



Credentialing of Prevention Professionals Is a Critical Component to Implementing National Health Care Reform

December 2010

298 South Progress Avenue Harrisburg, PA 17109 717 540 4457 717 540 4458 fax internationalcredentialing.org

IC&RC protects the public by establishing standards and facilitating reciprocity for the credentialing of addiction-related professionals.

Our Position

IC&RC is the largest substance abuse credentialing organization in the world, representing 75 organizations and more than 40,000 addiction professionals.

As the federal government calls for increased prevention efforts as a component of national health care reform, IC&RC urges the credentialing of prevention professionals to ensure the highest standard of ethics and professionalism.

Surveying the Landscape

Andrew Kessler, IC&RC's Federal Policy Liaison, has recently written:

“Prevention, in all areas of health, has been a centerpiece of President Obama’s health care agenda. Much of the recent legislation that focuses on improving health care across the country is centered around prevention. Substance abuse is no exception.”

The Affordable Health Care for America Act of 2010, Substance Abuse and Mental Health Services Administration's (SAMHSA) “8 Strategic Initiatives,” and the 2009 National Drug Control Strategy have placed prevention in the forefront of health care reform efforts across the country. Local, state, and national organizations are struggling to keep up with changes in the field. The anticipated demand for new prevention professionals is tremendous, and IC&RC is concerned that safeguards are not yet in place to protect the public through a high-quality, well-trained workforce.

The 2009 Institute of Medicine’s (IOM) publication, *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*, summarizes the need for the nation’s focus to shift from sickness and disease to wellness and prevention.¹ The report forwards the position that “the federal government should make the healthy mental, emotional, and behavioral development of young people a national priority” and “develop and implement a strategic approach” to achieving that goal.²

IC&RC works under the premise that prevention is health promotion – the “active, assertive process of creating conditions and/or fostering personal attributes that promote the well-being

¹ National Prevention and Health Promotion Council, *The National Prevention And Health Promotion Strategy*, 2010, [http://www.healthcare.gov/center/councils/nphpphc/draftframework .pdf](http://www.healthcare.gov/center/councils/nphpphc/draftframework.pdf).

² O’Connell, Boat and Warner, *Preventing Mental, Emotional and Behavioral Disorders Among Young People*, 378 (Recommendations 13-1 and 13-2), http://books.nap.edu/openbook.php?record_id=12480&page=378.

of people.”³ That mental and physical health are inseparable is one of the core concepts of prevention.⁴

IC&RC supports the IOM’s premise that the U.S. Departments of Health & Human Services (HHS), Education, and Justice should braid funding in order to develop coordinated systems of care that promote health and well-being.⁵ Furthermore, we also recommend specifically that the Centers for Disease Control division of HHS become a primary partner in creating healthy communities and evaluating the transferability of violence and substance abuse prevention to chronic disease prevention, inasmuch as they are strongly influenced by behavioral knowledge, skills, behaviors, and competencies.

IC&RC is concerned that substance abuse prevention funding will be harmed by changes in health care financing.⁶ For example, a recent SAMHSA solicitation – that was subsequently rescinded - “would result in a loss of funding for substance abuse prevention providers, because it would merge all prevention funding for [the mental health and substance abuse] block grants.”⁷

The IOM asserts that “Prevention is, by definition, an intervention that occurs before it is known who will develop a disorder and who will not.”⁸ While we do concur with its recommendation to include mental health promotion in the spectrum of mental health interventions, we strongly recommend that prevention resources not be co-mingled with other intervention and treatment resources, specifically because intervention and treatment services will have expanded access to other funding through The Mental Health Parity and Addiction Equity Act and The Affordable Care Act.

³ William A. Lofquist, *Discovering the Meaning of Prevention* (Tuscon, AZ: Associates for Youth Development, 1983).

⁴ Mary Ellen O’Connell, Thomas Boat, and Kenneth E. Warner (Editors), *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities* (Washington, DC: National Research Council and Institute of Medicine of The National Academies/The National Academies Press) 17, http://books.nap.edu/openbook.php?record_id=12480&page=17#

⁵ O’Connell, Boat and Warner, *Preventing Mental, Emotional and Behavioral Disorders Among Young People*, 348, http://books.nap.edu/openbook.php?record_id=12480&page=348.

⁶ “SAMHSA document, made public in error, reveals changes for block grant,” *Alcoholism & Drug Abuse Weekly*, 22, no. 37 (2010): 1.

⁷ *Ibid*, 3.

⁸ O’Connell, Boat and Warner, *Preventing Mental, Emotional and Behavioral Disorders Among Young People*, 36, http://books.nap.edu/openbook.php?record_id=12480&page=36.

What's At Stake

Seventy percent of deaths in the U.S. are from chronic diseases. Heart disease, cancer, and strokes are responsible for 50 percent of U.S. deaths. Obesity, arthritis, and diabetes are also disabling people and escalating health care costs. All of these chronic diseases can be attributable to alcohol use, tobacco use, lack of physical exercise, and poor nutrition - and all can be prevented.⁹

In addition, prevention strategies can be effective in preventing and reducing the severity of some mental health conditions, such as depression and post-traumatic stress disorder. Further, good prevention strategies can delay onset and support treatment outcomes for those with mental health conditions.¹⁰

For example, research indicates there can be a link between substance abuse and child maltreatment. Substance abuse may be a contributing factor for between one-third and two-thirds of children in the child welfare system.¹¹ Research shows that exposure to abuse and to serious forms of dysfunction in the childhood family environment are likely to activate the stress response, thus potentially disrupting the developing nervous, immune, and metabolic systems of children.^{12 13 14} Such acute childhood events are associated with physical and mental health problems that emerge in adolescence and persist into adulthood, including cardiovascular disease, chronic obstructive pulmonary disease, autoimmune diseases, substance abuse, and depression.¹⁵

⁹ "Chronic Diseases and Health Promotion," Centers for Disease Control and Prevention, accessed November 30, 2010, <http://www.cdc.gov/chronicdisease/overview/index.htm>.

¹⁰ "Promoting Mental Health & Well Being," Prevention Institute, accessed November 30, 2010, <http://www.preventioninstitute.org/focus-areas/promoting-mental-health-a-well-being.html>

¹¹ "Substance Abuse," Child Welfare Information Gateway/U.S. Department of Health & Human Services Administration for Children & Families, accessed November 30, 2010, <http://www.childwelfare.gov/can/factors/parentcaregiver/substance.cfm>.

¹² M.D. DeBellis, M.S. Keshava, D.B. Clark, B.J. Casey, J.N. Giedd, A.M. Boring, et al, "A.E. Bennett Research Award. Developmental Traumatology. Part II: Brain Development," *Biological Psychiatry*, 45, no. 10 (1999):1271-84, <http://www.ncbi.nlm.nih.gov/pubmed/10349033>

¹³ M.B. Stein, C. Koverola, C. Hanna, M.G. Torchia, B. McClarty, "Hippocampal Volume in Women Victimized by Childhood Sexual Abuse," *Psychological Medicine*, 27, no. 4 (1997): 951-9, <http://www.ncbi.nlm.nih.gov/pubmed/9234472>

¹⁴ M.H. Teicher, Y. Ito, C.A. Glod, S.L. Andersen, N. Dumont, E. Ackerman, "Preliminary Evidence for Abnormal Cortical Development in Physically and Sexually Abused Children Using EEG Coherence and MRI," *Annals of the New York Academy of Sciences*, 821 (1997):160-75, <http://www.ncbi.nlm.nih.gov/pubmed/9238202>

¹⁵ Shanta R. Dube, Michelle L. Cook, Valerie J. Edwards, "Health-Related Outcomes of Adverse Childhood Experiences in Texas, 2002," *Preventing Chronic Disease: Public Health Research, Practice and Policy*, 7, no.3 (2010): 1, http://www.cdc.gov/pcd/issues/2010/may/pdf/09_0158.pdf

The Importance of Training

Fundamental to having an effective prevention system is an effective prevention workforce. Fundamental to equipping that workforce is a certification process based upon demonstrated practice competencies that are reflective of a high-quality, professional discipline. The demonstration of competency in prevention service delivery, through testing for certification and the continuing education required to maintain certification, helps enable providers to follow the advances in the prevention field and provides assurances to the public that state-supported prevention services are offered in an ethical and technically sound manner.

In keeping with its tradition of establishing high-quality practice standards for substance abuse counselors and clinical supervisors, IC&RC provided leadership in developing professional practice standards for prevention specialists. In cooperation with state agencies, prevention provider agencies, other professional organizations and individual prevention specialists, IC&RC champions the call for prevention practitioners to stay abreast of the latest research findings, employ science-validated practices, apply innovations in prevention methods, and follow industry trends in order to ensure that services are provided competently.

The IOM reports that “most training programs in major disciplines...do not include core components on the prevention of MEB [mental, emotional, and behavioral] disorders of young people.”¹⁶ IC&RC is uniquely positioned to offer the “training standards for certifying and accrediting training programs” that IOM recommends.¹⁷

As IC&RC offers the only internationally recognized prevention credential, it is committed to maintaining and aligning the highest prevention standards to the emerging research demonstrating positive outcomes in prevention, wellness and health promotion through its training and credentialing professionals.

With almost three decades of experience, IC&RC is the only organization with the background to provide well-tested, research-based resources, such as job task analyses, subject matter experts, core competencies and psychometric testing.

¹⁶ O’Connell, Boat and Warner, *Preventing Mental, Emotional and Behavioral Disorders Among Young People*, 376, http://books.nap.edu/openbook.php?record_id=12480&page=376.

¹⁷ Ibid.

Acknowledgments

IC&RC wants to recognize the contributions of a number of prevention leaders to this position paper. We are grateful to the efforts of Celenda Perry, Julie Stevens, Jessica Hestand, and Ruth Satterfield, as well as our Federal Policy Liaison Andrew Kessler.

About IC&RC

IC&RC sets the international standards for competency-based certification programs through testing and credentialing of addiction professionals. Incorporated in 1981, IC&RC represents 75 member boards, including 45 U.S. states, the District of Columbia, two U.S. territories, and all branches of the U.S. military. Members also include 21 countries and six Native American territories.

IC&RC's credentials include Alcohol and Drug Counselor (ADC), Advanced Alcohol and Drug Counselor (AADC), Clinical Supervisor (CS), Prevention Specialist (PS), Certified Criminal Justice Addictions Professional (CCJP), Certified Co-Occurring Disorders Professional (CCDP), and Certified Co-Occurring Disorders Professional Diplomate (CCDPD).

In January 2010, IC&RC announced that the number of professionals who hold its credentials has crossed the 40,000 mark. Up to half of all substance abuse professionals in the U.S. hold IC&RC certificates.

Direct questions and comments to:

IC&RC
298 S. Progress Avenue
Harrisburg, PA 17109
internationalcredentialing.org
info@internationalcredentialing.org