



Integrating a Licensed Clinical Social Worker into your National Diabetes Prevention Program

Becoming a Certified Diabetes Care and Education Specialist (CDCES)

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Introduction

Individuals who participate in the National Diabetes Prevention Program (National DPP) lifestyle change program require a holistic approach to meet the goal of preventing the progression to type 2 diabetes. Utilizing a variety of care team members is essential to the individual's success. Behavioral Health Providers, or those addressing a person's mental and behavioral health concerns, can provide essential services to individuals with pre-diabetes through the form of behavior modification and counseling. A behavioral health provider can extend the breadth of their clinical expertise by becoming a Certified Diabetes Care and Education Specialist (CDCES). Combining the clinical training of a behavioral health provider with the knowledge and skill set of a CDCES can prove to be invaluable in supporting the care of individuals engaged in the National DPP.

How Does the National Diabetes Prevention Program Engage People with Prediabetes?

The Centers for Disease Control and Prevention (CDC) describes prediabetes as a serious health condition where blood sugar levels are higher than normal, but not high enough yet to meet the diagnosis of type 2 diabetes. Providers should refer people with prediabetes to the CDC's National Diabetes Prevention Program, a lifestyle change program proven to prevent or delay onset of type 2 diabetes in adults with prediabetes. The program is group-based and facilitated by a trained lifestyle coach. The curriculum of the National DPP lifestyle change program, which can also support participants in preventing the onset of serious health problems in addition to type 2 diabetes, focuses on behavior modification through healthy eating and increasing physical activity. The National DPP lifestyle change program also supports participants in managing stress, which can pose a significant barrier to making and sustaining the lifestyle changes necessary to mitigate the onset of future health concerns. The National DPP provides an opportunity for participants to learn lifestyle changes from trained lifestyle coaches while receiving support from other individuals with similar goals and facing similar challenges.

How Does the Certified Diabetes Care and Education Specialist work with the National DPP?

The Certification Board for Diabetes Care and Education defines a Certified Diabetes Care and Education Specialist (CDCES)^{1,2} as a health professional who possesses comprehensive knowledge of and experience in diabetes prevention, prediabetes, and diabetes care and management. One goal of the

¹ The CDCES was formerly known as a Certified Diabetes Educator (CDE), with the Certification Board for Diabetes Care and Education having changed its nomenclature in 2020.

² See Appendix I and Appendix II for the eligibility requirements for the CDCES exam.

CDCES is to assist persons at risk for diabetes in creating realistic, attainable goals. Patients and the CDCES collaborate to develop each goal. The goals address the unique needs and abilities of the person, increasing their willingness to adhere to and participate in activities to support goal achievement. The ultimate desired outcome for all goals is to reduce the risks associated with prediabetes disease processes. Reaching this outcome, in turn, provides an opportunity for patients to apply knowledge and skills learned to manage their prediabetes and prevent the development or progression of other co-morbidities.

How Can a Licensed Clinical Social Worker Impact the Work of the National DPP?

Employing a Licensed Clinical Social Worker (LCSW) that is also a CDCES empowers the organization to provide enhanced behavior modification services to individuals participating in the National DPP. The LCSW will not only be trained to assist patients with mental health challenges associated with preventing and managing disease processes, but also has the capacity to provide specific education to individuals with prediabetes. ADCES recognizes that social work professionals are key members of the care team, helping individuals navigate the psychosocial aspects of living with prediabetes, while connecting and supporting clients with appropriate care and resources to aid in self-management and coping strategies.

Benefits Beyond the National Diabetes Prevention Program

A critical component of developing the health center workforce involves expanding the knowledge of existing staff. Health centers traditionally hire LCSW to work with individuals who experience challenges with chronic disease management and/or need support in appropriately accessing healthcare services. In addition to supporting a National DPP lifestyle change program and improving the outcomes of a health center's overall diabetes program, incorporating specific training related to prediabetes provides professional development opportunities for LCSWs currently on staff within the health center. To maximize the impact of a LCSW CDCES, health centers need to appropriately integrate the LCSW CDCES into their overall diabetes program. For example: a health center can modify its referral process to ensure all persons with prediabetes or with risk factors associated with prediabetes or type 2 diabetes are scheduled for at least one appointment with the LCSW CDCES to address these risk factors.³ When implementing any

³ See Appendix IV for a sample workflow for incorporating a LCSW CDCES into the National DPP.

change, it is recommended to use a PDSA cycle⁴ and incorporate this change into a QI Action Plan⁵ related to the National DPP. Evaluate and monitor the results to determine if this intervention produces the desired outcomes of preventing or delaying individuals with prediabetes from progression to diabetes or other chronic conditions.

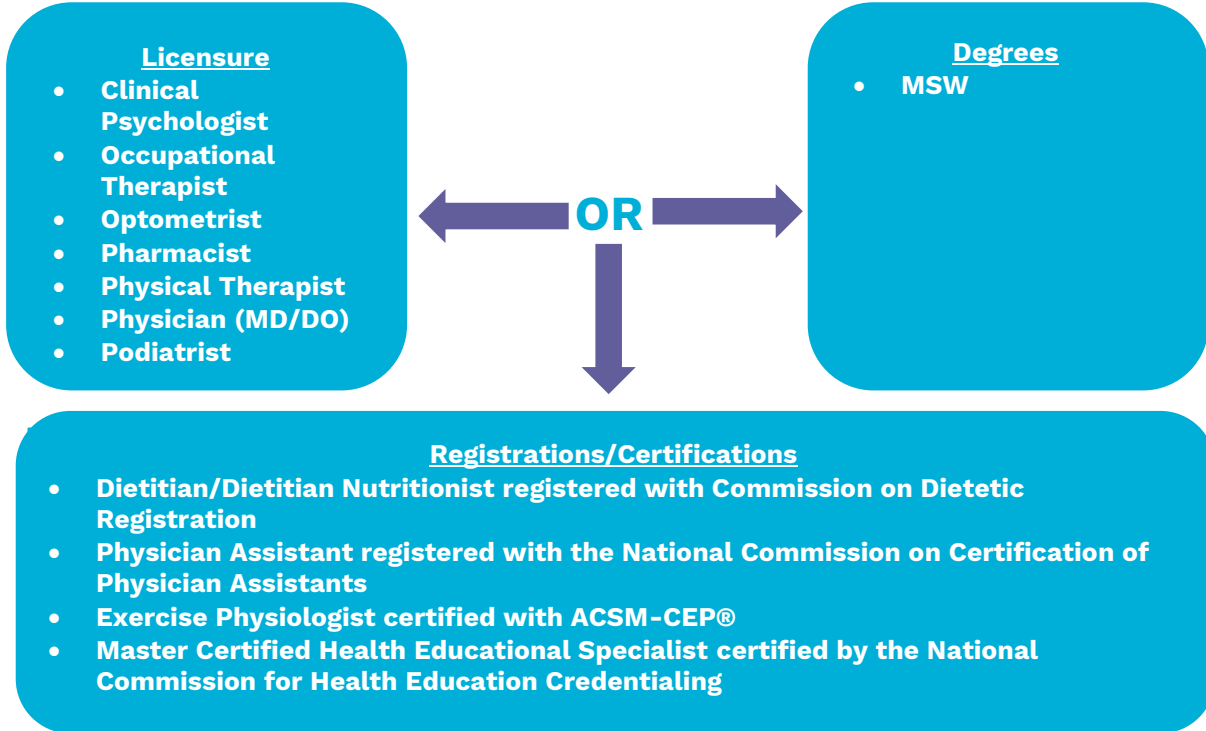
⁴ For more information on PDSA cycle and other quality improvement tools, please see *CREATING A PDSA*.

⁵ For more information on a QI Action Plan, please see *ADCES QUALITY IMPROVEMENT ACTION PLAN*.

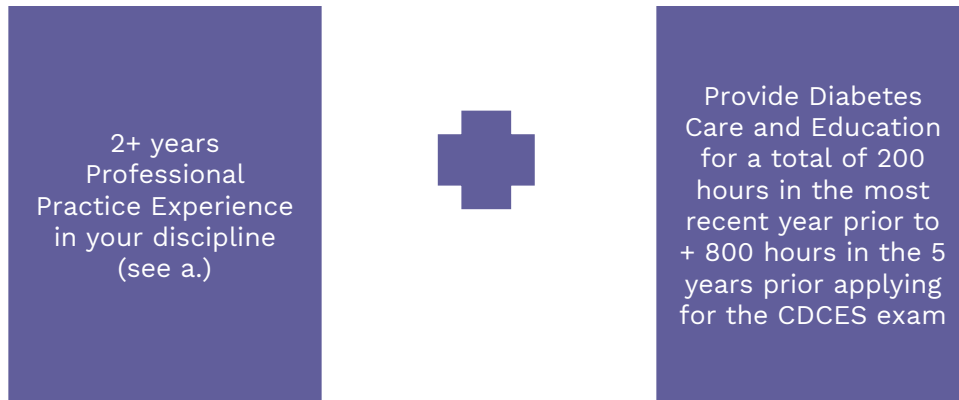
Appendix I

Requirements for taking the CDCES Exam – Discipline Requirements

A. Obtain an appropriate Licensure, Degree, Registration, or Certification



B. Fulfill Prior Professional Practice



C. Complete Required Continuing Education

15 hours of Continuing Education hours that are:

- Applicable to diabetes
- Earned within 2 years prior of applying for the Exam
- Approved by a [CBDCE Recognized Provider](#)

Appendix II

Requirements for taking the CDCES Exam – [Unique Qualifications](#)

1. Degree Verification

Submit a transcript verifying you hold:

- a master’s degree
- in a health-related area
- from a United States college or university
- accredited by a national recognized regional accrediting body

OR

Have your degree independently evaluated to prove its equivalency to a:

- master’s degree
- in a health-related area
- from a United States college or university

The evaluation *must* be completed by a current member of the National Association of Credentialing Evaluation Services.

2. Agree to the [Canons of Ethical Conduct and Rules and Procedures](#)

CBCDE “strives to protect the public from practitioners inadequately educated and poorly trained to provide diabetes care and educates to persons with diabetes.”

In 2012, the CBCDE Board of Directors adopted the *Canons of Ethical Conduct and Rules and Procedures* to protect the integrity of the CDCES (formerly CDE) certification.

Since 2013, CBCDE has required CDCESs (formerly CDEs) to attest they will abide by the conduct, rules, and procedures as outlined in the *Canons*.

3. Professional Practice Experience

After you receive your degree, you must have:

- i. a minimum of two (2) years working/volunteering under the auspices of your degree; **and**
- ii. a minimum of 2000 hours of diabetes care and education experience in the past five (5) years, accruing at least 200 of those hours in the year preceding your application for the CDCES exam

4. Continuing Education

Thirty (30) hours of continuing education activities related to diabetes care and prevention

5. References

One (1) Reference from a CDCES +
One (1) Reference from an additional health professional

Appendix III

Example CDCES Referral

A health center should only refer persons at risk for diabetes to a LCSW CDCES for reasons or services relevant to the knowledge, training, and skill set of the LCSW CDCES. The chart below outlines some reasons when it may be appropriate to refer a patient to a LCSW CDCES.

<i>Referrals Reasons for Referral</i>	Certified Diabetes Care and Education Specialist: Prediabetes Education
<i>Newly Diagnosed Person HBA1c or Glucose Levels</i>	Individual 18 years or older with Prediabetes Patients with a: <ul style="list-style-type: none"> • HbA1C of 5.7–6.4% • Fasting Glucose of 100 to 125 mg/dl • Plasma Glucose of 140 to 199 mg/dl (2-hrs after a 75gm glucose load) • Clinical diagnosis of Gestational Diabetes Mellitus (GDM)
<i>Body Mass Index</i>	Age: 18 years or older with body mass index (BMI) ≥ 25 kg/m ² (<i>or ≥ 23kg/m² for Asian American</i>)
<i><u>Prediabetes Risk Test</u></i>	Received a high-risk result (score of 5 or higher) on the Prediabetes Risk Test
<i>Behavioral Challenges</i>	Individuals with any physiological qualifications that are: <ul style="list-style-type: none"> • Having challenges accepting the new diagnoses of Prediabetes or Diabetes • Experiencing lifestyle modification challenges to manage their weight and/or A1c/glucose levels • Diagnoses with mental health disorders affecting their progress

Appendix IV

Example CDCES Workflow

