Southeast PTTC Onboarding & Orientation Guide for Prevention Specialist

Southeast (HHS Region 4)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Goals and Objectives

This resource is adapted by the Southeast PTTC from a resource created in partnership with the Maine Prevention Workforce Development Workgroup, convened by AdCare Educational Institute of Maine under contract with the Maine Center for Disease Control. It aims to meet universal developmental training needs of the substance misuse prevention workforce in the Southeast. This resource is not specific to any one funding source or program. This resource can be used by new or current prevention professionals entering the field working in any federal, state, or locally funded prevention coalition, organization, or initiative.

The purpose of this resource is to provide an overview of, and orientation to, the field of substance use prevention. We hope that the information will assist new professionals to become successful and productive.

It is likely that your specific initiative or organization has its own on-boarding process and tools. This resource is offered as a supplement to your training.

This document is a living document that will change as the field of substance use prevention changes. The most current document can be found at the Southeast PTTC website.

This interactive document provides clickable graphics that will take you to a resource to learn more about the topic.

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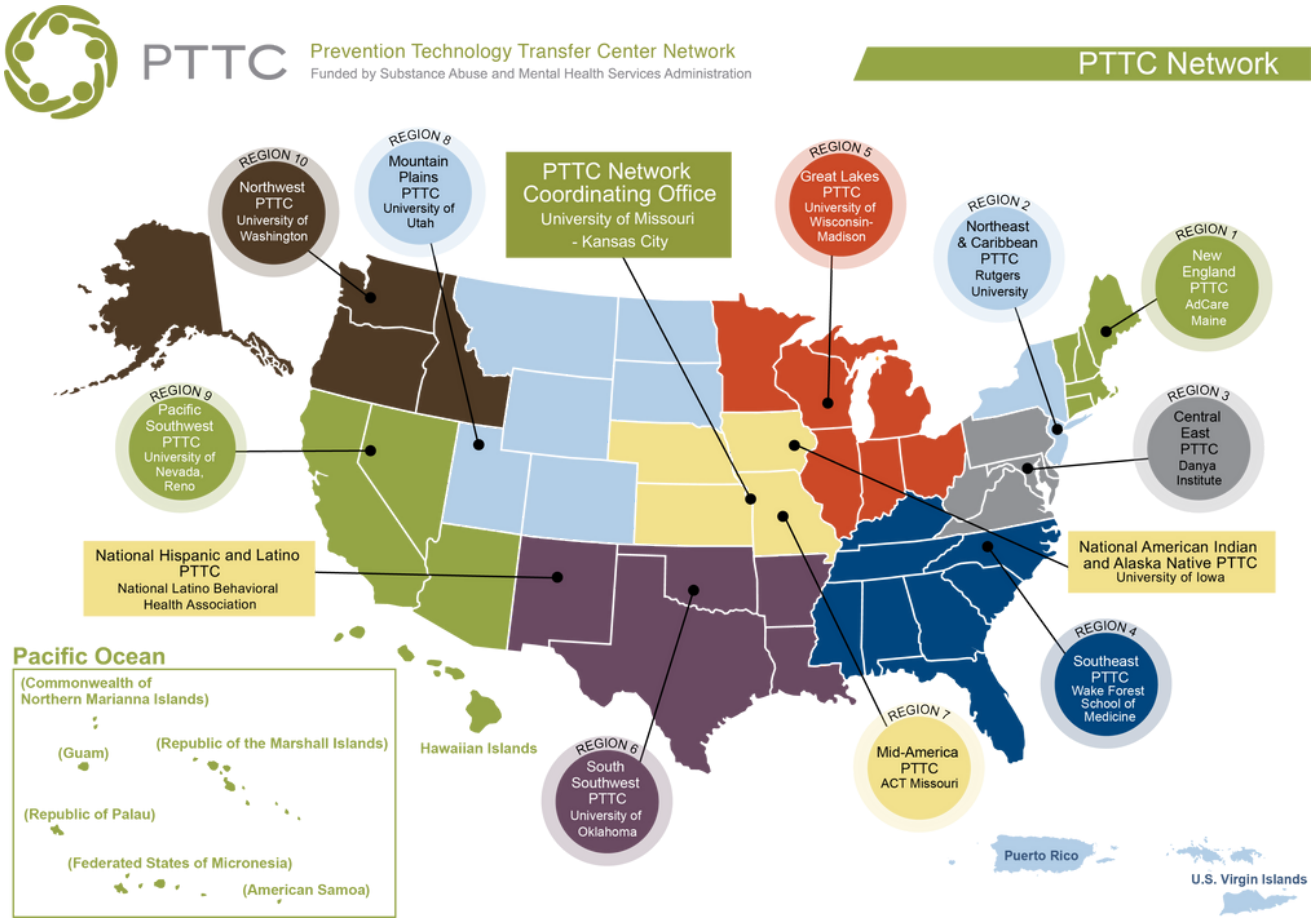
The PTTC Network: An Overview

The purpose of the Prevention Technology Transfer Center (PTTC) Network is to improve implementation and delivery of effective substance misuse prevention interventions, and provide training and technical assistance services to the substance misuse prevention field. It does this by developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts; providing intensive technical assistance (TA) and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.



Established in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), the PTTC Network is comprised of 10 Domestic Regional Centers, 2 National Focus Area Centers, and a Network Coordinating Office. Together the Network serves the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands.

The Southeast PTTC

The Southeast Prevention Technology Transfer Center, administered by Wake Forest University School of Medicine, provides training and TA services to the professional and volunteer prevention workforce within the 8 Southeast states. The Southeast PTTC provides diverse programming with multiple modes of training and technical assistance in the area of substance misuse prevention.

We focus on capacity building and workforce development for the prevention field, the promotion of equity in all that we do, and support and guidance on the steps of local policy change.

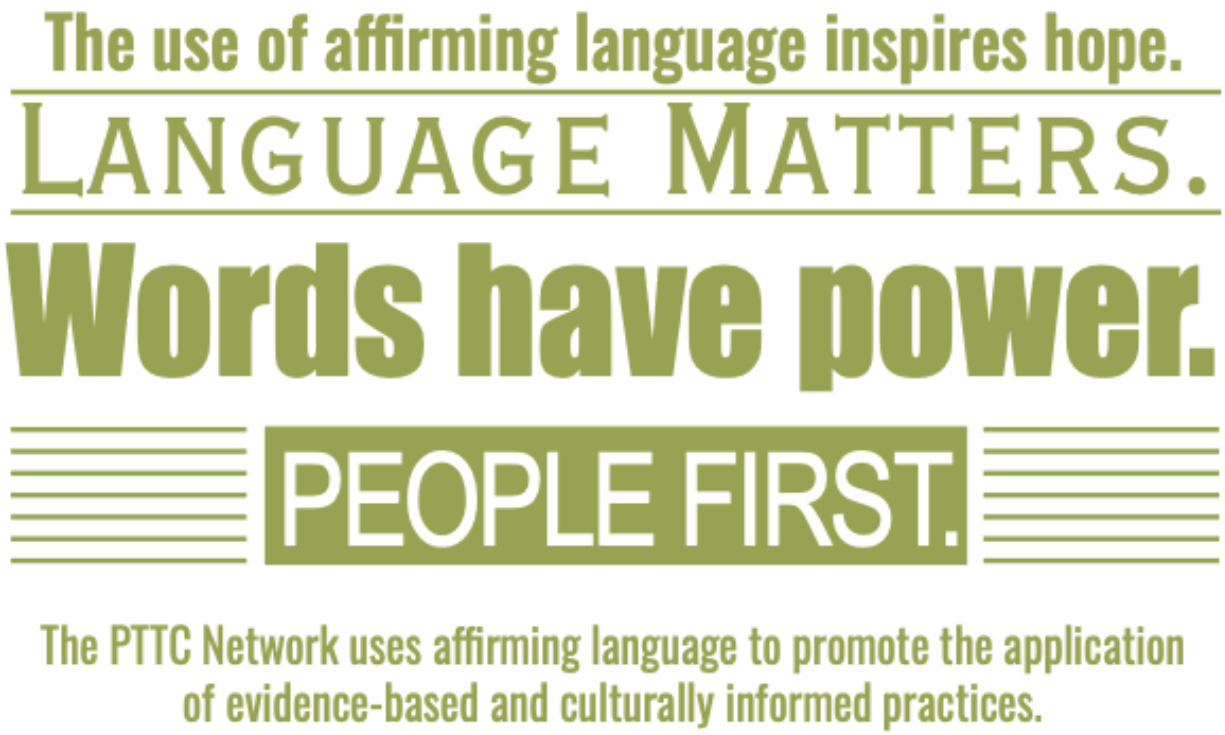
Our team has extensive experience in multiple areas of prevention, both in types of intervention strategies (e.g., environmental strategies) and populations served (e.g., communities of color; rural populations).

Linguistically Appropriate Practice

The Southeast PTTC recognizes and honors that language changes regularly. This tool uses language that reflects the current standards of the field, and we strive to always use the most culturally humble and affirming language.

To decide the best language and terms for you and your organization to use, **consult your community and listen to their requests, needs, and choices**. Not every set of terms will work for every person, but **words have power,** and **language matters**. The best way to practice this philosophy is to do research, be respectful and open to learning, and to make changes when necessary change is brought to your attention.

Keep in mind, the words that make the most sense today may be different in the future because language changes as we work to be a more inclusive field that supports all people in our communities to thrive. Respect and center the voices around you of the people who you serve and you'll be able to navigate the language of inclusion work within prevention.



Upstream Metaphor

In the prevention parable of the river, a person is fishing by a river and notices someone moving downstream, struggling in the current. They throw the person a life preserver and pull them out of the water. Soon after, another person is seen floating down the river, struggling to stay above water. The people who have gathered on the shore throw them a life vest and pulled them out of the water. Suddenly more and more people are floating down the river in need of rescue. It takes a lot of energy to pull each one to safety. The crowd by the river finally move upstream to see why so many people are falling into the river. They notice that the guardrails of the bridge are broken which is causing people to fall into the water. They work to fix the bridge, which protects everyone and stops people from accidentally falling into the river. This change to the bridge ultimately make the whole town happier and safer, as they will use resources and energy pulling individuals out of the water. This “upstream” approach is how prevention works. By putting protections in place, the town is preventing more accidents from happening.

Put measures in place before there is a problem, so that those “downstream” 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, 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

As with any professional field, prevention comes with both fulfilling elements and 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.

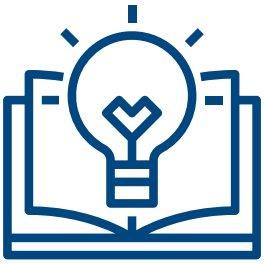
Some challenges include the amount of caring we do for many others, set backs when changing **community norms** is difficult, funding changes and sustainability, and the pace of prevention being **slow and measured**. These challenges are important to consider as you start your journey in the field of 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.

Prevention in Videos

About the Series

In this video series, you will hear from **experienced prevention specialists** working in New England describing the varied roles and experiences of prevention specialists. Each video focuses on a Prevention Performance Domain as defined by the International Certification & Reciprocity Consortium (IC&RC) Prevention Specialist Job Analysis. **Through these videos, you will learn what each prevention domain is and how all the domains function together for effective prevention**. If you are new to the field of prevention, or starting a new role within the field, these videos will help you understand the science and practice of prevention specialists.

Introduction: What do Prevention Specialists Do?



Domain 1: Planning & Evaluation

This domain focuses on prevention planning models & theories, logic models, action planning, and evaluation techniques, which requires cultural awareness and responsiveness.

Domain 2: Prevention Education & Service Delivery

This domain focuses on the theories and evidence-based frameworks that guide curriculum and program development and the skills needed to provide services.

Domain 3: Communication

This domain focuses on the communication skills and techniques needs in a wide variety of settings

Domain 4: Community Organization

This domain focuses on determining community readiness, mobilizing your community, and involving your community in all steps of prevention planning as a critical role in gaining community buy-in.

Domain 5: Public Policy & Environmental Change

This domain emphasizes the broader physical, social, cultural, and institutional forces that contribute to community substance use problems.

Domain 6: Professional Growth & Responsibility

This domain focuses on knowledge of current theory and practice, work-life balance, knowledge of substances, cultural competency, and professional ethics.

Roles and Responsibilities

A prevention specialist's responsibilities are to their community, their organization, society, networks, other stakeholders, and funders. 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. 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 33**.

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 meet the audience. 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 20**, as well as being **culturally and linguistically appropriate** in order to serve the whole community. You can read more about cultural humility on **page 16**.

Foundational Substance Use Prevention Practice Information

Universal Selective Indicated

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 **Indicated** prevention is to identify individuals who are exhibiting early signs of substance misuse and other problem behaviors associated with substance misuse and to target them with special programs.

Theories

Socio-ecological Model

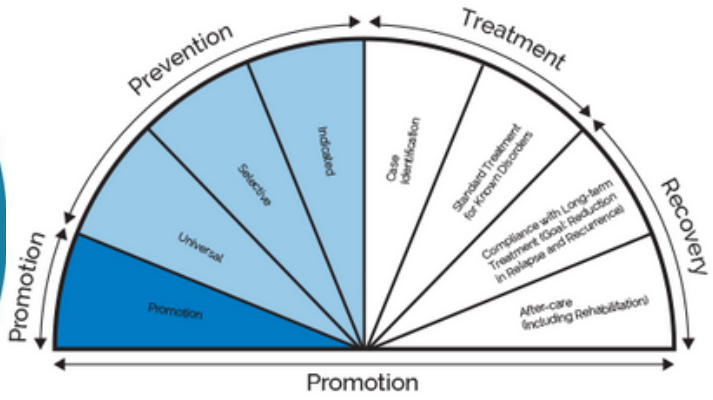
The socio-ecological model helps to understand factors affecting behavior and also provides guidance for developing successful programs through **social environments.** Socio-ecological models emphasize multiple levels of influence (such as individual, interpersonal, organizational, community and public 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 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:

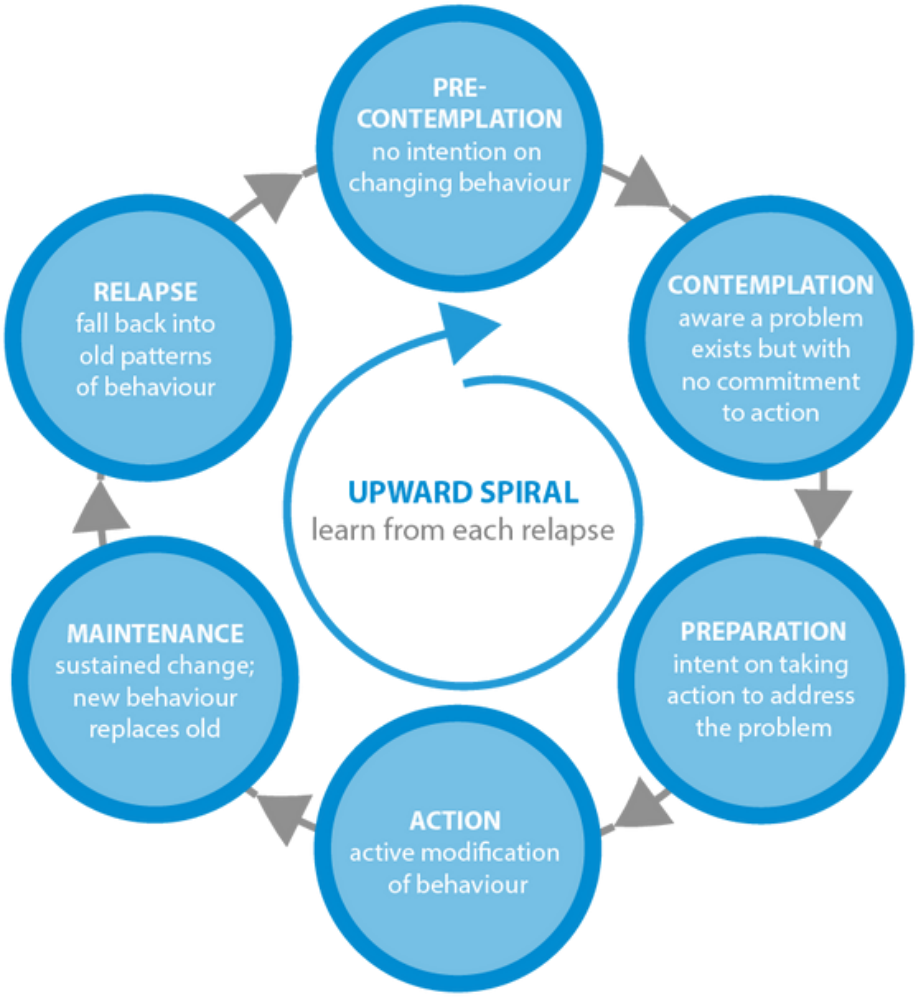


Theories - Continued

Stages of Change

The stages of change, also known as the Trans Theoretical Model, speaks to how prepared a person, group, or community are to recognize and to act on making meaningful change. Each stage of the cycle is 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



Foundational Models & Approaches of Modern Prevention

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

Strategic Prevention Framework (SPF)

The SPF, a SAMHSA 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 Kaiser-Permanente that found **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 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. 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**. Coalitions should strive to be as inclusive and far-reaching as possible. Many preventionsists are 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 to engage in the conversation.

Basic Community Organizing

Community organizing goes hand-in-hand with coalition building and consists of a variety of skills. Paramount is the ability to become familiar with the ins and outs of a community, and to learn how to mobilize for positive change. Drug Free Community Coalitions (DFCs) require 12 sectors whose representation promotes a robust, complete coalition. This is good practice for prevention organizations regardless of the funding source. Community Organizing requires similar skills. Calling people into a **conversation**; **engaging stakeholders** and **community members** around important prevention messaging, programming, and projects; **networking** within your service area; **communicating** with your community about the work that is going on within your organization; building 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.

Environmental Scans

An environmental scan **identifies gaps** and **strengths** of resources, services, systems, and programs in the community or state. They 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 worksite to understand the dynamics of the organization before making an ask or contributing staff hours. A scan could 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 should conduct a scan in a variety of ways - through conversations with community residents, focus groups, needs assessments, media research, and simple observation. The best environmental scans are ones that **draw from a variety of sources** to ensure the most complete picture is drawn.

Foundational Research & Approaches of Modern Prevention - Continued

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 another population. The number racial and ethnic minorities in the US who speak a primary language other than English continues to grow rapidly. Cultural proficiency 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

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 prevention professional.

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. The team approach supports uncovering a variety of connections and experiences to support a more inclusive mapping process.

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 extensive way possible.

Step 3: Get specific. Now that you know possible institutions from which you may benefit collaborating, get contact 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

The SPF is dynamic and interactive. Assessment is the starting point, and planners will return to this step again and again as the community's problems and capacities evolve.

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 (proficiency): 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 yet uninformed ways to prevent the misuse of substances. For example, the "Just Say No" movement insinuated that with enough effort a person could just stop. The "War on Drugs" focused on stricter 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 a lingering influence on some prevention work today, and as a field we work every day 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, bringing a crashed car to a high school before graduation is a longstanding tradition, but **evidence shows** these programs are actually counter-indicated, and do more harm than good.

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

What is fidelity?

Implementation fidelity is the degree to which an intervention is delivered **as intended.** It is critical to the successful translation of evidence-based interventions into practice.

Why is fidelity important?

Evidence-based programs, practices, and messaging are evaluated in an extensive process. If you take the program or practice apart or use only some of it, there is no longer a guarantee that what you are offering will show 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 canceled 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 are subject to review. No funding source lasts forever, so prevention specialists and organizations regularly look for ways to **diversify funding** so that when one funding stream ends, another may be available to continue the work.

What does this mean for you?

- 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 such as volunteer or unpaid hours, donated goods or resources to support getting work done in an area of limited resources. Carefully tracking in kind resources can also support future grant applications by showing the community investment in your team or coalition's work.

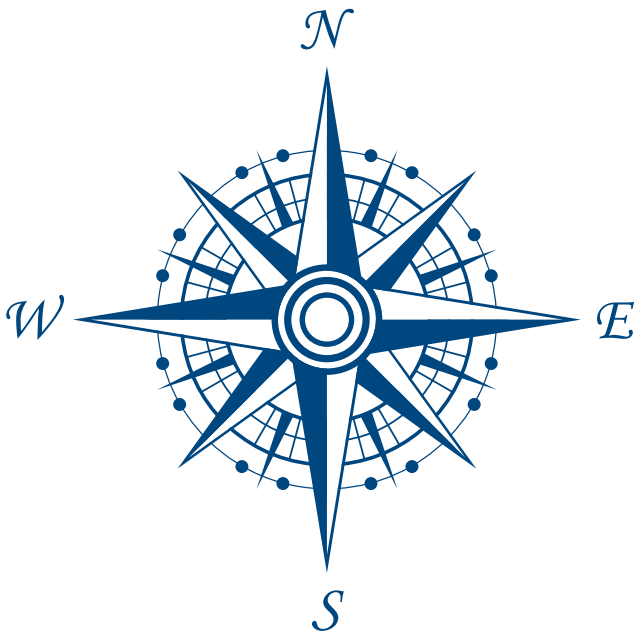
Prevention Certification and Professional Development

The substance misuse prevention field is always adapting and improving. There is a wide variety of roles for prevention specialists. Some work within school and community agencies, some supervise and do not provide direct service but support those who do, some are coalition members who work as a part of a team to reach many sectors of a community. Finally some engage with, or are, 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 of 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, public health, social work, 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. 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

Many professional fields have standards of operation and credentialing to 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.

The substance use prevention field is no different. In the Southeast, the standards of credentialing vary from state to state, and include the **Prevention Specialist Certification**, and the **Provisional Prevention Specialist Certification,** and **the Advanced Prevention Specialist**. Most states have a certification board which works collaboratively with the International Certification & Reciprocity Consortium (IC&RC) to provide thorough and comprehensive credentialing. Each state's Prevention Certification Board sets, monitors, and enforces standards for Alcohol, Tobacco and Other Drug (ATOD) prevention professionals to ensure the public's protection and enhance the profession. Each state board 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. The next several pages highlight each state's needs.

Obtaining **a prevention specialist certification** ensures that the prevention work going on in our communities is led by individuals who have demonstrated competency in prevention domains required to implement effective prevention. 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.

Alabama Certification

Prevention Experience: 2000 hours of prevention experience across the domains. Experience should be across the domains rather than substance abuse only.

Supervised Prevention Experience: 120 hours specific to the domains with a minimum of ten hours in each domain.

Educational / Training Requirements:

- 120 hours across all domains of which 24 must be ATOD specific with 6 hours of Prevention Ethics.
- Jurisdictions can have more hours and specific hours if they choose.

Examination: Applicants must pass the IC&RC PS Examination.

Pre- IC&RC Certification Level Requirements:

- Associate Prevention Specialist
- One year of experience in Prevention (2000 hours or 240 Direct Service hours)
- 75 hours of substance abuse education training. 50% must be in prevention.
- High School Diploma or GED
- Supervisor(s) Evaluations and two (2) colleague evaluations.
- Must be supervised by a CPS or CPM (or) one who meets the criteria for the same, including but limited to the required education of Prevention Specific AIDS/HIV Education/Prevention Ethics and Disruptive Audience.
- Signed “Code of Ethics” and “Releases.”
- Additional Required Education: (4) hours of AIDS/HIV education; (6) hours of Ethics education; (4) hours of Disruptive Audience Behavior education
- Must reside or work in Alabama at least 51% of the time.

Certification & Licensing Board: Alabama Alcohol & Drug Abuse Association (AADAA)

- **Board Website: https://www.aadaa.us/**

Code of Ethics Requirements:

- Applicants must sign a prevention-specific code of ethics statement or affirmation statement.

Recertification Requirements:

- 20 hours of continuing education earned every year

Florida Certification

Prevention Experience:
120 total hours of training divided as follows:
• Understanding Addiction: 24 hours
• Prevention Ethics: 6 hours • Planning and Evaluation: 30 hours
• Prevention Education & Service Delivery: 15 hours
• Communication: 10 hours • Community Organization: 15 hours
• Public Policy and Environmental Change: 10 hours
• Professional Growth and Responsibility: 10 hours

Supervised Prevention Experience:
- 120 hours with at least 10 hours of supervision per domain
- Content-Specific Training 120 hours allocated as follows:
- Understanding Addiction: 24 hours
- Prevention-specific Ethics: 6 hours
- Planning & Evaluation: 30 hours
- Prevention Education & Service Delivery: 15 hours
- Communication: 10 hours
- Community Organization: 15 hours
- Public Policy & Environmental Change: 10 hours
- Professional Growth & Responsibility: 10 hours

Educational / Training Requirements:
- High School Diploma/GED AA/AS or Vocational Degree, Non-related bachelor's

Examination: Written Exam: IC&RC Prevention Specialist Exam

References & Recommendations: 3 professional letters of recommendation.

Certification & Licensing Board: Florida Certification Board (FCB)

Code of Ethics Requirements:
- Must read and sign an attestation agreeing to comply with the FCB Code of Ethical & Professional Conduct

Additional Requirements:
- Criminal Background: Must have a clean criminal history for a minimum of 3-years prior to application for certification, including release from all sanctions.

Georgia Certification

Certified Preventionist (CP)
This certification is not eligible for reciprocity with IC&RC states.

Work/Volunteer Experience – At least 1 year (2000 hours) of paid or volunteer experience in planning or delivering prevention services.

Education – Applicant must have attained a High School diploma or equivalent (ex. GED). This requirement will be waived if the applicant has previously been certified at the PA level.

Education/Training – At least 120 contact hours of prevention-specific training. Thirty (30) of those hours must include the Core Prevention Training Curriculum approved by PCCG. Twenty-four (24) hours must be ATOD prevention specific; must show a minimum of 10 hours in each of six Performance Domains.

References – Two (2) letters of recommendation from supervisors or volunteer coordinators documenting the character, professionalism and competency of the applicant.

Code of Ethics – The applicant must read and sign the PCCG Code of Ethical Conduct.

Interview/Testing – Applicant will demonstrate knowledge and skills based on the domains and core functions of prevention in an oral interview.
Recertification every 2 years requires documentation of 40 hrs. of continuing education related to prevention including 2 hrs. of ethics.

Board Website: www.adacbga.org

Kentucky Certification

Prevention Experience:

- Completion of 2000 hours of verified prevention work experience
- This work experience must be within the past 10 years

Supervised Prevention Experience:

- One hundred and twenty (120) hours of direct supervised work experience with 10 hours of direct supervision in each domain
- One Supervisor Evaluation

Educational / Training Requirements:

- Bachelor's Degree
- One hundred fifty (150) clock hours of training within the past 10 years (100 hours Prevention specific and 50 hours ATOD specific) with a minimum of 12 hours in each domain
- 6 hours of Prevention Ethics training
- A maximum of 40 hours of online ATOD/Prevention training will be accepted for initial certification. A maximum of 40 hours of in-house training will be accepted for initial certification. In-house training is defined as "by employee for employee"
- All training must have been attended within the past 10 years.

Examination: A passing score on the ICRC/AODA Prevention Specialist written examination

References & Recommendations: One Supervisor Evaluation

Code of Ethics Requirements:

- Signed Kentucky Prevention Professional Code of Ethics

Mississippi Certification

Prevention Experience: 4000 hours (2 yrs.) of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience specific to the CPS domains

Supervised Prevention Experience: 120 hours specific to the domains with a minimum of ten hours in each domain

Educational / Training Requirements:

- Bachelor's Degree from an accredited college or university plus 150 hours of education/training specific to the domains:
- Fifty percent (50%) must be ATOD-specific.
- Six hours must be in HIV/AIDS prevention;
- Six hours must be in Ethics specific to prevention;
- And four hours must be in Disruptive Audience Behavior

Exam: Must pass the IC&RC International Written Prevention Specialist Examination

Pre-IC&RC Certification Level Title: APS - Associate Prevention Specialist (non-IC&RC reciprocal level)

Pre- IC&RC Certification Level Requirements:

Experience:

- 2,000 hours (1 yr.) OR 240 Direct Service hours of experience in Prevention Education
- High School Diploma or GED plus 75 hours of prevention/education training
- Fifty percent (50%) must be specific to alcohol, tobacco, and other drug abuse training
- Six hours must be in HIV/AIDS prevention; six hours must be in Ethics specific to prevention; and four hours must be in Disruptive Audience Behavior

Supervision: One-year supervision by CPS or CPM

Code of Ethics: Applicants must sign a code of ethics statement or affirmation statement

Recertification:

- 20 hours of continuing education earned every two years, which should include topics relating to at least one of the CPS domains
- Fifty percent (50%) must be specific to ATOD prevention
- The 20-hour total must include 2 hours in Prevention Ethics and 2 hours in HIV/AIDS Prevention/Update Training

Board Website: www.msaap.net

North Carolina Certification

Who: North Carolina Addictions Specialist Professional Practice Board

Website: https://www.ncsappb.org/

Contact: Barden Culbreth, Executive Director barden@ncaddictionsboard.org

Degrees Required: Minimum high school diploma or equivalent.

Prevention Education Required: 270 hours of approved education/training, of which 170 hours in the area of primary prevention from the current Performance Domains as defined by IC&RC; and 100 hours in substance use disorder specific. A minimum of 6 hours of training in Ethics, HIV/AIDS, STDs, and bloodborne pathogens, and other contemporary topics in addictions treatment.

Related Work Experience: 3 years full-time experience in the field or 2 years with a bachelor's degree+ in human services field (documented by supervisor).

Supervision: 3 years full-time experience in the field or 2 years if applicant has a bachelor's degree or higher in a human services field, documented and supervised by a CCS, CSI, or CSAPC with 3 years experience.

Recommendations: 2 colleague/co-workers evaluations.

Read and agree to abide by the Code of Ethical Conduct of NCSAPPB.

South Carolina Certification

Who: South Carolina Association of Prevention Professionals and Advocates

Website: https://scappaonline.org/

Contact:
PO Box 1763 Columbia, SC 29202
P: 803-252-1087
F: 803-252-0589
Email: scappa@capconsc.com

Degrees Required: BA/BS preferred 150 hours in prevention performance domains.

Prevention Education Required:
• 6 hours of Prevention Ethics
• 50 hours of ATOD specific training
• Training must have been received during the 3-year certification process with the exception of college courses
• Training must be related to the six IC&RC domains.
• Relevant college courses may be approved toward 1/3 of total training hours (or 40 hours for CPS)
• One quarter hour = 10 contact hours
• One semester hour = 15 contact hours

Related Work Experience: One year or 2,000 hours paid or volunteer ATOD and behavioral health prevention experience within the past 5 years.

Supervision: 120 hours of supervision by an approved supervisor, in the 6 prevention performance domains.

Exam: Pass the computer-based IC&RC Prevention Specialist Exam and oral interview by SCAPPA Certification Peer Review Committee.

Code of Ethics: Must sign Code of Ethics.

Tennessee Certification

Title: Criteria for Certified Prevention Specialist I (CPS I) (available for reciprocity) Testing

References / Recommendations: A letter of recommendation from a supervisor or volunteer coordinator must be sent with the application along with three colleague evaluations. These should document the character, professionalism, and competency of the applicant.

Educational / Training Requirements:

- Formal Education – Applicant must have attained a High School diploma or equivalent (ex. GED).
- Education/Training – At least 120 contact hours of prevention-specific training; minimum of ten (10) hours in each domain.
- Twenty-eight (28) of those training hours must include the Core Prevention Training Curriculum approved by TCB. (6 hrs. each: Ethics, Audience Management, Cultural Competence; 10 hrs: Environmental Strategies)

Prevention Experience: Work/Volunteer Experience – At least 1 year (2000 hours) of paid or volunteer experience (no more than 50% of total hours) in planning, delivering, and supervising or evaluating prevention services.

Supervised Practical Experience: Verification of 120 hours of observed work experience related to the six (6) prevention domains, minimum (10) hours in each domain.

Code of Ethics: The applicant must read and sign the Tennessee Code of Ethical Conduct for Prevention Specialists included in the application packet. Criteria for Certified Prevention Specialist II (CPS II) (available for reciprocity)

Testing – Applicant will demonstrate knowledge and skills based on the domains and core functions of prevention in the IC&RC exam.

Certification & Licensing Board: Tennessee Certification Board (TCB)
https://www.tncertification.org

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 offering Prevention Certification, and then each area or state's board determines if they want to add additional standards.

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

All domains have tasks which break the topic down into small, clear steps with which you will need to become familiar.

Exam self-study resources:

https://www.internationalcredentialing.org/PS.Study.Guides

https://www.internationalcredentialing.org/resources/Documents/PreventionCertificationStudyGuide.pdf

Key Trainings

SAPST

The Substance Abuse Prevention Skills Training (SAPST) **develops 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 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 be situations where the right thing to do seems unclear. 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 must sign a **code of ethics**, and during each recertification for which they apply, 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 with which prevention professionals must abide. Usually this training is 6-hours. Those going for recertification are required to take a shorter ethics course.

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.

Career Development and Goal-Setting

In your prevention professional path, you may find it useful to plan out some **short and long-term career goals**. Prevention work can be fast-moving, community- and funder-driven, and detail-oriented as you strive to maintain fidelity with your evidence-based work.

Setting career goals can help you maintain focus on your professional development, show employers that you care about your work, and make it easier for you to plan for your future.

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 partners and agencies that can help get you up to speed. 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, learn which topics move and motivate you to dig in deep. These are areas in which you will thrive. Playing to your strengths will make for a more 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 soft skills including communication, group management, conflict resolution, time management, empathy, and listening are key to successful work with the public and are important for a prevention professional.

Long and Short Term Thinking:

Prevention is a long game, and you get to long term results through meeting small goals over time. Perhaps your 10-year prevention goal is to reduce drinking among 12-18 year olds in your community by 20%. How do you get there? Some short-term goals include conducting an environmental scan of the community, recruiting stakeholders to support your efforts, facilitating community conversations, offering programming and education, and evaluation. **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 a 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:

A big, yet important challenge in prevention is implementing policies, practices, and laws that promote prevention and healthy communities. Knowing who the local or state policy makers are, how the systems in which they operate work, their motivations, and the **difference between lobbying and education** will help further the work of prevention. Direct advocacy work must be done separately from the time being supported by federal funds.

Understanding of Trends, Use, and Terms:

A prevention specialist must examine current data on substance use and misuse, **in the populations they are working to engage and 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. Being familiar with them and 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 proficient, 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 prevention work because **you can use strengths as leverage for change**. Additionally, strength-based perspectives will help forward momentum because they focus on what a community or individual can do 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, A Glossary produced by the Rhode Island Prevention Resource Center, additional resources that support topics covered within, and sources used within. Please contact the Southeast PTTC with questions or further training and technical assistance needs not addressed.

Contact the Southeast PTTC

Email: southeast@pttcnetwork.org
Website: https://pttcnetwork.org/centers/content/southeast-pttc

Check out our website!

This resource includes links on almost every page to dive deeper into the subjects presented. Visit our website to download a digital version of the Onboarding and Orientation Roadmap so you can get the details along with this overview.

You can also get the online version of this and many other resources by visiting our website at:

https://pttcnetwork.org/centers/content/southeast-pttc

Southeast PTTC Website

Southeast PTTC Newsletter

Southeast PTTC YouTube Channel

Southeast (HHS Region 4)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Acronym List

Acronym	Full Text
AAS	American Association of Suicidology
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	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
CTG	Community Transformation Grant
CTI	Center for Tobacco Independence

Acronym List

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
FOA	Funding Opportunity Announcement
GHS	Gold Health Systems
HIPAA	Health Insurance Portability and Accountability Act
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

Acronym List

LFA	Lead Fiscal Agent
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, and more
LPHSA	Local Public Health Systems Assessment
MAPP	Mobilizing for Action through Planning and Partnerships
MDS	Minimal Data Set
MOU	Memorandum Of Understanding
MSA	Master Settlement Agreement
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
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
ONDCP	Office of National Drug Control Policy

Acronym List

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
PTTC	(New England) Prevention Technology Transfer Center
RBS	Responsible Beverage Servers/Sellers
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
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

Acronym List

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

Glossary

Adaptation: Modifications made to a chosen intervention; changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when underlying program theory is understood; core program components have been identified; and both the community and needs of a population of interest have been carefully defined.

Addiction/stages of addiction: Compulsive physiological need for and use of a habit-forming substance (as marijuana, nicotine or alcohol) characterized by tolerance and by well-defined physiological symptoms upon withdrawal.

Advocacy: Taking action to support an idea or a cause. Advocates educate community members, the media, and elected officials in order to raise awareness, increase understanding of key issues, and mobilize support with the goal of creating positive change.

Archival data: Data that have already been collected by an agency or organization which are in are their records or archives.

Assessment: A process of gathering, analyzing and reporting information, usually data, about your community. A community assessment should include geographic and demographic information, as well as a collective review of needs and resources within a community that indicates what the current problems or issues are that could be addressed by a coalition.

Behavioral health: A state of mental/emotional being and/or choices and actions that affect wellness. The term behavioral health can also be used to describe the service systems surrounding the promotion of mental health, the prevention and treatment of mental and substance use disorders, and recovery support.

Brainstem: The lower portion of the brain. Major functions located in the brainstem include those necessary for survival, e.g., breathing, heart rate, blood pressure, and arousal.

Capacity: The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions. Capacity includes both the resources a community has to address its problems (e.g., programs, organizations, people, money, expertise) and how ready the community is to take action to address its problems.

Capacity building: Increasing the ability and skills of individuals, groups and organizations to plan, undertake and manage initiatives. The approach also enhances the capacity of the individuals, groups and organizations to deal with future issues or problems. Building capacity involves increasing the resources and improving the community's readiness to do prevention.

Cerebellum: A portion of the brain that helps regulate posture, balance, and coordination.

Glossary

Cerebral cortex: Region of the brain responsible for higher cognitive functions, including language, reasoning, decision making, and judgment.

CNS depressants: A class of drugs (also called sedatives and tranquilizers) that slow CNS function; some are used to treat anxiety and sleep disorders (includes barbiturates and benzodiazepines).

Coalition: A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug-free community.

Community Readiness: The degree of support for or resistance to identifying substance use and abuse as significant social problems in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

Confidentiality: Keeping information given by or about an individual in the course of professional relationship secure and secret from others.

Co-occurring disorder: Having one or more mental disorders as well as one or more disorders relating to the use of alcohol and/or other drugs.

Cultural competence: Cultural competence, at the individual, organizational, and systems levels, involves being respectful and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse people and groups.

Cultural diversity: Differences in race, ethnicity, language, nationality or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

Culture: The shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people that are unified by race, ethnicity, language, nationality or religion. Culture refers to “integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.”

Depressants: Drugs that relieve anxiety and promote sleep. Depressants include barbiturates, benzodiazepines, and alcohol.

Glossary

Developmental Approach/Perspective: A developmental approach to prevention suggests that risk and protective factors and their potential consequences and benefits are organized according to defined developmental periods. This enables practitioners to match their prevention efforts to the developmental needs and competencies of their audience. It also helps planners align prevention efforts with key periods in peoples' development, when they are most likely to produce the desired, long-term effects.

Dopamine: A brain chemical, classified as a neurotransmitter, found in regions of the brain that regulate movement, emotion, motivation, and pleasure.

Environmental strategies: Prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies.

Epidemiology: The study of factors that influence health and illness in populations. Epidemiologists study the distribution and determinants of the health and wellness of populations.

Ethics: The rules and standards governing professional conduct. Core ethical principles in prevention include: nondiscrimination, competence, integrity, nature of services, confidentiality, and ethical obligations to community and society.

Evaluation: Evaluation is the systematic collection and analysis of information about an intervention to improve its effectiveness and make decisions. A process that helps prevention practitioners to discover the strengths and weaknesses of their activities

Evidence-based prevention interventions: An Evidence-based Intervention is a prevention service (program, policy, or practice) that has been proven to positively change the problem being targeted. In general, there needs to be evidence that the intervention has been effective at achieving outcomes through some form of evaluation.

Fidelity: When replicating a program model or strategy, fidelity is to implement the model or strategy with the same specifications as the original program. Fidelity can be balanced with adaptation to meet local needs. Focus group: Structured interview with small groups of like individuals using standardized questions, follow up questions, and exploration of other topics that arise to better understand participants.

Goal statement: A description of the specific ends you wish to achieve through the implementation of a model, plan, or program.

Hallucinogens: A diverse group of drugs that alter perceptions, thoughts, and feelings. Hallucinogenic drugs include LSD, mescaline, PCP, and psilocybin (magic mushrooms)

Glossary

Health disparities: A “health disparity” is a difference in health that is closely linked with social, economic, and/or environmental disadvantages. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Hippocampus: An area of the brain crucial for learning and memory.

Implementation: Implementation involves mobilizing support for your efforts, selecting and carrying out evidence-based programs, policies, and practices, and monitor implementation to make midcourse corrections as necessary. Indicated intervention: Indicated prevention interventions focus on higher risk individual identified as having signs and/or symptoms or behavior foreshadowing a mental, emotional, and/or substance use disorder.

Informed consent: The process of obtaining consent from participants. It includes a full description and explanation of the activity, presented in a way participants can understand. It ensures participants provide consent free from coercion or undue influence.

Inhalant: Any drug administered by breathing in its vapors. Inhalants are commonly organic solvents, such as glue and paint thinner, or anesthetic gases, such as nitrous oxide. J K Key informant: A person who has a specialized knowledge about a topic that you wish to understand and can convey that knowledge to you.

Limbic system: Area of the brain that is involved with feelings, emotions, and motivations. It is also important for learning and memory.

Lobbying: A type of advocacy that attempts to influence specific legislation.

Logic Model: The program logic model is defined as a picture of how your organization does its work – the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program.

Maintenance: Maintenance includes interventions that focus on compliance with long-term treatment to reduce relapse and recurrence and aftercare, including rehabilitation and recovery support.

Media Advocacy: The strategic use of media to advance a social and/or public policy initiative. Media Literacy: The ability to access, analyze and produce information for specific outcomes and the ability to “read” and produce media messages.

Glossary

Mental disorder: Mental disorders involve changes in thinking, mood, and/or behavior. These disorders can affect how a person relates to others and make choices.

Neuron (nerve cell): A unique type of cell found in the brain and throughout the body that specializes in the transmission and processing of information.

Neurotransmitter: A chemical produced by neurons to carry messages to adjacent neurons.

Norms: Pattern of behavior in a particular group, community or culture, accepted as normal and to which an individual is expected to conform.

Objective statement: Statements that describe the specific, measurable products and deliverables that the project will deliver.

Opioids (or opiates): Controlled substances most often prescribed for the management of pain. They are natural or synthetic chemicals similar to morphine that work by mimicking the actions of enkephalin and endorphin (endogenous opioids or pain-relieving chemicals produced in the body).

Outcome evaluation: Evaluation that describes the extent of the immediate effects of project components, including what changes occurred. Outcome evaluation documents whether the intervention made a difference, and if so, what changed.

P Phases of the IOM continuum Promotion: Promotion involves interventions (e.g., programs, practices, or environmental strategies) that enable people “to increase control over, and to improve, their health.” The focus of promotion is on well-being.

Planning: Planning involves establishing criteria for prioritizing risk and protective factors, selecting prevention interventions, and developing a comprehensive, logical, and data-driven prevention plan. Pre-frontal cortex: Located in the frontal lobe of the brain, this area is important for decision making, planning, and judgment.

Prevention: Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.

Process evaluation: Evaluation that describes and documents what was done, how much, when, for whom and by whom during the course of the project. Process evaluation documents all aspects of the implementation of an intervention. It describes how the intervention was implemented

Glossary

Protective Factor: A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a lower likelihood of problem outcomes.

Public health: What we, as a society, do collectively to assure the conditions for people to be healthy. The focus of public health is on the safety and well-being of entire populations by preventing disease rather than treating it.

Qualitative data: Primarily exploratory research to gain an understanding of underlying reasons, opinions, and motivations. Some common methods include focus groups (group discussions), individual interviews, and participation/observations.

Quantitative data: Research that generates numerical data or data that can be transformed into useable statistics Quantitative data collection methods include various forms of surveys, longitudinal studies, polls, and systematic observation.

Resilience: The ability to recover from or adapt to adverse events, life changes and life stressors.

Resources: The various types and levels of assets that a community has at its disposal to address identified substance abuse problems, including fiscal, human and organizational resources.

Risk factor: A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.

Selective intervention: A selective prevention intervention focus on individuals or sub-groups whose risk of developing mental health disorders and/or substance use disorders are significantly higher due to biological, psychological, and/or social risk factors.

Social Marketing: Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviors of target audiences in order to improve their personal welfare and that of their society.

Stakeholders: Stakeholders are the people and organizations in the community who have: a stake in prevention because they care about promoting health and well-being and have something to gain or lose by prevention or promotion efforts.

Glossary

Stimulants: A class of drugs that elevates mood, increases feelings of well-being, and increases energy and alertness. Stimulants include cocaine, methamphetamine, and prescription drugs used to treat ADHD.

Strategic Prevention Framework: The Strategic Prevention Framework—or SPF—is a 5-step planning process used by SAMHSA to understand community needs and strengths, and to guide the selection, implementation, and evaluation of effective, developmentally and culturally appropriate, and sustainable prevention activities. The five steps are: Assessment, Capacity, Planning, Implementation, and Evaluation. Sustainability and Cultural Competence are included in all steps of the SPF.

Substance use disorder: Substance Use Disorder refers to the overuse of, or dependence on, a drug (legal or illegal) leading to effects that are detrimental to the person's physical and mental health, and cause problems with the person's relationships, employment and the law.

Sustainability: The likelihood of a program, coalition, or activity to continue over a period of time, especially after grant monies disappear. Sustainability is not about maintaining strategies but about achieving and sustaining positive outcomes.

Technical Assistance: Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations and individuals to conduct, strengthen or enhance activities that will promote prevention.

Treatment: Interventions targeted to individuals who are identified as currently suffering from a diagnosable disorder that are intended to cure the disorder or reduce the symptoms of the disorder, including the prevention of disability, relapse, and/or comorbidity. Treatment interventions for substance use disorders include case identification and standard forms of treatment (e.g., detoxification, outpatient treatment, in-patient treatment, medication-assisted treatment).

Universal intervention: Universal prevention interventions take the broadest approach and focus on the general public or a wide population that was not identified based on risk.

Wellness: A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.