

## in this issue...

Message from the Executive Director	Page 1
<a href="#">CPS Grandparenting</a> .....	2
<a href="#">DCB Prevention Specialist Participates in Exam Item Review Process</a> .....	2
<a href="#">EXAM CHANGES – Pre-testing information</a> .....	4
<a href="#">Healthcare Reform Factsheet</a> .....	3
<a href="#">News from SAMHSA</a> .....	5
<a href="#">Trainers Needed</a> .....	3
<a href="#">Counselor Magazine</a> .....	4
<a href="#">Job Postings</a> .....	2
<a href="#">IC&amp;RC Now Offering Professional Services</a> .....	5



## Message from the Executive Director

Welcome to the inaugural issue of the DCB e-newsletter. As a certified professional, you can expect to receive this e-newsletter twice per year (summer and winter). The purpose will be to relay important and interesting information relevant to credentialing, workforce development, and the behavioral health field in general.

DCB has made many changes over the past couple of years – all of which are meant to enhance the professionalism of our credentialed professionals – and we are anxious to hear from you about ways to make even more enhancements to our process. Please feel free to contact the DCB Office anytime as we welcome comments and suggestions about how we are doing.

Know that DCB is looking after your best interests. You will see DCB staff or Board Members exhibiting at conferences, providing workshops on the credentialing process, attending important statewide meetings, collaborating with relevant organizations/associations/colleges and universities, meeting with providers and insurers, and constantly promoting and advocating our field as a profession.

We simply ask of you – our certified professionals – to maintain your credential with the highest ethical considerations, to promote the addiction field as a career to others, and to be proud of your professional accomplishment of holding an international credential.

Thank you and enjoy the remaining summer weeks.

*Mary Jo Mather*

Mary Jo Mather  
Executive Director

## ***Congratulations Certified Prevention Specialists***

DCB began offering a new credential this year for Prevention Specialists. The individuals below met all of the requirements, successfully grandparented into the new credential, and now hold the designation of CPS. Congratulations to:

Ahmad, Rabia  
Ampersand, Lanae  
Anderson, Jill  
Baker, Leslie  
Bell, Claudette  
Bell, Thomas  
Bempomaah-Akokuwah, Akosua  
Booker, Rochelle  
Boyer, Renee  
Boyer, Jr., William  
Bratt, James  
Bunch, Yvonne  
Carr, Joan  
Chase, Nancy Jean  
Cheluget, Abraham  
Chisholm, Brenda  
Chisholm, Malcolm  
Cibroski, Brenda  
Copp, Raymond  
Cornelison, Deborah  
Corrigan, Gregory  
Czajkowski, Christine  
Dalton, Crystal  
Dorsey, Dianna  
Dryden, Octavia  
Dryden, Kenneth  
Duffy, Martina  
Ennis, Danielle  
Evans, Patricia  
Fuentes, Little Star  
Garbett, Marce  
Garcia, Mirna  
Gealt, Roberta  
Green, LaTonya  
Guinn, Tonya  
Hagans, Sandra  
Harper, John  
Harrison, Vera  
Hubbard, Lauren  
Isaacs, Erin  
Jones, Wade  
Jones, III, Alfonso  
Justice, Pamela  
Karnik, Sachin  
Kendorski, Alicia  
Lang, Alyson  
Leister, Margaret

McCormick, Judith  
Mullen, Wanda  
Nichols, Michael  
Oliver, Norman  
Partridge, Vincent  
Personti, Domenica  
Ray, Janet  
Riggs, Catherine  
Rivera-Green, Isabel  
Rono, Ruth  
Sapp, Joseph  
Saunders, Dwayne  
Shockley-Hoover, Donita  
Silverman, Basha  
Smiley, Megan  
Solomon, Nicole  
Swanson, Rhonda  
Timmon-Gunter, Brenda  
Tudor, Lorie  
Velasquez, Ana  
Vincent, Claire  
Walp, Patricia  
Widdowson, Lynn  
Wilkins, Bernie  
Williams, Jerry  
Williams, Tammy  
Williams-Glover, Harriet  
Willis, Cecilia  
Wilson, NaTasha  
Yarnall, Sara

Melman, Erica - Reciprocated  
from PA to DE

### ***DCB Prevention Specialist Participates in Exam Item Review Process***

Erica Melman, CPS, Project Manager/SPF-SIG with DSAMH was selected to participate in an item review for the IC&RC's Prevention Specialist examination. The 4-day review took place in June at the headquarters of IC&RC's testing company, Schroeder Measurement Technologies, in Florida.

**Congratulations Erica and thank you for your participation.**

### ***Job postings available on DCB's website***

If you are an employer looking to fill a job opening or a certified professional searching for a new opportunity, DCB will list your employment opportunity on our website free of charge.

To have your job opening posted on our website, e-mail the announcement to [terriwray@comcast.net](mailto:terriwray@comcast.net) or fax job postings to 717-540-4458.

## *Quick Facts about Health Care Reform*

The Affordable Health Care for America Act of 2010, widely referred to as Health Care Reform, raises the Medicaid eligibility threshold to 133% of the federally defined poverty level. Additionally, it requires that adults without dependent children be eligible for Medicaid. In short, with more people now able to receive coverage, there will be more patients for all health professionals, including substance abuse counselors.

- 32 million people will be eligible for new coverage by 2014.
- Of the newly covered Americans, up to one-third – or 10 million – will require care for substance abuse disorders or mental health services. Not all will seek it out, but they're in need.
- By 2014:
  - 6.3 million individuals, newly covered by Medicaid, will be in need of behavioral health services.
  - 4.2 million individuals, newly covered by private insurance, will be in need of behavioral health services.
  - \$30 billion in Medicaid funding is allocated annually for substance abuse services.
  - \$7 billion annually is spent on private health care contributions for substance abuse services.

There are several provisions that impact the workforce as well:

- Contrary to rumor, there is no requirement in the Affordable Care Act that a substance abuse counselor holds a master's degree.
- Substance abuse counselors who pursue graduate and postgraduate degrees will be eligible for loan repayment, if they choose to work in underserved areas.
- Only the states will be able to determine which professionals can be reimbursed for specific treatment and prevention services.
- The act does offer incentive to integrate services, so collaborating with primary care providers will be pivotal.

## *Survey Says: Trainers Needed!*

Thank you to those certified professionals who completed a recent DCB training survey about whether or not DCB should begin to offer trainings and topics for those trainings. There was overwhelming support for DCB to offer trainings so planning is now underway. For this initiative to be successful, DCB must develop a list of trainers and training topics so that we can begin to schedule DCB sponsored trainings throughout the state. Training topics can cover a wide array of subjects relevant to the behavioral health field and can be 3 or 6 hour trainings.

If you are a trainer and would like to train for DCB, we need to hear from you. The hours you provide training can be used toward your own initial certification or recertification.

If you are interested in submitting a training for consideration by DCB, please email Terri Wray, DCB Associate Director at [terriwray@comcast.net](mailto:terriwray@comcast.net) for an Application to Train.

### *Let's Stay In Touch*

Stay in touch with DCB via email so you are the first, rather than the last, to receive notices about upcoming certification initiatives. Make sure we have your email address as most of our communication to you is done electronically.

Contact DCB at [info@delawarecertificationboard.org](mailto:info@delawarecertificationboard.org) and provide us with your preferred email address.

## *Free Subscription to Counselor Magazine Available to Internationally Certified Professionals*

IC&RC entered into a contract with HCI Communications, publisher of *Counselor Magazine*, to provide a free online subscription of the magazine to anyone holding an IC&RC international reciprocal credential through its member boards. Therefore, DCB certified professionals holding a CADC, CCS, CPS, CCDP, or CCDP Diplomate credential are eligible for this free online subscription to *Counselor Magazine*. The free subscription provides you with access to the most recent issue of the magazine as well as the archive of previous issues. You must have an active email address and internet service to access the subscription.

**Initiate Registration Process:** From your browser, go to [www.counselormagazine.com](http://www.counselormagazine.com). Click on the “Get a Free Login” link within the Login module on the top right of the website.

**Registration Page One:** Please make sure you enter your first and last name, correct e-mail address, a username that you will use to login to the website, and a password at least six characters in length or more. Once you have entered all of this information click on the “Get a Free Login” button. This will take you to the last step of your IC&RC registration process.

**Registration Page Two:** Once you have completed the first part of your registration you will then be prompted to enter your subscription information for full site access, which will enable you to read all of our online articles. It is important that you fill in all of the fields on this screen or your access will not be upgraded to a Paid Subscriber. All IC&RC certified addiction professionals must enter **CN1040** for the CN Account Number, along with the postal code where you are located, the name of the Board you are directly affiliated with, the Country in which you reside and the State/Province of residence. This information will enable us to authenticate your board affiliation. Once you have entered all of this information please click on the **SUBMIT** button.

**Registration Completed:** Once you have finished the registration process you will see a confirmation screen. You will click on the link provided, and will then be taken back to the home page of the website.

If you look to your right you will see the login area. Please login to the site using the username and password you created when signing up for the *Counselor* online subscription. Now you have full site access.

### *Important Information Regarding IC&RC Exams*

In December 2011, IC&RC will begin using pretest items on our exams. Pretesting will allow IC&RC to streamline our exam development process, provide much needed data on questions, and increase the security of our exams.

**Pretesting will begin in December 2011 for the Alcohol & Drug Counselor (ADC), Advanced Alcohol & Drug Counselor (AADC), and Clinical Supervisor (CS) exams. In March 2012, we will implement pretesting for the Prevention Specialist (PS), Certified Criminal Justice Addictions Professional (CCJP), and Certified Co-Occurring Disorders (CCDP) exams.**

On each IC&RC exam there will be 25 “unweighted” items that will not count toward the candidate’s final score. Unweighted items are also called pretest items. Pretest items will not be identified on the exam, and will appear randomly on all exam forms. All exams will be 150 questions in length, including Advanced Alcohol and Drug Counselor (AADC). The AADC exam was previously 175 questions.

It is important to include pretest items on an examination because items should be piloted to ensure quality before they contribute to a candidate’s score. Pretesting items provides verification that the items are relevant to competency and contribute toward measuring a candidate’s proficiency in the material. The statistical data received from pretesting is analyzed to determine if an item performs within an acceptable range. For example, item statistics tell us if an item is too difficult and possibly outside the candidates’ scope of knowledge or practice, if an item is too easy and does not measure competency, or if the correct answer is misidentified. If an item exhibits acceptable statistical performance, the item can be upgraded to “weighted” status and included on future examinations as a scored item.

In a larger context, the need to stay current with industry standards and the existence of incentives for cheating are the most compelling reasons to include pretest questions on examinations. Pretesting items allows the examination to stay current with the profession. The field is constantly evolving, and it is important that the examination reflect current practice and the knowledge, skills, and abilities required of competent practitioners. Including pretest items also allows IC&RC to produce more test forms which increases the security of our examinations.

Overall, pretesting items is in the best interest of candidates as it will help ensure the quality of future examinations. Pretest items have absolutely no effect on a candidate’s score. For example, if two candidates both answer the same number of weighted items correctly, and one answers all of the pretest items correctly and the other answers none of the pretest items correctly, they both receive the same score and pass/fail status on the exam. In fact, candidates will be protected against poorly-performing items adversely affecting their scores, while at the same time taking an examination that is current with professional trends.

## IC&RC Now Offering Professional Services

You're a professional, working hard to help your clients and stay on top of the latest evidence-based practices.

IC&RC understands that, and that's why we're proud to announce that our organization is now offering services for addiction and prevention professionals, including:

- FREE print subscription to [Counselor, The Magazine for Addiction Professionals](#) (a \$25 value).
- Invitation to IC&RC training [conferences](#) and events.
- Eligibility for professional liability insurance, through [Healthcare Providers Service Organization \(HPSO\)](#), the largest provider of individual professional liability insurance in the country, with over 1,000,000 healthcare and counseling professionals insured.
- Listing in our online [professional directory](#).
- Discounts on books and products from [HCIbooks.com](#).
- Discounts on products and events from [U.S. Journal Training, Inc. \(USJT\)](#) and the [Institute for Integral Development](#).

All for only \$25 a year - that's the kind of value you're looking for. These services are available to all credentialed addiction and prevention professionals, individuals in the process of becoming credentialed, and behavioral health and affiliated professionals.

We also want to take the opportunity to tell you about [our first-ever professional training conference](#), "A Principled Practice: Ethics in Addiction Treatment and Prevention." Scheduled for October 28 & 29, 2011 at the Rosen Centre Hotel in Orlando, Florida, it will feature a keynote address by Stephen J. Morse, J.D., Ph.D. on "Neuroscience, Morality and Addiction" and a half-day workshop on "Culturally Complex Ethical Challenges."

## News from SAMHSA

### Recovery Defined – A Unified Working Definition and Set of Principles

In August 2010, leaders in the behavioral health field, including people in recovery from mental health and addiction problems and SAMHSA met to explore the development of a common, unified definition of recovery. Prior to this conversation it was very apparent as to the need of a common definition. In fact, SAMHSA had separate definitions for recovery from mental and substance use conditions. These different definitions, along with other government agency definitions, complicate the discussion as we work to expand health insurance coverage for treatment and recovery support services.

After many conversations and hard work with our partners in the field, a working unified definition and set of principles for recovery has been developed. The development of a standard, unified working definition of recovery will help assure access to recovery-oriented services for those who need it, as well as reimbursement to providers.

Additionally, SAMHSA recognizes the importance of measuring the outcomes and quality of behavioral health services. As a result, SAMHSA is working to develop a set of measures to help assess a person's recovery with an emphasis on developing indicators that assess quality of life.

Below you will find the working definition recovery and guiding principles.

#### Working Definition of Recovery

Recovery is a process of change whereby individuals work to improve their own health and wellness and to live a meaningful life in a community of their choice while striving to achieve their full potential.

Principles of Recovery:

- Person-driven;
- Occurs via many pathways;
- Is holistic;
- Is supported by peers;
- Is supported through relationships;
- Is culturally-based and influenced;
- Is supported by addressing trauma;
- Involves individual, family, and community strengths and responsibility;
- Is based on respect; and
- Emerges from hope

Furthermore SAMHSA's Recovery Support Initiative identifies four major domains that support recovery:

- Health: overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- Home: a stable and safe place to live that supports recovery;
- Purpose: meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- Community: relationships and social networks that provide support, friendship, love, and hope.

There is no set time requirement for recovery as it is recognized that this is an individualized process whereby each person's journey of recovery is unique and whereby each person in recovery chooses supports, ranging from clinical treatment to peer services that facilitate recovery.

SAMHSA expects additional comments from the field as this definition evolves, and we continue to work together to help assure recovery services are being provided, reimbursed and measured in a consistent way. Check out SAMHSA's [Recovery Support Initiative](#) for more information on recovery.

#### **New Parity Website Available**

SAMHSA has launched a website dedicated to informing states, providers, and consumers about the rights and benefits afforded Americans under this new law. To access SAMHSA's parity webpage, click on the following link - <http://www.samhsa.gov/healthreform/parity/>.