Unleashing the Power of Prevention: Train and Enable a Workforce for Effective Prevention Practice

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**Background:** Behavioral health problems in youth have significant impacts on rates of economic independence, morbidity, and mortality. The U.S. behavioral health workforce has focused on treating these problems only after they have been identified—at a high cost to young people, families, communities, and the nation. Evidence now suggests that many behavioral health problems can be prevented (Jenson & Bender, 2014).

**Aims:** The Grand Challenge to “Unleash the Power of Prevention” seeks to reduce the prevalence of behavioral health problems among young people by 20% over the next decade (Hawkins et al., 2015). Achieving this goal is predicated on training and enabling a workforce for effective prevention practice. A well-trained workforce comprised of social workers, nurses, physicians, psychologists, teachers, and others is needed to coordinate and deliver effective prevention programs.

**Methods:** The Coalition for the Promotion of Behavioral Health was created to develop and implement an action plan aimed at implementing effective preventive interventions for a range of behavioral health problems. The Coalition is a 90-member, interdisciplinary group of researchers, practitioners, and policymakers. A subgroup within the coalition has focused on preparing prevention practitioners.

**Results:** Actions of the subgroup include coordinating with accreditation bodies of professional degree programs (e.g., Council for Social Work Education), creating standardized learning objectives for prevention practice (e.g., “Advanced Social Work Practice Standards for the Prevention of Substance Use Disorders”), identifying existing prevention training programs (e.g., University of Oklahoma, Harvard, Colorado State), collating a repository of prevention course syllabi (e.g., “School, Family, & Community Prevention” at the University of Denver), and undertaking a systematic study of the integration of prevention content into broader programs of study (e.g., Integrated Behavioral Healthcare).

**Conclusions:** Creating a prevention workforce will require interdisciplinary collaboration, infrastructure development, and changing policies that shape training, licensure, and funding across service sectors. Acknowledgements/Funding Sources: The authors would like to (1) acknowledge the American Academy of Social Work and Social Welfare for coordinating the Grand Challenges Initiative (http://aasww.org/grand-challenges-initiative/) which served as the impetus for this work and (2) direct readers to the Discussion Paper published by the National Academy of Medicine for more information on Unleashing the Power of Prevention: https://nam.edu/perspectives-2015-unleashing-the-power-of-prevention/.