**Assuring Public Safety in the**

**Delivery of Substance Abuse**

**Prevention Services**

**An IC&RC Position Paper**

**May 2009**

**Introduction**

Since 1981, the International Certification and Reciprocity Consortium (IC&RC) has been a leader in fostering the adoption of professional practice standards for individuals engaged in providing substance abuse services. IC&RC practice standards are applied to substance abuse counselors, clinical supervisors, prevention specialists, co-occurring disorders professionals, and criminal justice addictions professionals. Membership in IC&RC continues to grow, encompassing certifying boards in 43 states and territories, 13 international countries, all branches of the United States Military, The United States Indian Health Services, and the World Federation of Therapeutic Communities.

IC&RC member boards share a common belief that competency-based practice standards help to ensure the public’s safety when receiving substance abuse services. This respect for consumer safety provides the basic rationale for the development and application of substance abuse practice credentialing. Psychometric industry standards, such as beginning with the development of Job Task Analyses, are the foundation for the credentialing process. Such rigorous practices in test development set IC&RC apart from other credentialing organizations. IC&RC member credentialing boards provide the opportunity for individuals employed in the substance abuse field to qualify for and receive recognition for achieving a standard of professional education and experience necessary to provide quality substance abuse services.

**Understanding the Need for Prevention Credentialing**

This paper was written to educate state and federal agencies, community-based providers, prevention practitioners, institutions of higher education, managed healthcare organizations and the general public about the importance of assuring that prevention practitioners meet a set of internationally recognized minimum practice standards.

Quick research into state laws and policies concerning the practice of substance abuse services, makes it clear that the majority, if not all, of the states require individuals to meet a set of minimum standards of practice to work as a substance abuse counselor or clinical supervisor. These requirements are in place because substance abuse counselors and clinical supervisors work within the context of a unique relationship with their clients. Substance abuse clients bring multiple health, economic and family concerns into the treatment setting, requiring counselors to address many personal and confidential issues. Without demonstrated practice competencies and adherence to a code of professional ethics, such relationships have the potential to become inappropriate. Consequently, states and community treatment agencies have long required counselors to hold a professional certification. With the advance of managed healthcare over the past several years, many states have now adopted licensure standards that parallel certification requirements for substance abuse practitioners.

Recent changes in prevention service delivery focus in on the reality that prevention practitioner credentialing is as necessary as counselor credentialing. Further, it is the position of IC&RC that federal, state and community regulatory and funding agencies should require that prevention practitioners be certified to better ensure that prevention services are provided in an appropriate and ethical manner. Credentialing prevention practitioners enhances states and community prevention services in at least three important ways:

1. **Ensuring Public Safety**: The most compelling reason to certify substance abuse prevention practitioners is to ensure the public safety. Current headlines and daily television news offer countless examples of young people entrusted to adults or to adult supervised institutions that experience abuse, violence and unethical behavior. State agencies and community based organizations that adopt prevention practice standards and enforce those standards through the requirements of credentialing significantly increase their opportunity to teach practitioners appropriate and effective service delivery for young people and families. Further, it is reasonable for consumers of prevention services to expect protection in other areas of public safety such as misappropriation of funds, misrepresentation of credentials, conflicts of interest, and discrimination. Therefore, it is necessary for prevention professionals to adhere to a recognized code of professional ethics.
2. **Enhancing Public Funds Accountability**: Ethical practice demands accountability for public expenditures and accountability dictates that states and their programs utilize prevention staff who demonstrates proficiency with competency-based standards. This increases the likelihood that taxpayer funds spent in prevention service delivery will be used for programming that is research and evidence based and that offer reasonable hope of impacting the populations being served in a positive way.
3. **Providing Practitioner Benefits**: Prevention practitioners also gain significant benefits by achieving and maintaining a practice credential. Not only are they able to demonstrate practice competencies in their daily work, but they become part of an international cadre of advocates for quality prevention service delivery. Through the continuing education required for renewal of certification, practitioners are able to maintain their prevention knowledge, skills and attitudes while staying abreast of new and emerging trends in the field. Continued skill development often leads to an enhanced career standing and the potential for greater income.

For all of these reasons, the application of a set of minimum practice standards that demonstrate an individual prevention practitioner’s competence to practice in the substance abuse prevention discipline is both necessary and prudent.

**Making Prevention Certification a Requirement to Practice**

Prevention services are changing. Early prevention efforts were cast as everything from puppet shows to juvenile offender diversion programs. Today’s professionals make a concerted effort to affect the attitudes and values of communities, thereby promoting healthy behaviors and lifestyles in order to reduce risks associated with alcohol, tobacco and other drug abuse.

Additionally, practitioners need to demonstrate changes in specific individuals who participate in prevention programs. More recent research has led to prevention programming that today encompasses not only community environmental strategies but also individual and family focused services as well. Youth/adult leadership activities, tutoring services, parent and family management programs, and mentoring programs are but a few of the popular prevention services. These programs demand qualified, ethical and competent staff.

States and community agencies are also under pressure to demonstrate that programs like these and others have an impact on the people they serve. Increasing concerns for accountability in the delivery of public prevention services has made it a necessity for states and their publicly funded prevention programs to better demonstrate the efficacy and cost effectiveness of publicly supported services. National outcome measures that verify the efficacy of prevention services will track the performance of individuals as well as community-wide attitudes. To effectively demonstrate results, state and community based prevention programs need competent and knowledgeable staff that is skilled in the use of the latest and most ethical approaches to community based prevention service delivery.

As a consequence of the changing dynamics of prevention programming, there is an increasing need for states to require prevention practitioners to meet internationally accepted standards of prevention practice. As of 2009, 47 IC&RC member boards offer a prevention credential. However, in the majority of instances, certification is voluntary. Without the encouragement of a legislative or state policy requirement for certification, many states and their practitioners may not understand the need to be certified nor appreciate the risks of not having or requiring certification.

**Who Should Be Credentialed in Prevention**

IC&RC takes the position that, at a minimum, anyone who meets either or both the following criteria should be required to become certified in order to practice prevention service delivery: Practitioners who work in community-based prevention programs that receive state and/or federal funds for alcohol, tobacco and other drug abuse services and full or part-time paid coordinators of volunteer prevention services in programs that receive state and/or federal funds.

For the most part, these criteria will affect community based prevention services that are funded with federal block grant and/or state general revenue funds managed through the Single State Agencies for Alcohol and Drug Abuse. However, other state agencies such as departments of education, agencies for children, youth, and families, juvenile corrections and diversion services, and departments of aging services target services to youth and adult populations affected by substance abuse. IC&RC believes that personnel from these agencies may not necessarily be required to be certified but should have the opportunity and be encouraged to become credentialed in substance abuse prevention. At a minimum, they should have access to continuing education programs offering competency-based substance abuse prevention course work.

**IC&RC’s Competency-Based Prevention Credential**

In keeping with its tradition of establishing high quality practice standards for substance abuse counselors and clinical supervisors, IC&RC has also 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 best practices, apply innovations in prevention methods, and follow industry trends in order to ensure the competency of the services they provide.

Fundamental to having an effective prevention system is an effective prevention workforce. Fundamental to equipping that workforce is an effective 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.

**Prevention Job Task Analysis**

Working with a cross section of substance abuse prevention administrators, providers, practitioners, researchers and others, IC&RC utilizes a formal process to identify and gain consensus on the specific competencies needed to effectively practice substance abuse prevention services. An initial Role Delineation Study (RDS) was developed and published in 1993. The RDS identified specific practice domains and detailed the knowledge, skills, and attitudes appropriate for each domain. The use of a formally published RDS (now referred to as a Job Task Analysis) assures that prevention certification test questions used as the basis for certification are founded in those tasks and activities determined by the field as appropriate and necessary for effective prevention service delivery.

Formal updates to the Job Task Analysis occurred in 1999 and again in 2007 at which time IC&RC convened practitioners from the field to provide their expertise to updating the Job Task Analysis. The 2007 revision reflects an emphasis on science based prevention services and integrates both service delivery and service management domains. With this updated Job Task Analysis, IC&RC continues to be able to assure its member boards and the prevention specialists that they certify that certification is based on the latest and best information about the practice requirements of the field of substance abuse prevention service delivery.

**IC&RC Prevention Specialist Written Examination**

The development of a valid examination for the IC&RC Prevention Specialist Credential begins with a clear and concise definition of the knowledge, skills and abilities needed for competent job performance. Working with subject matter experts in the field of alcohol, tobacco, and other drug abuse prevention, the knowledge and skill bases for the questions in the examination are derived from the actual practice of the prevention specialist as outlined in the current IC&RC Prevention Specialist Job Task Analysis.

The Prevention Specialist Written Examination was one of the first examinations on an international level to test knowledge and skill related to substance abuse prevention. The examination was developed by IC&RC through the cooperation of the member boards and service providers.

**Conclusion**

In addition to the changing dynamics of the substance abuse prevention field, the political realities regarding today’s publicly supported substance abuse services demonstrate the need to gain and maintain public confidence. One of the most important obligations that the field has to the public is to offer them a prevention workforce that demonstrates competency in the practice of substance abuse prevention strategies, programs, and services.

No other effort relative to the quality of prevention service delivery is as important as having knowledgeable and well-qualified individuals practicing prevention in our states, countries, and communities. IC&RC’s competency-based approach to prevention credentialing offers a consistent standard of operation that requires prevention credentialing. Through this process, states and their publicly funded prevention providers will significantly increase their capability to ensure public safety. To that end, IC&RC is also pleased to announce the development of a credentialing process for prevention supervisors that will likely be available in 2010.

For information on the prevention certification process, contact IC&RC at:

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**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)](http://icrcaoda.org/CCDPDstandard.asp).

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.