Maine Prevention Specialist

Onboarding and Orientation

2021

Goals and Objectives

This resource, created by the New England PTTC in partnership with the Maine Prevention Workforce Development Workgroup, convened by AdCare Education Institute of Maine under contract with the Maine Center for Disease Control, aims to meet universal developmental training needs of the substance misuse prevention workforce in Maine. This resource is not specific to any one funding source or program. This resource can be used by those working under Drug Free Community Grants, Maine Prevention Services, the Maine Center for Disease Control and Prevention, as well as other substance misuse prevention focused organizations to support new preventionists as they enter the field.

While this is not a comprehensive document, the New England PTTC and the Maine Prevention Workforce Development Workgroup hope to provide a strong overview of the field for new professionals to assist them in getting through the orientation phase and into the work they came to do more quickly, and with a shared perspective throughout the state.
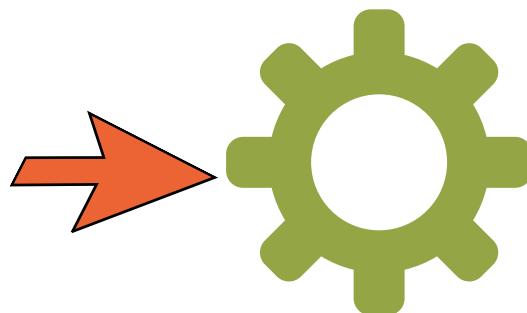
Specific substance use prevention initiatives likely have their own onboarding process and tools that are program-specific, and this resource is offered to supplement these program specific trainings, and give a scope of the prevention field statewide.

This document is a living document that will change as the field of substance use prevention changes within the state, regionally, and nationally. The most current document can be found at the New England PTTC website.

Maine prevention specialists are welcome to return to this document at any point to review 101 level concept and ideas.

This document is interactive in that almost every graphic is clickable to bring you to an in depth and reliable resource to learn more about the discussed topic. Many words are underlined to help break complex topics down into more details, as well. These links will be updated as this document is updated if more timely research or data is found within the field.

Click the pictures for links!

First edition: February, 2021

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Substance Use Prevention as a Field and Profession

Upstream Metaphor

The parable of the river says that a person is by a river and notices a person struggling in the current. They throw them a life raft and pull them out. Soon after, another person in the water floats down struggling, and they too are given a life raft to be pulled out. The person standing next to the river notices that there are always people struggling in the current, needing to be thrown a life raft, and finally begins to think - **what is happening up river that all these people are getting into the river at all?** If the person goes up the river and stops people from getting into the difficult current in the first place, there will be fewer people who need a life raft thrown to them, and fewer people who the life raft may not reach in time. This will ultimately make the whole town happier and safer, because they will use fewer resources on life rafts and getting people back to health once they are pulled out. This "upstream" approach is prevention.

Put measures in place before there is a problem, and then those "down the stream" are carrying less of the public health burden.

Getting to Know the Field

What is prevention?

Today's communities face a myriad of challenges – violence, drug misuse, crime, illness – but those problems, and the **long-term damage** they can cause, **can be prevented**, with appropriate education and intervention. **Prevention-based programs are taking that message to schools, workplaces, faith-based organizations, and community centers** in the U.S. and 22 countries around the world. The success of these programs relies on a competent, well-trained, ethical and professional workforce of Prevention Specialists. (IC&RC)

How is it different than other fields?

Prevention is on the continuum of care alongside treatment and recovery. While treatment and recovery work with people who have substance use disorder, **prevention works with families, communities, organizations, and environmental strategies to reduce the number of people who find themselves faced with a substance use disorder.** This is done through universal and targeted approaches. The prevention workforce must be **trauma informed and skilled** and **risk factor conscience**, while **promoting protective factors and resilience**. **Positive youth development and healthy communities** are the building blocks to strong prevention work. While treatment and recovery see their work changing lives on a day to day basis, prevention often works to change lives over the course of years, interrupting generational cycles of and community norms around substance misuse. Our field relies on **evidenced-based** programs, messaging, and resources because we know our work takes time, so we need to be constantly vigilant through evaluation to measure the positive changes over time.

Benefits and challenges (including self-care and self-management)

As with any professional field, prevention comes with very fulfilling elements, and some challenges. Prevention often includes **strengthening communities**, supporting youth, advocating for at-risk populations, and playing a pivotal role in watching your service area grow stronger together. These can be very fulfilling elements of a job. Some challenges accompany these highlights, including the importance we must place on **self-care** to balance the caring we do for many others, set backs when changing **community norms** is difficult, funding changes and sustainability, and the pace of prevention being **slow and measured**. These challenges are important to consider as you start your journey in the field of prevention, and knowing that the field faces these challenges together is helpful in knowing where to turn if these issues weigh heavily on you. One highlight of the field is that we are a small network of prevention specialists who put together huge networks of other key players in the community, so we make it a priority to support one another in this work that affects us all.

Roles and Responsibilities

A prevention specialist's responsibilities are to their community, funders, organization, society, networks, and other stakeholders. Prevention relies on **cooperative work and connections within a community**. Sometimes a preventionist may be leading a project, and sometimes they play a supporting role, but preventionists should always **advocate for prevention science** regardless of the role they play in a project. You can read more about this on page 14 in the discussion of the Strategic Prevention Framework (SPF).

Prevention specialists are obligated to follow an **ethical code** of standards in their work, which you will read more about in this document on page 21.

It is the responsibility of a prevention specialist to keep substance use prevention at the forefront of conversations, and to **tailor the messaging** used to do this for different audiences. Whether you're working with a group of young people, talking to policy makers at an event, or facilitating a meeting of stakeholders, there are different ways to approach prevention that are equally valid, but are received better by different audiences.

It is also the responsibility of a prevention specialist to keep in **fidelity** with evidence based programs, which you can read more about on page 16, as well as being **culturally and linguistically appropriate** in order to serve the whole community. You can read more about cultural humility on pages 12 and 14.

Foundational Substance Use Prevention Practice Information
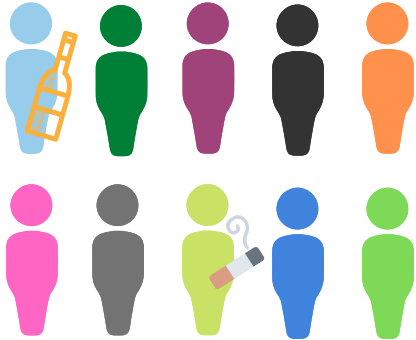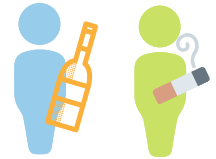
Universal   Selective   Indicated

Click on the underlined words above for a link to the descriptions

In a 1994 report on prevention research, the Institute of Medicine (IOM 1994) proposed a new framework for classifying prevention based on Gordon's (1987) operational classification of disease prevention. The IOM model divides the continuum of services into three parts: prevention, treatment, and maintenance. The prevention category is divided into three classifications--universal, selective and indicated prevention.

- A **Universal** prevention strategy addresses the entire population (national, local community, school, and neighborhood) with messages and programs aimed at preventing or delaying the misuse of alcohol, tobacco, and other drugs.

- **Selective** prevention strategies target subsets of the total population that are deemed to be at risk for substance misuse by virtue of their membership in a particular population segment--for example, children of adults with alcohol use disorder, youth who left school before graduation, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance misuse.

- The mission of I**ndicated** prevention is to identify individuals who are exhibiting early signs of substance misuse and other problem behaviors associated with substance abuse and to target them with special programs.
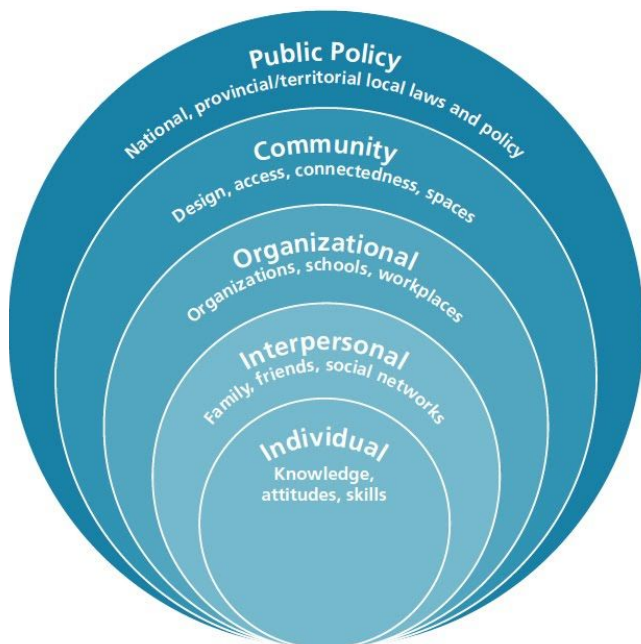
Theories

Socio-ecological Model:

The socio-ecological model helps to understand factors affecting behavior and also provides guidance for developing successful programs through **social environments.** Socio-ecological models emphasize multiple levels of influence (such as individual, interpersonal, organizational, community and public policy) and the idea that **behaviors both shape and are shaped by the social environment.**

Continuum of Care:

The continuum of care refers to the way promotion, prevention, early intervention, treatment, recovery, and long term recovery organizations, programs, and workforce work together to support the population through all stages of substance misuse needs. **Promotion** works to promote healthy behaviors and environments in a whole community. **Prevention** works to stop substance misuse before it becomes problematic universally, in populations that are indicated as higher risk, or targeted populations who may have begun to experiment with substance use. Early intervention supports populations who are are indicated but not diagnosed with a substance use disorder. Treatment and recovery often work together during the early stages of a person's departure from substance misuse, and can work collaboratively throughout the care of a person who is in recovery. All of these areas of the continuum of care should involve a significant amount of promotion of health behaviors and environments to support the care of a person and community.

Socio-ecological Model: **Continuum of Care:**
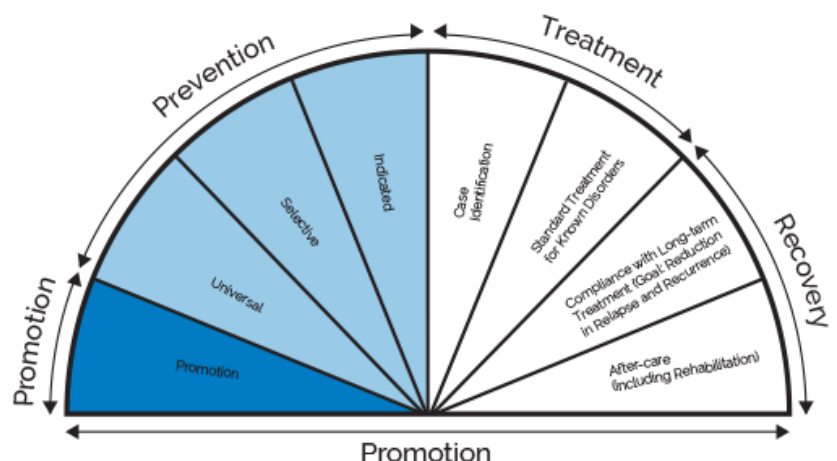
Theories - Continued

Stages of Change:

The stages of change, also known as the <u>Trans Theoretical Model</u>, speaks to how prepared a person, group, or community are to recognize and act on making meaningful change. Each stage of the cycle are most benefitted by unique interventions. **A person, group, or community will be best supported by different strategies of prevention in different stages of this decision making model.** The stages of change are an upward spiral because a group may be at any of these stages, and begin moving through them, and face new topics or area which need change which would bring them back to the beginning of the stages of change, but also further along than where they started. A group may enter, exit, and reenter at any stage.

Stages of Change

PRE-CONTEMPLATION
no intention on changing behaviour

CONTEMPLATION
aware a problem exists but with no commitment to action

RELAPSE
fall back into old patterns of behaviour

UPWARD SPIRAL
learn from each relapse

PREPARATION
intent on taking action to address the problem

MAINTENANCE
sustained change; new behaviour replaces old

ACTION
active modification of behaviour
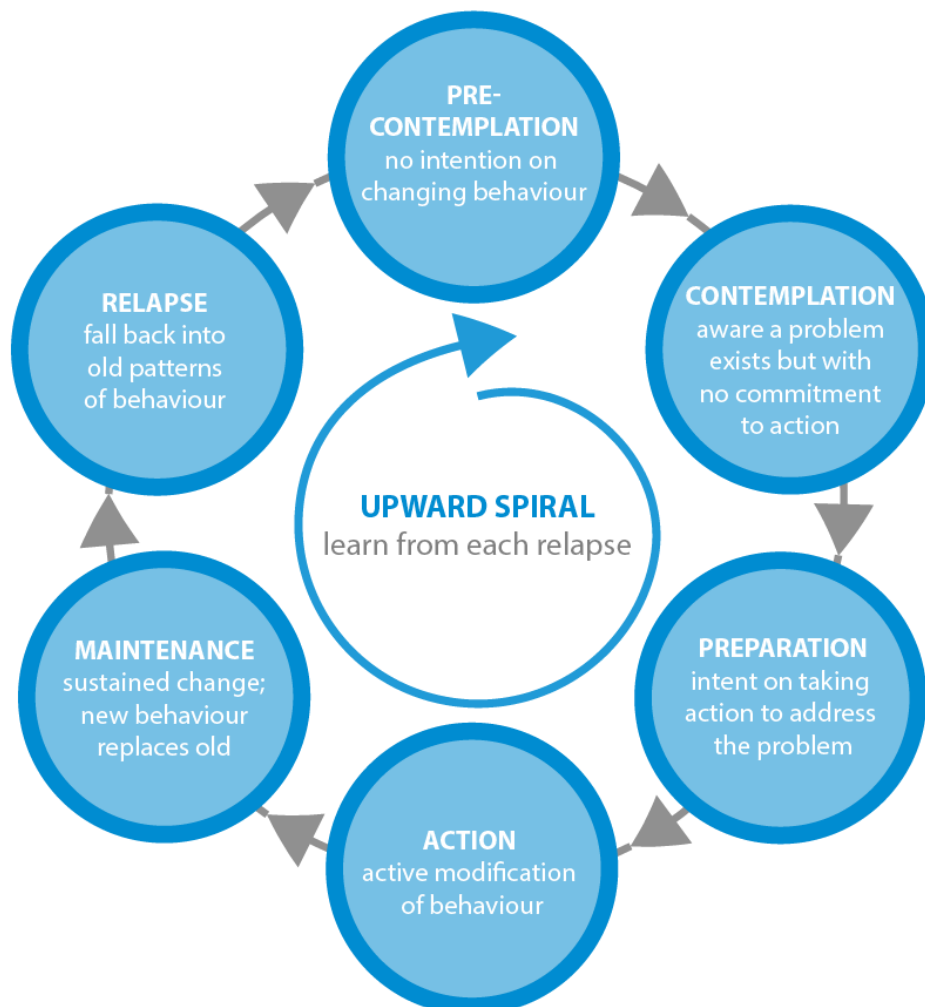
Foundational Research & Approaches of Modern Prevention

There is some foundational research that all prevention specialists should become well versed in, as they inform and mold the work preventionists do everyday. These are studies, research, and cumulative knowledge that will guide you in your work and understanding the many dimensions of prevention and public and behavioral health as a whole.

These include the following:

Strategic Prevention Framework (SPF):

The SPF, a SAMSA Model, is discussed further on page 16. The SPF is the scientific model that sound prevention work is built on. The five steps of this model are: **Assessment, Capacity, Planning, Implementation,** and **Evaluation**. This model also includes the two cross-cutting principles that should be applied in every stage and is always considered in prevention work: **Cultural Competency** and **Sustainability**.

Adverse Childhood Experiences (ACES):

ACES were discovered in a 1995-1997 study by Keiser-Perminente that indicated that **difficult childhood experiences lead to significantly higher risk** of a variety of behavioral and physical **health issues in adulthood**, including substance misuse and other associated health problems. The study indicated that the greater number of Adverse Childhood Experiences a person had, the higher their risk for health issues as adults.

Trauma-Informed Work and Care:

Being trauma-informed has taken many shapes in the last several years in the behavioral and physical health realms. Essentially, trauma-informed practices **recognize** that many people in the community that we work with directly have **experienced trauma,** and we often do not know about this trauma when working with them. By taking a trauma informed approach, we attempt to avoid causing further trauma or retraumatization in our work. When we are mindful of the variety of life experiences people have had, and put policies in place that encourage trauma-informed practices we reduce unintended harm to populations or persons.

Foundational Research & Approaches of Modern Prevention - Continued

Coalition Building:

Many prevention specialists will work in a coalition model, which includes a **variety of sectors of the community working collaboratively** on prevention work to be as inclusive and far reaching in scope as possible. Many preventionsists will be required to work with a coalition due to grant deliverables, but all prevention specialists would benefit from developing their skills in bringing a variety of voices and stakeholders to the table and into the conversation.

Basic Community Organizing:

Community organizing goes hand in hand with coalition building. Drug Free Community Coalitions have 12 required sectors which need to be represented to have a robust, complete coalition. This is good practice for prevention organizations regardless of funding source. Community Organizing requires similar skills. Calling people into a **conversation**; **engaging stakeholders** and **community members** around important prevention messaging, programing, and projects; **networking** within your service area; **communicating** with your community about the work that is going on within your organization; recognizing the **power** within your community and **mobilizing** it; defining the human, social, political, and financial capital within a community and focusing it on prevention issues. Community organizing can consist of a variety of skills, but the mainstay ability a preventionist should develop is being familiar with the ins and outs of a community, and learning how to mobilize that for positive change.

Environmental Scans:

An environmental scan **identifies gaps** and **strengths** of resources, services, systems, and programs in the community or state. Environmental scans may focus on a variety of groups, and can take place in a variety of modes. A preventionist could do an environmental scan on a workgroup they are joining where they want to understand the dynamics of the group before making an ask or contributing staff hours. A scan might take place to determine a community's readiness for change (see Stages of Change above). Or, a scan can be done to understand the scope of an issue that an organization wants to address.   A preventionist may take a scan a variety of ways - through conversations with others within a community, focus groups, needs assessments, through research, or simple observation. It's important to not rely too heavily on one form of environmental scan to give you a definitive path forward. The best environmental scans are ones that **draw from a variety of sources** to ensure the most complete picture is drawn, and that take into consideration the group that is being examined. For example, a focus group would not be a good method of understanding a ten person task force, but simple observation or research may be.

Foundational Research & Approaches of Modern Prevention - Continued

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✓ **Social Emotional Learning (SEL):**

SEL is the concept and practice that infants, children, youth, and young adults **learn from their peers and adults** in their lives how to live and interact successfully in the society in which they live. SEL takes place with others around, and speaks to the innate human need to be around and learn with others, especially in the developmental years.

✓ **Social Determinants of Health:**

Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks**. Examples include: access to **educational, economic, and job opportunities, public safety, and access to health care.**

✓ **Cultural Humility:**

Culturally and linguistically appropriate services are **respectful of and responsive to** the health and prevention beliefs, practices and needs of **diverse populations**. Cultural humility recognizes that what works for one population may not have the same impact on other populations. The percentage of Americans who are racial and ethnic minorities and who speak a primary language other than English continues to grow rapidly. Cultural competence is the ability to understand these differences and respond to them. Cultural humility takes the understanding of diverse cultures further by intentionally responding to cultural and linguistic differences to best serve an entire community. By tailoring services to varieties of culture and language preferences within a community, preventionists can help bring positive health outcomes with equity.
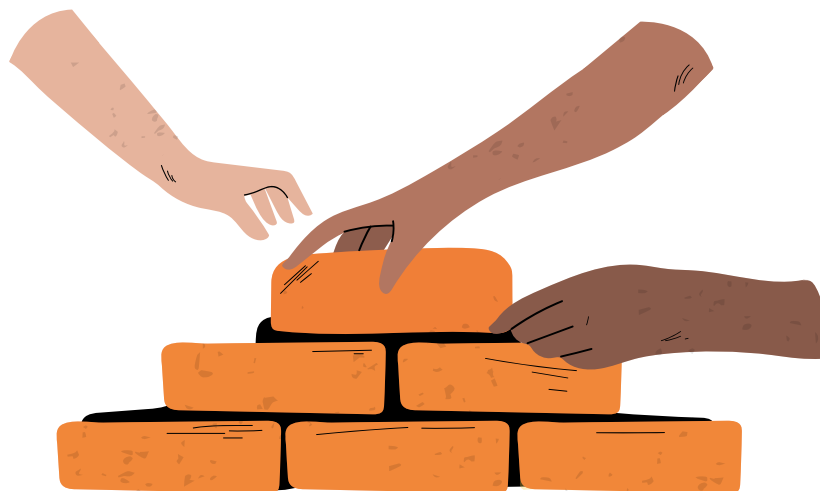
Systems and Partners Mapping

Knowing who is in your available circle and community to support the work you are doing, collaborate with, support on community projects, and reach greater audiences than you could by yourself is vital to prevention work, as noted in the section Critical Skills and Competencies of Prevention Professionals. Systems and/or community mapping is a vital process to identifying the people, groups, organizations, and institutions within your scope of practice that you will need to work with to reach your greatest potential as a preventionist.

Step 1: Gather a team: The more people you can have at the table, the better. This is about finding out who is in your community, and everyone has different connections and experiences that will lend to this process. This may include educators, law enforcement, the clergy, youth, parents, or other community stakeholders.

Step 2: Define what you need: Look at your organization's focus, mission, goals, target populations, and scope. Then, identify the types of people / groups / organizations / institutions that would support your work. Do you work primarily with youth? Identify people / groups / organizations/institutions that include and work with youth. Schools, recreation centers, sports teams, dance studios, art centers, 4H programs, etc. For each area of your work, go through this process in the most exhaustive way possible.

Step 3: Get specific: Now that you know which institutions you may benefit from knowing or developing a relationship with, give them names. What schools are in your area, and who in that school might be a good contact? Who leads the local art's program? Who are the coaches to your local rec programs?

Step 4: Determine priority areas. Now that you have a wide scope of folks within your realm of work, you can narrow your list down to who are the priority people / groups /organizations /institutions that you need to connect with to further your work.

Step 5: Make your connections. The more people who work with you to create your community map, the more likely you are to have connections to the people you identify in step 3. Personal introductions can go a long way!

Step 6: Repeat as necessary. As you make new connections, there are new people to contribute to your map and help make introductions. This very intentional community level networking will help you reach more of the population you work with, recommend resources when needed, and spread prevention messaging. Social networks are also very valuable when fiscal resources are scarce. You can get so much done through people power!

Strategic Prevention Framework (SPF) Overview

SAMHSA's Strategic Prevention Framework (SPF) will play a role in every action you take as a prevention specialist if you are engaging in the most well supported prevention science. The SPF is dynamic and interactive- assessment is the starting point, but planners will return to the step again and again as their community's substance misuse problems and capacities evolve. Communities may also engage in activities related to multiple steps simultaneously. The SPF is data driven and designed to help planners gather and use data to guide all prevention decisions, from identifying which substance misuse problems to address in their communities, to determining whether communities are making progress. The SPF is reliant on and encourages a team approach. Each step of the SPF requires, and greatly benefits from, the participation of diverse community partners.

The SPF includes these five steps:

Assessment: Identify local prevention needs based on data (What is the problem?)

Capacity: Build local resources and readiness to address prevention needs (What do you have to work with?)

Planning: Find out what works to address prevention needs and how to do it well (What should you do and how should you do it?)

Implementation: Deliver evidence-based programs and practices as intended (How can you put your plan into action?)

Evaluation: Examine the process and outcomes of programs and practices (Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles that should be integrated into each of the steps that comprise it:

Cultural competence: The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

Sustainability: The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Why use Evidence Based?

Practices and beliefs of the past:

Prevention science has come a long way. When prevention first started, there were many well intentioned, but uninformed ways to try to prevent the misuse of substances. There was the idea that substance misuse was a character flaw, that with enough effort a person could just stop, or "just say no." There was an idea that the best way forward in prevention was more strict rules, regulations, laws, and consequences. There was an idea that certain risk factors nearly guaranteed that a person would develop a substance use disorder, and an idea that you could scare or lecture the urge to use substances out of a person. Many of these ideas have lingering influence on some prevention work today, and as a field we work everyday to support the good intentions that can be found here, while eliminating processes that may not only be ineffective, but sometimes harmful to the cause of substance misuse prevention. For example, programs like bringing a crashed car to high schools before graduation are longstanding traditions, but **evidence shows** those programs are actually counter indicated, and do more harm to students than good.

So why use Evidence Based Practices?

Through the SPF process and careful evaluation, we do know that some programs, practices, and messaging works, and this process has taken the guess work out. We now have the ability to use the good intentions of communities in ways that move the needle over time. When a program has gone through this process, it has shown to have **positive effects overtime with strong correlations to reduction and prevention of substance use**. This is ultimately the goal of past models of prevention, but only with evidence based programs, practices, and messaging do we know that we are achieving the outcomes we want. Continued evaluation is always important to keeping these programs current and useful.

Fidelity

Why is fidelity important?

Evidence based programs, practices, and messaging are evaluated in an extensive process as a whole. If you take the whole apart, or take only part of the whole, there is no longer a guarantee that what you are offering shows evidence of effectiveness. **In order to see the positive results that a program or practice promises, you must be faithful to the program or practice as evaluated.**

There are times when you may need to make adjustments to a program, practice, or message. For example, you may need to adjust some language to reflect cultural competency, or you may run into unforeseen issues, such as cancelled classes due to weather. **Some adjustments can be made** without breaking fidelity. To maintain fidelity to the best of your ability means presenting all the information, experiences, and activities to the best of your ability, getting and maintaining training to facilitate the program or practice as evaluated, including the necessary doses of a program, and choosing the right evidence based program for your target audience.

If you're concerned that a change you're making to a program does not maintain fidelity, you can ask a colleague who offers the program, find the website of the program or research the evaluated data behind the evidence base, or in some cases contact the person or organization that created the program and seek their guidance.

Soft Funded Roles

Many prevention roles are part of a non-profit structure, and may be funded by grants, scholarships, contracts, or settlement money. All these types of financing come with regulations and deliverables, and all are subject to review. Not all funding sources last forever, so prevention specialists and organizations regularly look for ways to **diversify their funding** so that if one funding stream changes, another may be available to continue the work in the interim.

What does this mean for you?

- As a prevention specialist, be aware of timelines and deadlines with reporting, as well as grant cycles. You may have a supervisor or office manager whose job it is to track these financial cycles, but it is always a benefit to you to know what your financial cycles are so that you can **be aware of any opportunities** for other revenue streams.

- Funding may seem like **an ongoing conversation**- and it is! Do not hesitate to be a part of the conversation and to learn as much as possible about how your funding structure looks. This may be the job of another person in your office, but you can join in the conversation.

- If one funding stream comes to an end, **there are many ways to fund a position**, program, or organization. The best way to help secure that is to plan early. Consider alternate funding streams before they are necessary, meet the deliverables to current funders, submit your reports on time, and consider non-traditional as well as more well known funding streams.

- **Partnership with other community organizations** can sometimes be a way to continue work between funding streams. Perhaps another organization that you work with has the funding to continue a program while other funding is being secured.

- Consider "**in kind**" resources. Counting volunteer or unpaid hours, resources, and work is not only important to getting work done when there are limited resources, but carefully tracking in kind resources can also support future grant applications by showing the community investment in the project.

Prevention Certification and Professional Development

The substance misuse prevention field is regularly changing. There are a variety of types of prevention specialists, from those working within communities, to supervisors who do not do direct prevention work but support those who do, to coalition members who work as a part of a team to reach many sectors of a community, to policy makers and state employees who can steer the direction of a state's prevention landscape.

All of these roles are valuable, and a prevention specialist who has firm knowledge in prevention science may move through a variety of these roles in their career.

Many prevention specialists come from other fields; nursing, public policy, mental health, education, recovery or treatment, and more. Having a background in another area of health and wellbeing is a great way to begin your journey in prevention, and **if you are coming with a diverse background - welcome!** Prevention needs a variety of lenses to look at the whole picture of a community.

This section is intended to help you **navigate your professional and career goals, growth, and plans** in the prevention field.

Prevention Certification

Most fields have standards of operation and credentialing which ensure the workforce has a basic and comprehensive understanding of the work. These standards of credentialing allow all members of the field to share a **baseline knowledge**, and **speak the same language**, so time can be spent moving forward rather than always redefining what it means to be a professional in the field. It is also important for a prevention specialist to become certified to **demonstrate a versatile and robust knowledge of prevention science.**

The substance use prevention field is no different. In the state of Maine, the standard of credentialing is the **Prevention Specialist Certification (PS-C)**, and the **Provisional Prevention Specialist Certification (PPS)**. Most states have a certification board which works collaboratively with the International Certification & Reciprocity Consortium (IC&RC) to provide thorough and comprehensive credentialing. The Maine Prevention Certification Board (MPCB) sets, monitors, and enforces standards for Alcohol, Tobacco and Other Drug (ATOD) prevention professionals to ensure the public's protection and enhance the profession. MPCB is a proud member of IC&RC, which establishes standards and facilitates reciprocity for the credentialing of prevention professionals.

Each state follows the same basic standards of the IC&RC certification, but from state to state there are varying additional requirements. See the next page for more details on Maine's requirements.

It is **important for those who are working in the prevention field to obtain a certification** because it ensures that our communities are being led in their prevention efforts by a preventionist who is well trained and knowledgeable, and who knows prevention science. Certification benefits the field of prevention as a whole because internationally recognized credentials shows that our field is doing work that is based in science, and the professionals who are doing that work are able to make effective change.

Maine Certification

PPS Candidates Must Have:

- A signed agreement that they will abide by the PPS Code of Ethics
- Complete a PPS Application
- In order for a Provisional Prevention Specialist to re-certify for another two years of Provisional status:
  - Completed the SAPST (or Board-approved SAPST equivalent) within the first year of PPS certification
  - Completed Prevention Ethics within the first year of PPS certification
  - Completed an additional 12 hours of training in ATOD within the first two years of PPS certification.

PS-C candidates must have:

- 2,000 documented hours of work experience in the six IC&RC Prevention Performance Domains
- A minimum of 120 of those hours of experience must be supervised, including at least 10 hours in each domain
- A minimum of 500 (25%) of those hours must be providing ATOD prevention services within the domains
- 120 hours of documented education/training. Of these:
  - 24 hours must be related to ATOD; 6 to Prevention Ethics; 31 hours (26 in-person and 5 online) must be obtained through the "Substance Abuse Prevention Specialist Training" (SAPST), CADCA-approved equivalent, or MPCB-approved equivalent. The remaining "other hours" of education/training must be related to the six IC&RC Prevention Domains.
  - A signed agreement to abide by the PS-C Code of Ethics
  - Three professional references
  - A passing score on the IC&RC Certified Prevention Specialist Exam

Maine Prevention Certification Board

Key Trainings

SAPST

The goal of the Substance Abuse Prevention Skills Training (SAPST) is to **develop the basic knowledge and skills** needed by substance misuse prevention practitioners to plan, implement, and evaluate effective, data-driven programs and practices that reduce behavioral health disparities and improve wellness. The SAPST is intended as an introductory level course; throughout the course of their careers, prevention practitioners will need additional and more advanced workforce development opportunities beyond the SAPST.

Ethics

As with any profession working with people, there can sometimes be situations where the right thing to do seems grey. In order to be clear about the professional boundaries and ethical standards of the profession, ethics training is a vital standard for prevention professionals. Preventionists who apply for a provisional or full certification as a prevention specialist must sign a **code of ethics**, and during each recertification for which they apply they must resubmit their signed code of ethics. Fully certified prevention specialists are obligated to take CEUs in ethics, as well, because **ongoing training in this area is vital to having a high quality workforce.**

There are a variety of ethics trainings available. The basic training corresponds with the ethical code of conduct which prevention professionals must abide by, and certified prevention professionals sign a pledge by which they must uphold to maintain their status as a certified or provisionally certified prevention specialist.

There are then more advanced ethics, which dive deeper into ethical questions in particular circumstances, such as ethics with online learning and social media, and creating ethical policies. These advanced courses can be taken after basic ethics courses, and can be used toward continuing education for a certified prevention specialist.

IC&RC Prevention Domains

The International Certification and Reciprocity Consortium (IC&RC) sets the standards for prevention certification. The IC&RC standards are the baseline for all territories, states, and countries which offer Prevention Certification, and then each area's board determines if they want to add additional standards for their region.

The IC&RC has **six performance domains** which are vital to a prevention specialist's work, and are tested when a preventionist sits for the exam to become fully certified.

These domains are the focal point for trainings a preventionist will take on their path to certification and continuing education. All of the domains have tasks which break down the domain into small, clear steps with which you will need to be familiar. You can find the associated tasks and more on the examination process by clicking the graphics below.

1: Planning & Evaluation

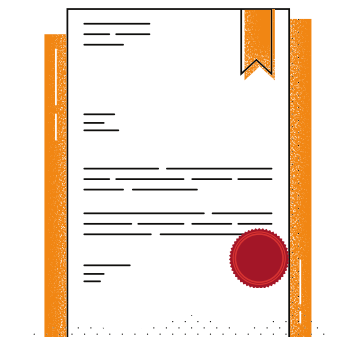### 2: Prevention Education & Service Delivery
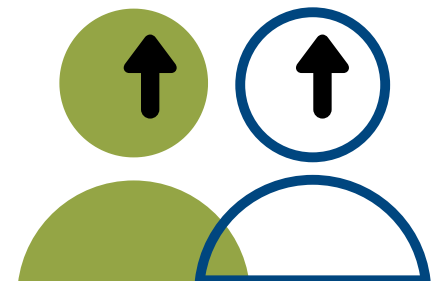
3: Communication

4: Community Organization

5: Public Policy & Environmental Change

6: Professional Growth & Responsibility

Career Development and Goal-Setting

In your career as a prevention professional, you may find it useful to plan your career path in **short and long term goals**. Prevention work can often be fast moving, community and funder driven, and changing while actively maintaining fidelity to evidence based work.

Because it can be easy to get caught up in the work, planning goals for your career can help you **keep your eye on the future** while you work on the deadlines and projects coming up right around the corner.

Consider:

In what areas do you already have knowledge?

Many prevention professionals come from other, diverse backgrounds. Is your baseline knowledge from nursing, mental health, or education? You can use these to your advantage in this field. Use your strengths as a launching point.

Where do you need more knowledge, skills, and training?

Taking a scan of the work you have to do and the comfort level you have with each deliverable is important to being a well rounded preventionist. There are areas you will not have extensive experience, and that is ok. There are resources from trusted partners and agencies that can help get you up to speed. Also, recognize the vast wealth of knowledge your network has. Attend meetings with other prevention specialists, go to trainings and conferences, and learn how you can have cross sector collaborations with partners who have deeper knowledge that you can leverage in exchange for your own. Communities are stronger when they work together!

What areas interest you? Which do not?

As you move through your career, you will want to learn which topics move you and motivate you to dig in deep. These are areas that you will thrive in, and playing to your strengths will make for a promising and fulfilling career. On the other hand, while there will surely be areas that do not interest you as much that you will need to work on to be a comprehensive prevention specialist, you do not need to build your career around these subjects. Taking a scan of what drives you will help you plan your long term goals.
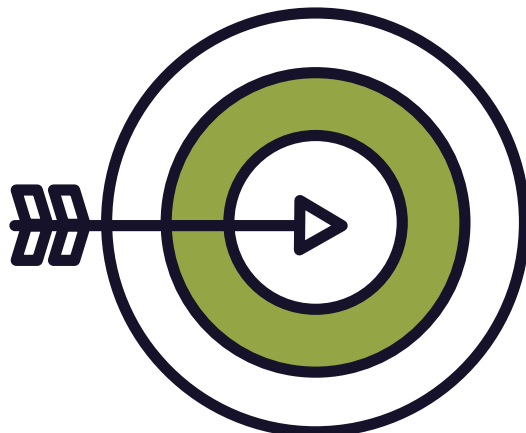
Professional Development Grid

Use this grid to establish your personal goals for your career. You may choose to share these with your supervisor. Consider making your goals SMART (Specific, Measurable, Achievable, Relevant, Time-bound).

Example:

Duration	Focus Area	Goals		Action Steps	
Short-term (Within next 6 months)	**Certification**	Goal 1	**Become provisionally certified**	1.	**Complete application**
				2.	**Submit application**
				3.	**Submit payment**
		Goal 2		1.	
				2.	
				3.	

Duration	Focus Area	Goals	Action Steps
Short-term (Within next 6 months)		Goal 1	1.
			2.
			3.
		Goal 2	1.
			2.
			3.
Intermediate (Within next 12 months)		Goal 3	1.
			2.
			3.
		Goal 4	1.
			2.
			3.
Long term (Up to two years after program completion)		Goal 5	1.
			2.
			3.
		Goal 6	1.
			2.
			3.

Critical Skills and Competencies of Prevention Professionals

Soft Skills:

Many of the soft skills we know are key to successful work with the public are important to a prevention professional, including: **communication, conflict resolution, time management, empathy, and listening.**

Long and Short Term Thinking:

Prevention is a long game, and you get to long term results through meeting small goals over the course of time. Perhaps your ten year prevention goal is to reduce drinking among 12-18 year olds in your community by 20%. You have a defined long term goal. How do you get there? Some short term goals include taking an environmental scan of your community, recruiting stakeholders to support your efforts, facilitating community conversations, offering programming and education, and evaluating. **You may find yourself working toward the short term goals repeatedly while keeping the long term goal front and center in your planning.**

Critical Thinking:

There will be many ways to approach any problem. A prevention specialist must be able to think about a problem **systematically, both macro and micro, and find a clear path toward a solution.** Many paths may work, but finding the best fit for a community takes skill and practice.

Understanding of Policy and Policy Makers:

One big challenge in prevention is getting policies, practices, and in some cases laws to reflect the promotion of healthy communities and prevention of substance misuse. Knowing who your local and state policy makers are, how the systems they operate in work, and the **difference between lobbying and education** will give you a big advantage in furthering the work of prevention. Direct advocacy work must be done separately from time being supported by federal funding.

Understanding of Trends, Use, and Terms:

It is helpful if a prevention specialist is familiar with current data around substance use and misuse, **especially in the populations they are trying to support**. Understanding slang, fast moving trends, and being literate in both street names and proper names of substances and consumption methods will assist a preventionist working with a variety of audiences.

Critical Skills and Competencies of Prevention Professionals

Understanding Risk and Protective Factors:

There are a variety of risk and protective factors, and being familiar with them as well as which ones you see **most often in your community** can be helpful in short term goals, long term goals, and communication.

Language Matters:

Being able to implement language and body language that is **equitable, sustainable, culturally competent, and stigma reducing is vital** to prevention work. Using language that is **person first** is not only the most socially responsible way of communicating, it is also in line with the work of the other areas of the continuum of care.

Strength Based Perspective:

Being able to see the strengths in people, families, communities, and systems is vital to the work of a preventionist because **you can use strengths as leverage for change**. Additionally, strength based perspectives will help forward momentum because they look at what a community or individual can do and focuses on that rather than insufficiencies and lack of resources.

Ability to Meet Deliverables:

Most preventionists work under grants or funding that requires them to meet certain goals throughout a grant cycle. Being able to **meet these goals** within the work that your organization is doing is important to **sustain funding and secure funding in the future.**

Understanding Systems:

Behavioral health is a larger system which works with other systems to affect the health of a community. Understanding how **systems work and how they affect your community** is an important knowledge set.

Appendices

Within the Appendices you will find an Acronym list produced by the Maine Center for Disease Control and Prevention, additional resources that support topics covered within, and sources used within. Please contact the New England PTTC with questions or further training and technical assistance needs not addressed.

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Pttcnetwork.org/NewEngland

Acronym List

AAS	American Association of Suicidology
ACE	Ask Care Encourage
ACE	Adverse Childhood Experiences
ACE	Active Community Environments
AO	Annual Objective
ALA	American Lung Association
ARRA	American Recovery and Reinvestment Act
ASSIST	American Stop Smoking Intervention Study
ATOD	Alcohol Tobacco and Other Drugs
ATTUD	Association for the Treatment of Tobacco Use and Dependence
BEC	Breathe Easy Coalition
BH	Behavioral Health
BRFSS	Behavioral Risk Factor Surveillance System
CADC	Maine Certified Alcohol and Drug Counselor
CADCA	Community Anti-Drug Coalitions of America
CAP	Community Action Program
CAPT	Center for the Application of Prevention Technologies
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
CEU	Continuing Education Unit
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CME	Continuing Medical Education
CO	Clinical Outreach
COS	Clinical Outreach Specialist
CSAP	Center for Substance Abuse Prevention

Acronym List

CSAT	Center for Substance Abuse Treatment
CTG	Community Transformation Grant
CTI	Center for Tobacco Independence at Maine Health
DCC	District Coordinating Council
DHHS	Department of Health and Human Services
DLPH	Division of Local Public Health
DOE	Department of Education
DOT	Department of Transportation
DPHIP	District Public Health Improvement Plan
DTS	District Tobacco Specialist
EA	Emerging Adult
EAP	Employee Assistance Program
ECE	Early Care and Education
EHR	Electronic Health Record
EI	Environmental Indicators
EMA	Emergency Management Agency
EMR	Electronic Medical Record
ENDS	Electronic Nicotine Delivery System
EOC	Emergency Operations Center
EPHS	Essential Public Health Services
EUDL	Enforcing the Underage Drinking Laws
FA	Fiscal Agent
FHM	Fund for a Healthy Maine
FOA	Funding Opportunity Announcement
GHS	Gold Health Systems
HIPAA	Health Insurance Portability and Accountability Act
HMP	Healthy Maine Partnerships

Acronym List

HMW	Healthy Maine Works
HUS	Healthy Us Scorecard
KOI	Key Outcome Indicator
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LADC	Licensed Alcohol and Drug Counselor
LCPC	Licensed Clinical Professional Counsellor
LFA	Lead Fiscal Agent
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
LPHSA	Local Public Health Systems Assessment
Maine CDC	Maine Center for Disease Control and Prevention
MAPP	Mobilizing for Action through Planning and Partnerships
MDS	Minimal Data Set
MIYHS	Maine Integrated Youth Health Survey
MOU	Memorandum Of Understanding
MPCA	Maine Primary Care Association
MPCB	Maine Prevention Certification Board
MPHA	Maine Public Health Association
MSA	Master Settlement Agreement
MTHL	Maine Tobacco Help Line
MYAN	Maine Youth Action Network
MVP	Medication Voucher Program
NAADAC	National Association of Alcoholism and Drug Abuse Counselors
NAMI	National Alliance for the Mentally Ill
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NAQC	North American Quitline Consortium
NCI	National Cancer Institute
NHTSA	National Highway Traffic Safety Administration

Acronym List

NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NIMH	National Institute of Mental Health
NPN	National Prevention Network
NREPP	National Registry of Evidence-based Programs and Practices
NOA	Notice Of Award
NO BUTS!	Blocking Underage Tobacco Sales
NQDW	National Quitline Data Warehouse
NRT	Nicotine Replacement Therapy
OBH	Office of Behavioral Health
OJJDP	Office of Juvenile Justice and Delinquency Programs
OMS	Office of Maine Care Services
ONDCP	Office of National Drug Control Policy
OTC	Over the counter
OSH	CDC Office of Smoking and Health
PBM	Pharmacy Benefit Manager
PHAB	Public Health Accreditation Board
PHEP	Public Health Emergency Preparedness
PHS	Public Health Service
PHSG	Public Health Service Guideline
PICH	Partnership to Improve Community Health
PPO	Project Period Objective
PPHF	Prevention and Public Health Fund
PRAMS	Pregnancy Risk Assessment Monitoring System
PTM	Partnership for a Tobacco-Free Maine
PTTC	(New England) Prevention Technology Transfer Center
RBS	Responsible Beverage Servers/Sellers

Acronym List

RFP	Request for Proposal
RHC	Rural Health centers
RRC	Regional Resource Center
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SAMHS	Substance Abuse and Mental Health Services
SAMHSA	Substance Abuse and Mental Health Services Administration
SAU	School Administrative Unit
SCC	State Coordinating Council for Public Health
SEOW	State Epidemiological Outcomes Workgroup
SIRP	Student Intervention and Reintegration Program
SPF	Strategic Prevention Framework
SPF RX	Strategic Prevention Framework for Prescription Drugs Grant
SHA	State Health Assessment
SHIP	State Health Improvement Plan
SHNAPP	Shared Health Needs Assessment & Planning Process
SHS	Secondhand Smoke
SOR	State Opioid Response – federal grant
STIMSOR	Stimulant State Opioid Response
SUPS	Substance Use Prevention Services
TSUPC	The Tobacco and Substance Use Prevention and Control Program
TTS-C	Tobacco Treatment Specialist Certification
U.S. CDC	United States Centers for Disease Control and Prevention
VPCP	Vulnerable Populations Communications Plan
YRBS(S)	Youth Risk Behavior Surveillance System

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https://internationalcredentialing.org/resources/Candidate%20Guides/PS_Candidate_Guide.pdf#page=12

https://capd.mit.edu/explore-careers/career-first-steps/make-career-plan

Additional Resources

National Prevention Resources: https://nasadad.org/prevention-resources/

Intro to the ecological model: https://youtu.be/5NNw0GSUR-c

Continuum of Care Model :
 https://prevention.nd.gov/files/pdf/parentsleadforprof/ContinuumofCareModel.pdf

10 Reasons To Become A Certified Prevention Specialist:
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Evidence-Based Practices Resource Center: https://www.samhsa.gov/ebp-resource-center

Better strategies for prevention:
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