMAC, and LCAC). Currently, no multi-state compact exists for the addiction counseling profession. If a multi-state compact was created under a model that would allow individuals to practice in other compact states by changing from a single-state license to a multi-state license for an additional cost, would you be interested in obtaining a multi-state license under such a compact? Please explain.

LAC Responses

<<More Information to Come>>

LMAC Responses

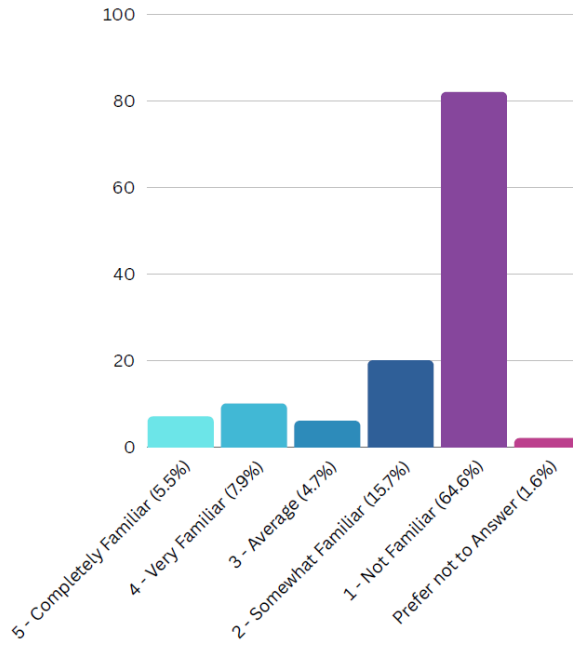
<<More Information to Come>>

LCAC Responses

<<More Information to Come>>

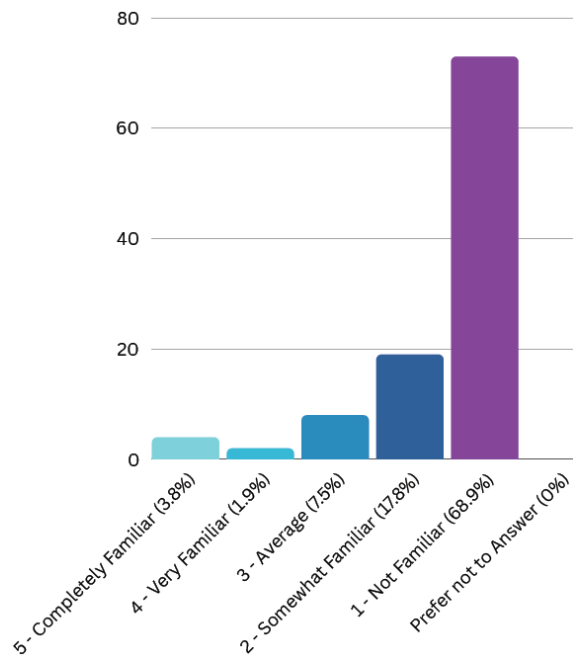
Question 12 (LAC, LMAC, and LCAC). To assist the work of the Board, the BSRB has seven standing Advisory Committees (one for each profession regulated by the Board), which are primarily composed of licensees in each of the seven professions. Advisory Committees discuss topics relevant to the work of the Board and make recommendations back to the Board on potential changes to statutes and regulations governing the profession. These meetings are broadcast on the BSRB YouTube channel every-other-month. On a scale of 1 to 5, how familiar are you with the work of the Addiction Counseling Advisory Committee?

LAC Responses



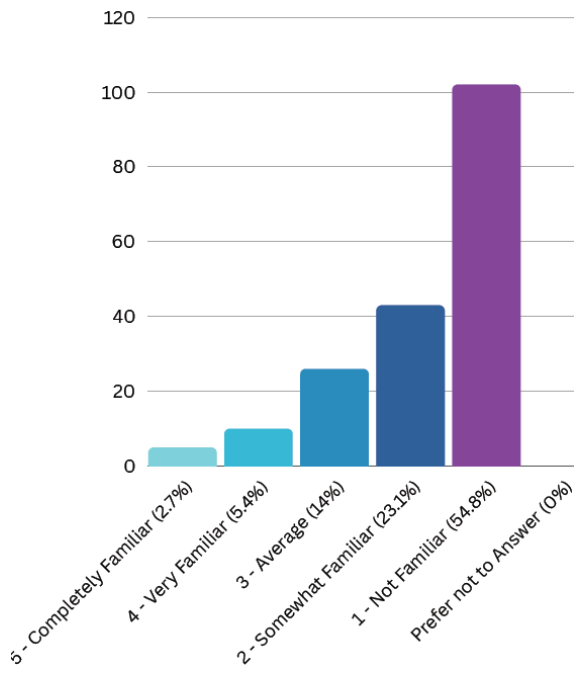
Out of the 127 LACs that answered question 12, 82 individuals selected “not familiar” (64.6%) and 20 individuals noted they were somewhat familiar with the work of the Advisory Committee (15.7%). All other responses were under 10.0%

LMAC Responses



Out of the 106 LMACs that answered question 12, 73 individuals reported no familiarity with the Advisory Committee (68.9%), followed by 19 individuals noting they were somewhat familiar with the work of the Advisory Committee (17.8%). All other answers were less than 8.0%

LCAC Responses



Out of the 186 LCACs that answered question 12, 102 individuals noted no familiarity with the work of the Advisory Committee (54.8%), followed by individuals noting they were somewhat familiar with the work of the Advisory Committee (14.0%), then respondents who noted an average level of familiarity (14.0%). All other answers were less than 6.0%.

Question 13 (LAC, LMAC, and LCAC). Over the past two years, based on your observations and experience practicing the behavior analysis profession, could you share information on any practice-related issues you have seen, such as areas where practitioners appeared to need more continuing education or training in a certain area? Please explain.

LAC Responses

One hundred and nine Licensed Addiction Counselors answered this question, identifying practice-related negative issues that they have seen. (Responses for all licensees can be found in **Appendix # on page #**).

Forty-four respondents indicated having experienced no practice-related negative issues.

Of the practice-related negative issues identified, the most commonly reported (twenty-one responses) was the need for more education and/or training in certain areas. Specifically, the following areas were reported to need more education and/or training in:

- Co-Occurring Disorders
- Cultural Competence
- Diversity
- Working with the Incarcerated Population
- Medication Assisted Treatment
- Evidence-Based Practices
- Treatment Plans
- Harm Reduction

While less commonly reported, other practice-related negative issues included:

- Directors not having degrees or licenses
- The LAC license is not recognized by private insurance
- Burnout
- The pay for the profession is too low
- There is a severe workforce shortage
- Lack of clinical support
- Education requirements for licensure are too restrictive

Additionally, fourteen respondents pointed to a number of ethical issues, including inappropriate/unethical relationships, poor boundaries, bias, and treatment centers providing services without proper licensing to do so.

LMAC Responses

Eighty-nine Licensed Master's Addiction Counselors answered this question, providing insight into practice-related negative issues experienced and/or observed. (Responses for all licensees can be found in **Appendix # on page #**).

Nineteen respondents indicated having experienced no practice-related negative issues.

Of those who reported practice-related negative issues, a recurring concern related to the belief that loosening addiction counseling licensing requirements for mental health providers to more easily meet requirements has increased the number of incompetent practitioners in the field.

Furthermore, there was a call for more education and/or training in the following areas:

- Medication Assisted Treatment
- Trauma
- Dual Diagnoses
- Ethics
- Relation Between Addictions and Mental Health
- Treatment
- Boundaries
- When to Refer
- 42 CFR (Part Two)

It is necessary to note that some respondents, while not citing specific areas needing more education/training, reported a need for more in-person training opportunities.

Other practice-related negative issues reported included scope of practice limitations, crossing ethical boundaries, “old school” practitioners, stigma, burnout, and the workforce shortage.

LCAC Responses

One hundred and fifty-nine Licensed Clinical Addiction Counselors answered this question, providing insight into practice-related negative issues that they have seen. (Responses for all licensees can be found in **Appendix # on page #**).

Fifty-six respondents indicated having seen no practice-related negative issues.

Of the negative issues reported, they can be broken into five categories: areas needing more education and/or training, ethics issues, medication-assisted treatment (MAT) issues, ASAM issues, and other issues.

Respondents reported a need for more education and/or training in the following areas:

- Trauma
- Co-Occurring Disorders
- Harm Reduction
- Diagnoses
- Documentation
- Treatment
- Current Drug Trends
- Substance Abuse/SUD
- Coping Skills
- Aftercare Services
- Dual Relationships

- Sex/Pornography Addiction
- CFR-42 Part 2
- Tobacco
- Confidentiality/HIPPA
- Mental Health
- Video Game Addiction
- Gambling Addiction

Reported issues relating to ethics included:

- There has been a decline in ethical standards
- There has been an increase in ethical violations
- Practicing outside one's scope
- Boundary issues

Looking at issues concerning MAT, some respondents mentioned the valuable benefits and knowledge associated with MAT, while others believe that it is overprioritized. ASAM issues involved there being a lack of knowledge around ASAM and a lack of ASAM-certified providers. Other issues reported included:

- There is a shortage of addiction counselors (seven responses)
- Increased regulations limit counselors (six responses)
- New licensees are underprepared (six responses)
- Insurance issues (four responses)
- Lack of affordable CEUs
- Pay in the field is too low

Question 14 (LAC, LMAC, and LCAC). Over the past two years, have you experienced any issues concerning tele-health, either through professional practice or observations of other practitioners? Please explain.

LAC Responses

One hundred and ten Licensed Addiction Counselors answered this question, identifying a range of issues concerning telehealth. (Responses for all licensees can be found in [Appendix # on page #](#)).

The most frequent survey response (seventy-seven responses) reported having experienced no issues concerning telehealth. After providing this response, some licensees mentioned their belief that telehealth is helpful and essential for rural areas.

Of the responses that pointed out telehealth issues, the most frequently reported statement was that telehealth should not be used for addiction or recovery services. These respondents also noted that in-person services should be used instead, and a few went so far as to call telehealth a “disservice.”

Other issues, opinions, and concerns regarding telehealth that were reported included:

- Telehealth is ineffective
- Internet/connectivity issues
- Telehealth should only be used in rural areas
- Telehealth has increased access to services
- It is good to have options for providing services
- Telehealth increases the potential for missed observations
- There are restrictions with providing telehealth to clients outside of Kansas.

LMAC Responses

Ninety-two Licensed Master’s Addiction Counselors answered this question, identifying issues concerning telehealth. (Responses for all licensees can be found in [Appendix # on page #](#)).

Sixty-five respondents indicated having experienced no issues concerning telehealth. The following telehealth issues were reported being experienced by licensees:

- Technical difficulties (six responses)
- Do not like telehealth; prefer in-person services (six responses)
- More difficult to focus (five responses)
- People not being in private (four responses)
- Missed observations and body language (three responses)
- Telehealth is not ideal for addiction services and/or SUD treatment
- Difficulty in obtaining signatures and/or documentation
- Clients/providers being located outside of Kansas
- More difficult to build rapport

LCAC Responses

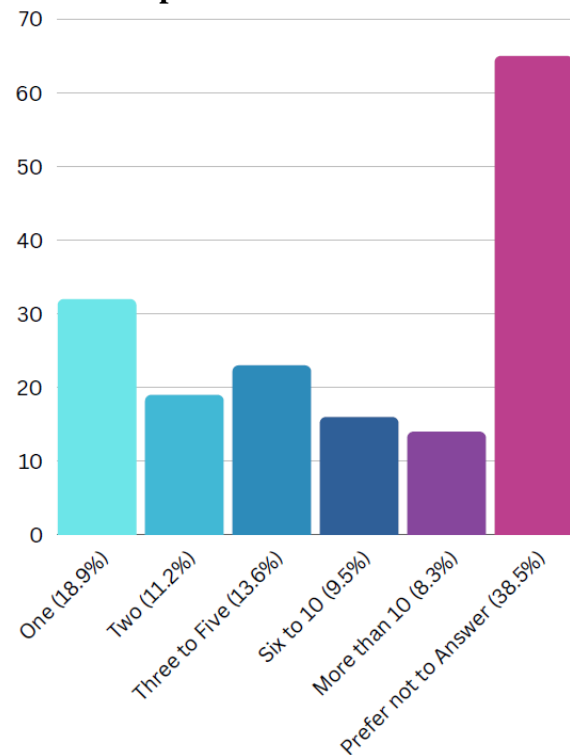
One hundred and sixty-four Licensed Clinical Addiction Counselors answered this question, providing insight into issues concerning telehealth. (Responses for all licensees can be found in [Appendix # on page #](#)).

The most frequent survey response (one hundred and nineteen responses) was that respondents had not experienced any issues concerning telehealth. After providing this response, seven respondents reported supporting telehealth and its positive impact on access to care.

Regarding issues identified, the most common concerns focused on confidentiality, insurance, missed body language, audio-only services, increased distractions, and obtaining documentation. It was also reported that face-to-face services are better fit for providing addiction services. Reports of clients/providers failing to be in private settings and it being more difficult to build rapport with telehealth services were also made.

Question 15 (LCAC). How many individuals do you currently provide supervision to?

LCAC Responses



Out of the 169 LCACs that answered question 15, 65 individuals selected “prefer not to answer” (38.5%), followed by 32 individuals reporting supervision one person (18.9%), then 23 individuals noted they were supervising between three to five people (13.6%), then 19 individuals reported supervising two people (11.2%). All other responses were under 10.0%. *Note:* In a survey drafting error, the option of “zero” was not provided, which is believed to account for the high response in the “prefer not to answer” category.

Question 15 (LAC and LMAC)/Question 16 (LCAC). Over the past two years, have you experienced any negative issues involving supervision? If so, please explain.

LAC Responses

One hundred and ten Licensed Addiction Counselors answered this question, identifying negative issues involving supervision. (Responses for all licensees can be found in **Appendix # on page #**).

The most frequent survey response (ninety-five responses) was that licensees had experienced no negative issues involving supervision.

Of the responses that identified negative issues involving supervision, one of the two main issues is a lack of real, proper supervision. Specifically, licensees report having direct supervisors who are not addiction counselors, poor support from supervisors, and experiences with supervisors being unprofessional.

Staffing issues are the second main issue reported. Specifically, there were issues reported with turnover, the shortage of addiction counselors, and providers being underpaid for the caseloads that they are managing.

LMAC Responses

Ninety-one Licensed Master's Addiction Counselors answered this question, identifying negative issues involving supervision. (Responses for all licensees can be found in **Appendix # on page #**).

Seventy-five respondents indicated experiencing no negative issues involving supervision.

The most frequently reported negative issues involving supervision included:

- Unqualified supervisors
- It is difficult to find supervisors
- Supervisors do not seem to have enough time for individual supervision

Furthermore, respondents cite several supervisor-specific issues, including having supervisors who were unprofessional, disrespectful, overworked, unsupportive, unethical, and unwilling to provide solutions.

LCAC Responses

One hundred and sixty Licensed Clinical Addiction Counselors answered this question, identifying negative issues involving supervision. (Responses for all licensees can be found in **Appendix # on page #**).

One hundred and thirty-nine respondents indicated having experienced no negative issues involving supervision.

Regarding negative issues identified, the most common issues with supervisees focused around supervisees neglecting self-care and having manipulation issues. Issues regarding supervisors focused on no-shows, last minute session cancelations, and untrained/unqualified supervisors. Other supervision issues reported included:

- It being difficult to find the time to adequately supervise
- Supervisors not being licensed in addiction counseling
- Employees engaging in unprofessional/unethical behaviors/practices
- Turnover
- Lying
- The belief that the hour requirement for clinical licensure is too low
- Supervision is inconsistent and lacking structure

Question 16 (LAC and LMAC)/Question 15 (LCAC). Do you currently use artificial intelligence (AI) in your practice? If you do, in what areas do you use AI?

LAC Responses

One hundred and twenty-seven Licensed Addiction Counselors answered this question, identifying uses of AI in practice. (Responses for all licensees can be found in **Appendix # on page #**).

The most frequent survey response (one hundred and three responses) was that licensees do not use AI in their practices. After providing this response, some licensees mentioned needing to learn more about AI before using, and others reported looking into using AI in the near future.

Seven respondents indicated that they use AI in their practice. Specifically, areas of AI use included note-taking, treatment planning, and trainings.

LMAC Responses

One hundred and seven Licensed Master's Addiction Counselors answered this question, identifying areas of AI use in practice. (Responses for all licensees can be found in **Appendix # on page #**).

The most frequent survey response (eighty-eight responses) was that licensees do not use AI in their practice. After providing this response, some respondents mentioned planning to implement soon, while others believe that AI use is unethical. Some licensees also expressed not wanting to use AI because their clients are not comfortable with use.

The uses of AI reported included using for notes, coming up with ideas, and documentation purposes.

One respondent noted that, while their practice has implemented the use of AI, they remain distrustful of it.

LCAC Responses

One hundred and eighty-seven Licensed Clinical Addiction Counselors answered this question, providing insight into the uses of AI in practice. (Responses for all licensees can be found in **Appendix # on page #**).

Thirty-four respondents indicated that they do not use AI in their practice. After providing this response, four respondents reported that they are actively working to implement AI use and three reported being interested in AI. Other licensees followed up this answer by stating that best practices need to be established before they would be comfortable with using AI. Two expressed having no interest in AI use.

The most reported area of AI use (eighteen responses) was for notes purposes. While less commonly reported, other areas of AI use included:

- Treatment Plans/Reports
- Grammar/Formatting Checks
- Research/Information Gathering

- Documentation
- Generating Handouts/Educational Materials

Additionally, it was stated that insurance companies use AI to review documentation, so any clinician accepting insurance is exposing client data to AI technology. Furthermore, three AI platforms were named by licensees who use them; these AI platforms were Eleos, Adobe, and TherapyNotes.

Question 17 (LAC and LMAC)/Question 18 (LCAC). Based on your experience as a licensee in Kansas, do you have any recommendations on additional ways the BSRB could protect and serve and consumers of services offered by BSRB licensees?

LAC Responses

One hundred and seven Licensed Addiction Counselors answered this question, providing recommendations on additional ways the BSRB could protect and serve consumers of services offered by BSRB licensees. (Responses for all licensees can be found in **Appendix # on page #**).

Sixty-nine respondents reported having no recommendations to provide. The following lists frequently reported recommendations:

- Get more providers in the field to address the workforce shortage.
- Loosen educational requirements for LAC licensure.
- Limit the maximum number of clients on practitioners' caseloads.
- Limit group therapy sizes.
- Make number of years practicing a component/pathway to clinical licensure.

Additionally, there were recommendations for more training in ethics, evidence-based practices, culture and diversity, HIPPA and confidentiality laws, and the long-term impacts of prescription drugs.

Some licensees also commented on peer mentors, recommending that the BSRB looks at guidelines and create clear boundaries regarding how they differ from licensed counselors.

LMAC Responses

One hundred and six Licensed Master's Addiction Counselors answered this question, providing recommendations on additional ways the BSRB could protect and serve consumers of services offered by BSRB licensees. (Responses for all licensees can be found in **Appendix # on page #**).

The most frequent survey response (fifty-one responses) was that respondents had no additional recommendations to provide. Of the recommendations provided, they can be broken into four main categories: BSRB-specific, application-specific, CEU-specific, and other recommendations.

BSRB-specific recommendations included hiring more BSRB employees, prioritizing more communication between the BSRB and licensees, and recommendations to create a multi-state compact.

Application-specific recommendations included requiring more professional references, getting rid of the examination requirement, and making the application process quicker.

CEU-specific recommendations included offering free or affordable CEUs. Additionally, it was recommended that CEUs be required in the areas of boundaries, dual relationships, co-occurring disorders, and professional conduct/development.

Other recommendations included addiction counselors needing more funding and resources, and loosening license restrictions and clinical requirements.

LCAC Responses

One hundred and fifty Licensed Clinical Addiction Counselors answered this question, providing recommendations on additional ways the BSRB could protect and serve consumers of services offered by BSRB licensees. (Responses for all licensees can be found in **Appendix # on page #**).

Ninety-five respondents indicated having no recommendations to provide.

Of the recommendations provided, examination-specific recommendations included making the licensing examination easier and providing study materials for it. Other frequently reported recommendations included:

- Creating/joining a multi-state compact (eight responses)
- Advocating for better/consistent insurance reimbursements (four responses)
- Addiction counselors need better pay (four responses)
- The number of licensed addiction counselors needs to increase (three responses)
- Ensure that professional boundaries and standards are maintained (three responses)
- Educate the public about services provided by addiction counselors (three responses)
- Reduce access barriers (two responses)
- Provide more clarity on scope of practice (two responses)

Furthermore, some respondents made comments about reducing licensure requirements, stating that such a move reduces competency, is a public safety issue, and is not the solution to addressing the workforce shortage.

Question 18 (LAC and LMAC)/Question 19 (LCAC). Do you have any other comments or feedback you think would be helpful for the members of the Addiction Counseling Advisory Committee of the BSRB to receive when evaluating possible changes to the statutes and regulations for the behavior analyst profession? Please explain.

LAC Responses

Ninety-seven Licensed Addiction Counselors answered this question, providing comments and feedback that they think would be helpful for the members of the Advisory Committee. (Responses for all licensees can be found in **Appendix # on page #**).

Sixty-nine respondents indicated having no other comments or feedback to provide. Of those who did provide comments and/or feedback, some individuals expressed disappointment in barely missing being grandfathered.

Additionally, comments were made concerning the student LAC license, specifically that there needs to be quicker approval times and clear guidelines on what these licensees can and cannot do. There were also field-specific comments made, particularly the recommendation to explore creating an incentive program for entering the field to help in addressing burnout, the workforce shortage, and current unmanageable caseloads.

LMAC Responses

Seventy-six Licensed Master's Addiction Counselors answered this question, providing comments and feedback that they found helpful for the members of the Advisory Committee. (Responses for all licensees can be found in **Appendix # on page #**).

Forty-five respondents indicated having no other comments or feedback to provide. Of those who did have comments and/or feedback to provide, one area of focus for respondents was on clinical licensure requirements. Specifically, while some respondents recommend reducing clinical licensure requirements, others say to stop loosening requirements that is, by extension, decreasing the quality of services and causing people to leave the profession.

Other comments and/or feedback reported included:

- Allow for easier dual licensing.
- Practitioners need more flexibility.
- Stop licensing uneducated/undereducated social workers as addiction counselors.
- Supervisors should have higher licenses than their supervisees.
- Address the workforce shortage by creating incentives for entering the field.

LCAC Responses

One hundred and forty Licensed Clinical Addiction Counselors answered this question, providing comments and feedback that might be helpful for members of the Advisory Committee to receive when evaluating possible recommendations for changes to the statutes and regulations for the addiction counseling profession. (Responses for all licensees can be found in **Appendix # on page #**).

Ninety-three respondents indicated having no other comments or feedback to provide. Of those who did provide comments and feedback, there was a reported need for more education/training in the following areas: dual diagnoses, treatment, competency, trauma-based therapies, de-escalation, boundaries, and scope of practice.

The following lists frequently reported comments/feedback:

- There is a need for a better trained workforce.
- Addiction Counseling licenses are too limited.
- Allow LMACs and LCACs to provide counseling services.
- Create a multi-state compact/license.
- Addiction Counselors need better pay.
- It is difficult to find and maintain good counselors.
- Create incentives for entering the field.
- Provide clarity on the different levels of licensure and what each level is allowed to do.

There were also reports made about issues with the Kansas Department of Aging and Disability Services (KDADS). Additionally, while some respondents reported supporting the student addiction license and its support in addressing the workforce shortage, others share concerns and their view that this license type should not be offered.