



# New England Prevention Specialist

## Onboarding and Orientation Roadmap

# 2021



New England (HHS Region 1)

**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Goals and Objectives

This resource is adapted by the New England 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 New England. This resource is not specific to any one funding source or program. This resource can be used by new preventionists entering the field working in any federal, state, or locally funded prevention coalition, organization, or initiative.

With this resource, the New England PTTC works to provide a strong science-based 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 region.

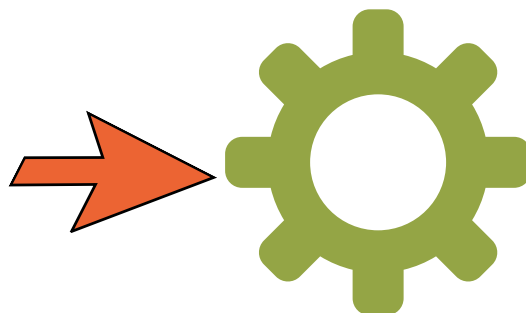
Specific substance use prevention initiatives likely have their own onboarding process and tools that are program-specific. This resource is offered to supplement these program specific trainings, and give a scope of the prevention field.

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 [New England PTTC website](#).

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!



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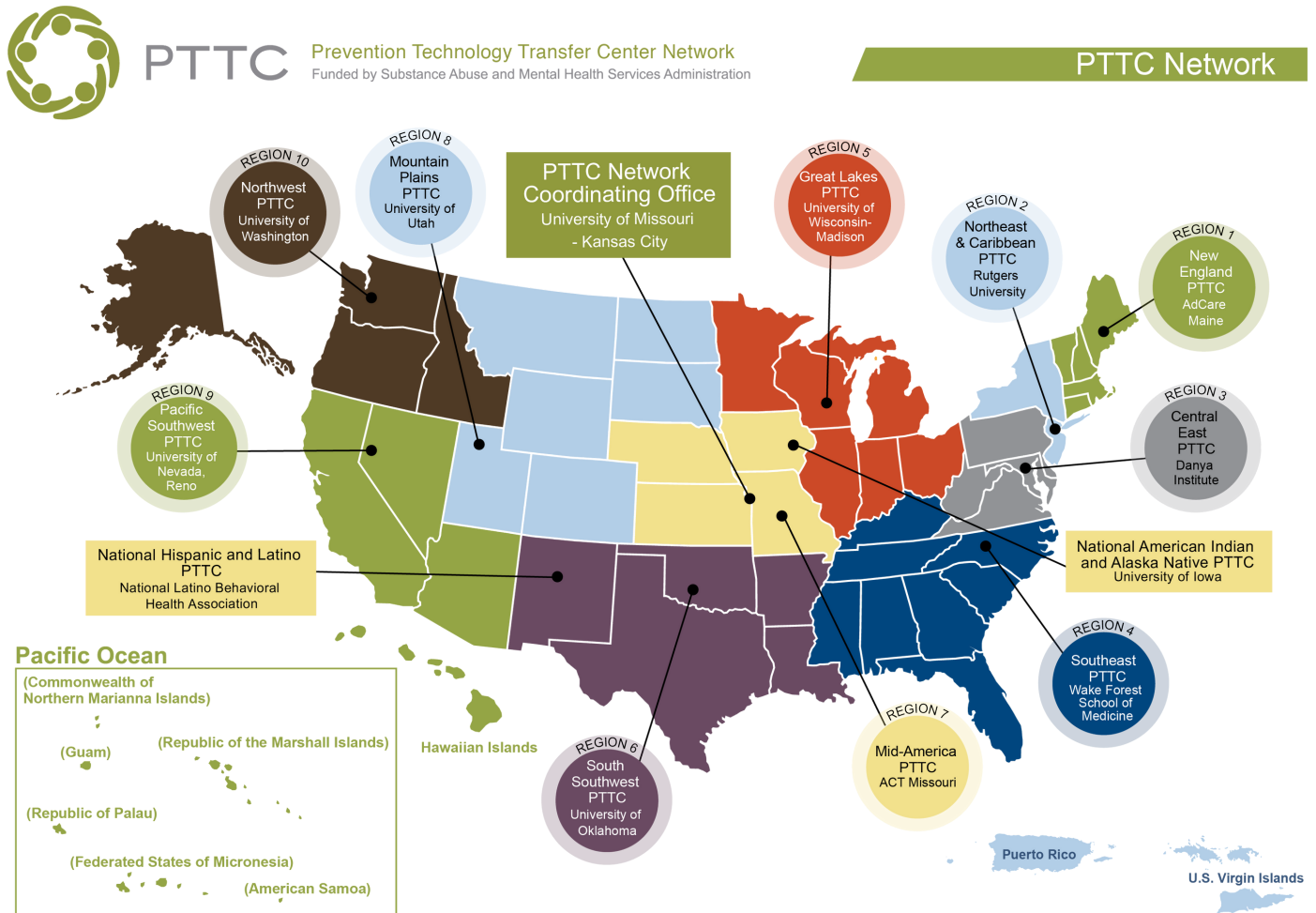
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# New England PTTC Overview

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 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 New England Prevention Technology Transfer Center, administered by AdCare Educational Institute of Maine, Inc., provides training and technical assistance services to the professional and volunteer prevention workforce within the New England states.



# New England PTTC Overview

The New England PTTC is developing a diverse program with multiple modes of training and information dissemination. This includes collaboration with states to hold live, in person trainings featuring the latest prevention science, but also multiple opportunities for distance learning to maximize the reach of technical assistance in the region.

The New England PTTC also puts a focus on workforce development initiatives, to include introducing New England high school students and young adults to the many educational and career opportunities within the prevention field. The New England PTTC will serve as a hub of specialty expertise in providing training and technical assistance in the area of marijuana risk education and prevention.

The New England PTTC is here to support the workforce, so all training and TA needs of the substance misuse prevention workforce will be considered. Please contact us and let us know how we can help by emailing us at [newengland@pttcnetwork.org](mailto:newengland@pttcnetwork.org).



# Linguistically Appropriate Practice

The New England 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 we know that **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.

**The use of affirming language inspires hope.**  
**LANGUAGE MATTERS.**  
**Words have power.**  
**PEOPLE FIRST.**

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

# 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 another 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 current in the first place, there will be fewer people in a more critical condition downstream. This will ultimately make the whole town happier and safer, as they will use fewer resources on downstream getting people back to health. This “upstream” approach is how prevention works.

**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.

# 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 needed in a wide variety of settings

### Domain 4: Community Organization

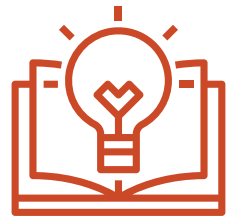
This domain focuses on determining community readiness, mobilizing your community, and involving your community in all steps of prevention planning as a critical role in gaining community buy-in.

### 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, 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.

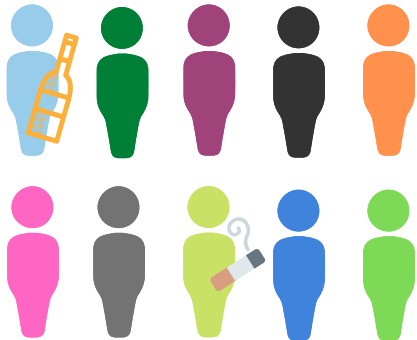
It is also the responsibility of a prevention specialist to keep in **fidelity** with evidence based programs, which you can read more about on page 16, as well as being **culturally and linguistically appropriate** in order to serve the whole community. You can read more about cultural humility on pages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

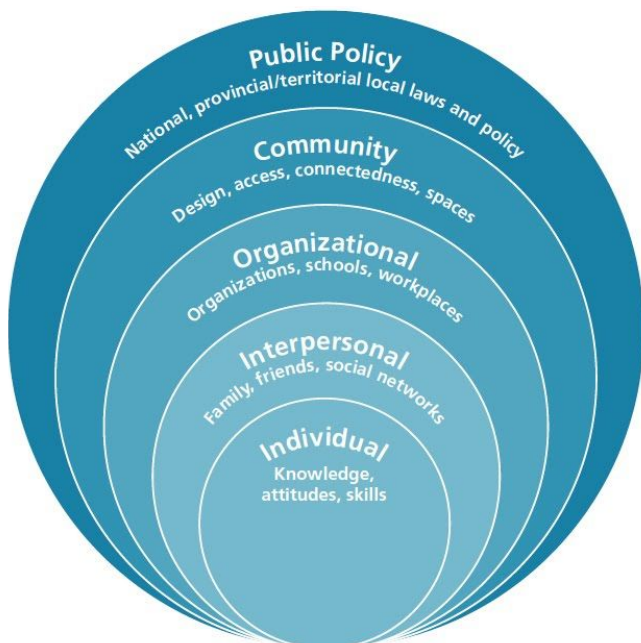
## Socio-ecological Model:

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**.

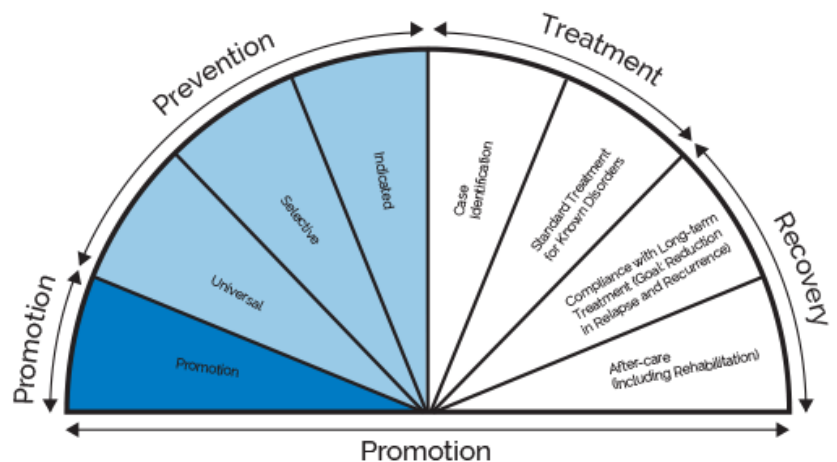
## Continuum of Care:

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:

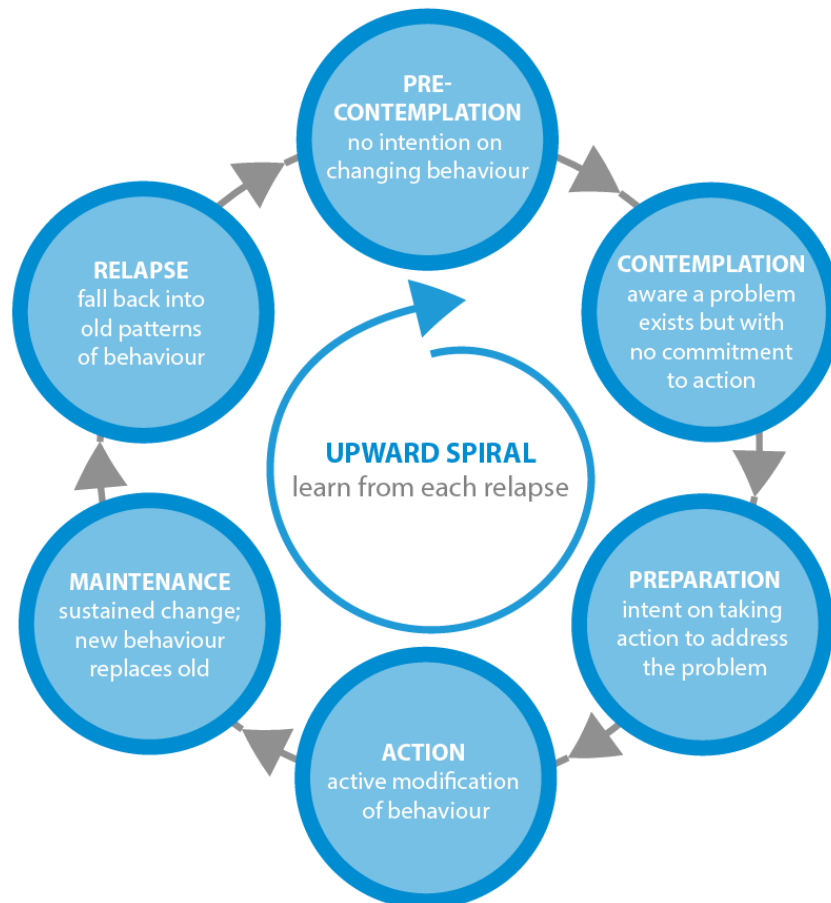


# Theories - Continued

## 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 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





# 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 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 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 preventionists 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



## 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.



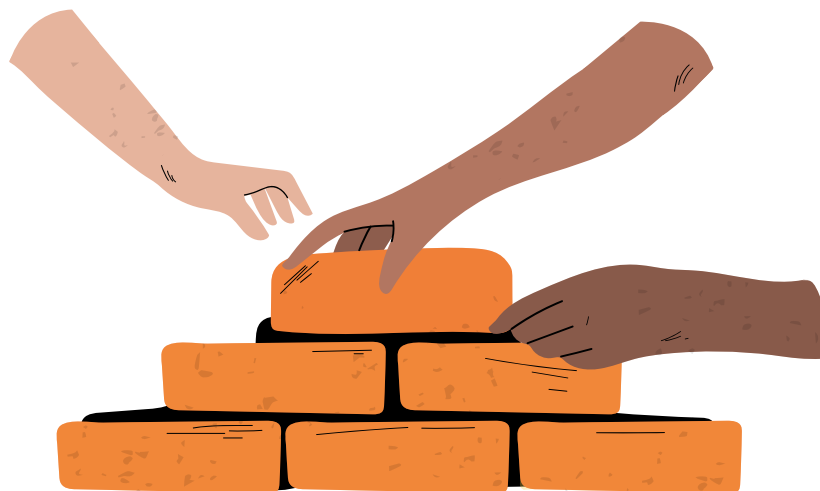
## Social Determinants of Health:

**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

## What is fidelity?

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

## 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 New England, 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. You will notice some similarities, but click on the accompanying images to go to your state's board website to learn more and to begin your application for credentialing.

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.



# Connecticut Certification

## Associate (APP) Professionals Must Have:

### Ethics:

Signed code of ethical conduct

### Training:

36 total prevention training hours needed with 6 hours specific to prevention ethics  
Written Professional Development Plan

## Certified (CPP) Professionals Must Have:

### Experience:

2,000 hours in Alcohol, Tobacco, and Other Drugs prevention

### Examination:

Passing score on the IC & RC Prevention Specialist written test

### References:

Three letters of reference (one supervisor, two colleagues)

### Ethics:

Signed code of ethical conduct

### Training:

120 total prevention training hours needed with a minimum of 50 hours ATOD specific;  
Community Organization: 24 hours; Planning and Evaluation: 18 hours; Education & Skills Development: 24 hours; Public Policy & Environmental Change: 12 hours; Professional Growth and Responsibility: 12 hours; Prevention Ethics: 6 hours  
Supervised Practicum – 120 hours (a minimum of 10 hours in each of the five prevention performance domains)



# Massachusetts Certification

## Certified Prevention Specialist candidates Must Have:

### Education:

120 hours with a bachelor's Degree (or higher) in Human Services, Public Health, Social Work, or a closely related field. 200 hours with anything less than a bachelor's Degree.

### Experience:

2,000 hours of documented, supervised alcohol, tobacco, and other drug misuse prevention specific work experience. It is recommended that the documented supervision be done by a Certified Prevention Specialist (CPS). 2,000 hours is the equivalent of one-year full-time experience, which can be completed as a volunteer or paid staff.

### Supervision:

120 hours with a minimum of 10 hours in each of the CPS domains (see below). Supervision is broadly defined as the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing one's performance. The supervision may have been completed under more than one supervisor and/or agency.

### Code of Ethics:

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

### Examination:

Taking and passing the IC&RC Prevention Specialist Exam.

### Recertification:

40 hours of continuation every 2 years, 5 hours must be Prevention Ethics.



# Maine Certification

## Provisional (PPS) Candidates Must Have:

- A signed agreement that applicant 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.

## Certified (PS-C) Candidates Must Have:

### Experience:

2,000 documented hours of prevention-related experience in the IC&RC Prevention Performance Domains. Of those 2,000 documented hours, a minimum of 120 hours of supervision is required, with at least 10 hours in each domain. A minimum of 500 (25%) of the required 2,000 hours must be specific to alcohol, tobacco, or other drugs (ATOD) prevention.

### Education/Training:

120 hours of documented education/training, according to the breakdown: 24 hours must be related to ATOD, 6 hours to Prevention Ethics, and 31 hours (26 in-person and 5 online) must be obtained through the "Substance Abuse Prevention Specialist Training" (SAPST) or MPCBapproved SAPST equivalent\*. The remaining "other hours" of education/training must be related to the 6 IC&RC Prevention Domains.

### IC&RC Examination:

Applicant must pass a Prevention Specialist Examination administered by IC&RC.

### Code of Ethics:

Applicant must sign an Agreement to Abide by the Code of Ethical Standards Form.

### References:

Applicant must submit three professional references.





# New Hampshire Certification

## Certified Prevention Specialist Must Have:

### Experience:

A minimum of 2,000 documented hours of alcohol, tobacco, and other drug (ATOD) related experience in the International Certification Reciprocity Prevention Performance Domains Bachelor's Degree from an accredited institution (or completed educational waiver packet) Certified Prevention Specialists Candidates without a bachelor's degree must complete an Educational Waiver Packet demonstrating additional experience and training hours. A minimum of 120 hours of supervised practical experience, with a minimum of 10 hours in each Performance Domain.

### Education/Training:

A minimum of 120 hours of education related to the Performance Domains with a minimum of 50 hours specific to ATOD abuse prevention. No more than 40 of the 120 hours can be applied from undergraduate/graduate work.  
Six hours of NH Prevention Certification Board-approved Prevention

### Code of Ethics:

Ethics training must be completed within the year prior to an applicant applying for certification. The Code of Ethical Standards must be signed and notarized.

### References:

Three (3) Letters of Reference are also required, with one letter coming from the applicant's Supervisor. The remaining two letters must come from colleagues with a clear understanding of prevention services.

### Testing:

Successful completion of the ICRC Prevention Specialist examination is required.



# Rhode Island Certification

## Associate Candidates Must Have:

- 200 hours of paid or volunteer prevention experience
- A minimum high school diploma/GED from an accredited school
- Current job description: obtained from employer
- Education: 48 total hours of education relevant to the field of prevention.
  - 12 of the hours must be Alcohol Tobacco and Other Drug (ATOD) specific
  - Six (6) of the hours must be in professional ethics and responsibilities that are specific to prevention. Ethics courses that are in business, philosophy, religion, etc. are not accepted.
- Signed Release and Acknowledge page

## Certified Candidates Must Have:

- 2,000 documented hours of work experience in the field of substance misuse prevention
- A minimum high school diploma/GED from an accredited school
- Current job description: obtained from employer
- 120 supervised hours with a minimum of 10 hours in each domain
- : 175 total hours of education relevant to the field of prevention.
  - 24 of the hours must be Alcohol Tobacco and Other Drug (ATOD) specific
  - Six (6) of the hours must be in professional ethics and responsibilities that are specific to prevention. Ethics courses that are in business, philosophy, religion, etc. are not accepted.
- Applicant must pass the IC&RC Examination for Prevention Specialists

## Advanced Candidates Must Have:

- Certified Prevention Specialist (CPS) for a minimum of two (2) years
- Minimum Bachelor's degree is required
- Three (3) years of full-time employment or 6000 hours of part-time employment
- 150 supervised hours with a minimum of 10 hours in each domain
- Current job description: obtained from employer
- 72 total hours of education relevant to the field of prevention.
  - Six (6) hours obtained in each of the following: advanced professional ethics and responsibilities that are specific to prevention, data interpretation and application, grant writing, financial management and budgets
  - 12 hours obtained in each of the following: contract and program management, supervision and personnel issues.
  - 24 hours in prevention theory in practice
- Applicant must pass the IC&RC Examination for Prevention Specialists

# Vermont

**Vermont doesn't currently have a certification board.** However, applicants can connect with the New Hampshire certification board to become certified through their state board. Below are certification requirements for **New Hampshire**.

## **Certified Prevention Specialist Must Have:**

### **Experience:**

A minimum of 2,000 documented hours of alcohol, tobacco, and other drug (ATOD) related experience in the International Certification Reciprocity Prevention Performance Domains Bachelor's Degree from an accredited institution (or completed educational waiver packet) Certified Prevention Specialists Candidates without a bachelor's degree must complete an Educational Waiver Packet demonstrating additional experience and training hours. A minimum of 120 hours of supervised practical experience, with a minimum of 10 hours in each Performance Domain.

### **Education/Training:**

A minimum of 120 hours of education related to the Performance Domains with a minimum of 50 hours specific to ATOD abuse prevention. No more than 40 of the 120 hours can be applied from undergraduate/graduate work. Six hours of NH Prevention Certification Board-approved Prevention

### **Code of Ethics:**

Ethics training must be completed within the year prior to an applicant applying for certification. The Code of Ethical Standards must be signed and notarized.

### **References:**

Three (3) Letters of Reference are also required, with one letter coming from the applicant's Supervisor. The remaining two letters must come from colleagues with a clear understanding of prevention services.

### **Testing:**

Successful completion of the ICRC Prevention Specialist examination is required.

# 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



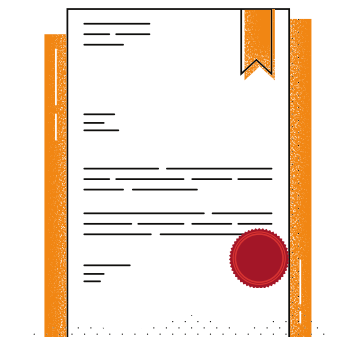
## 3: Communication



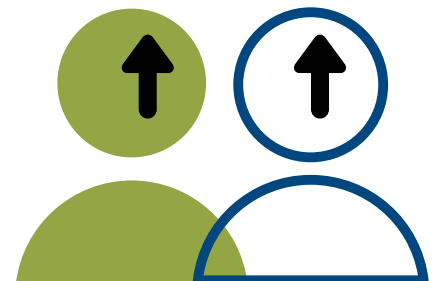
## 4: Community Organization



## 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?**

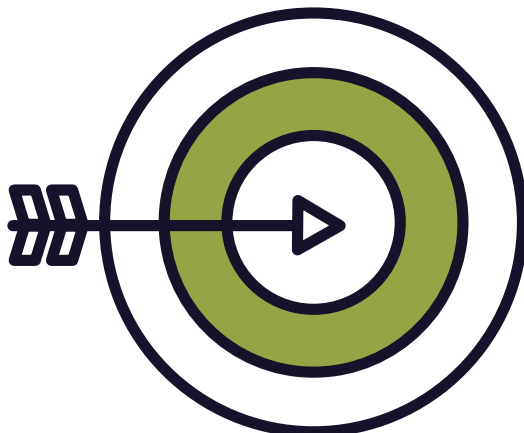
Many prevention professionals come from other, diverse backgrounds. Is your baseline knowledge from nursing, mental health, or education? You can use these to your advantage in this field. Use your strengths as a launching point.

## **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 <b>Become provisionally certified</b>	1. <b>Complete application</b>
			2. <b>Submit application</b>
			3. <b>Submit payment</b>
		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, A Glossary produced by the Rhode Island Prevention Resource Center, 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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**[Adcareme.org](http://Adcareme.org)**

**[Pttnetwork.org/NewEngland](http://Pttnetwork.org/NewEngland)**

# Acronym List

<b>Acronym</b>	<b>Full Text</b>
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 <u>Of</u> 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 <u>Of</u> 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 <u>The</u> 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 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 that includes a full description and explanation of the activity presented in a way participants can understand and ensures that participants provide their consent willingly free from coercion or undue influence. Active consent requires a signature from all participants in a research project and/or their legal representatives. Passive consent requires a signature from only those individuals who do not agree to participate in the research activity and/or their legal representative. Active consent requires a signature from all participants in a research project and/or their legal representatives. Passive consent requires a signature only from those individuals who do not agree to participate in the research activity and/or their legal representative.

**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.

**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.

**Prevention:** Prevention focuses on interventions that occur prior to the onset of a disorder and which are intended to prevent the occurrence of the disorder or reduce risk for the disorder. Prevention is also about striving to optimize well-being.

**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).

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

# Glossary

**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.

**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.

# Glossary

**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.

**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.

**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.

## Linked Sources Used

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<https://prevention.nd.gov/files/pdf/parentsleadforprof/ContinuumofCareModel.pdf>

[https://www.marinhhs.org/sites/default/files/libraries/2016\\_06/6n\\_csap\\_strategy\\_list\\_definitions\\_2015\\_-\\_prevention.pdf](https://www.marinhhs.org/sites/default/files/libraries/2016_06/6n_csap_strategy_list_definitions_2015_-_prevention.pdf)

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<https://store.samhsa.gov/product/Promoting-Wellness-A-Guide-to-Community-Action/sma16-4957>

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<http://communitylearningpartnership.org/wp-content/uploads/2014/05/CLP.Organizer-Profile-Report-Final.pdf>



# 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:

<https://casatondemand.org/2019/12/11/prevention-specialist-certification-what-is-it-and-why-do-i-need-it-10-reasons-to-become-a-certified-prevention-specialist/>

Evidence-Based Practices Resource Center: <https://www.samhsa.gov/ebp-resource-center>

Better strategies for prevention:

[https://www.educationworld.com/a\\_curr/school\\_climate/drug\\_prevention\\_program\\_isnt\\_working.shtml](https://www.educationworld.com/a_curr/school_climate/drug_prevention_program_isnt_working.shtml)

Risk and protective factors: <https://www.cdc.gov/healthyyouth/substance-use/index.htm>

Substance slang terms: <https://www.therecoveryvillage.com/drug-addiction/street-names-for-drugs/>

IC&RC Domains:

<https://mainepreventioncertification.org/icrc-prevention-domains/>

Exam self-study resources: <https://www.internationalcredentialing.org/PS.Study.Guides>

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