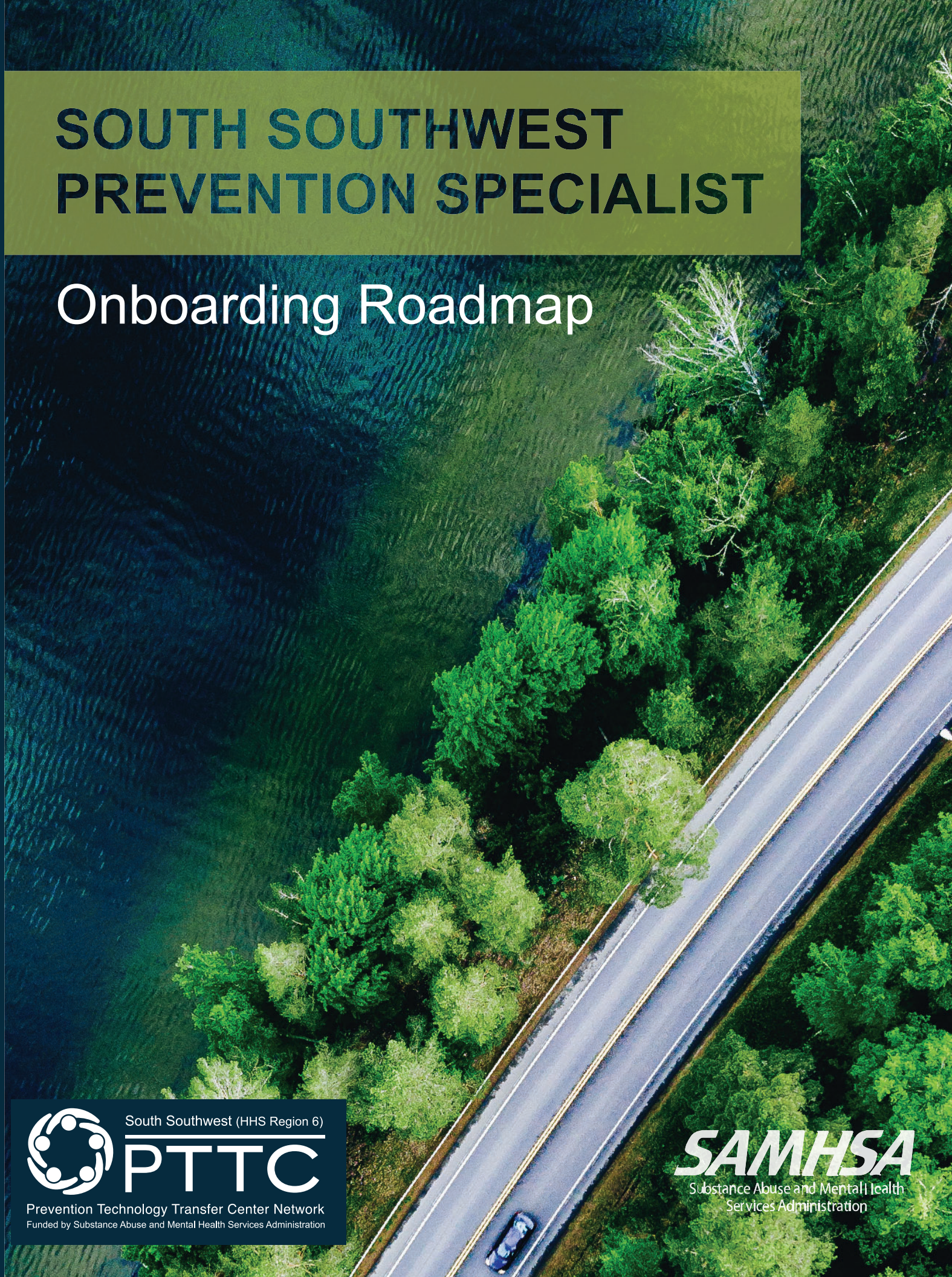
SOUTH SOUTHWEST PREVENTION SPECIALIST

Onboarding Roadmap



South Southwest (HHS Region 6)
PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

PURPOSE OF THIS GUIDE

This guide is intended to support the initial needs of new substance misuse prevention professionals in the South Southwest (SSW) Region. This resource is not specific to any one funding source or program and can be used by new preventionists working in any federal, state, tribal, or locally funded prevention coalition, organization, or initiative.

Specific initiatives likely have their own onboarding process and tools. This resource is offered to supplement program-specific training and give an overview of the prevention field.

The South Southwest Prevention Technology Transfer Center (SSW PTTC) adapted this resource on onboarding from the New England PTTC. This is a living document that will change as the field of substance misuse prevention changes. The most current document can be found on the SSW PTTC website.

https://pttcnetwork.org/centers/content/south-southwest-pttc

Prevention specialists are encouraged to return to this document as needed to review concepts and ideas.

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PTTC NETWORK OVERVIEW

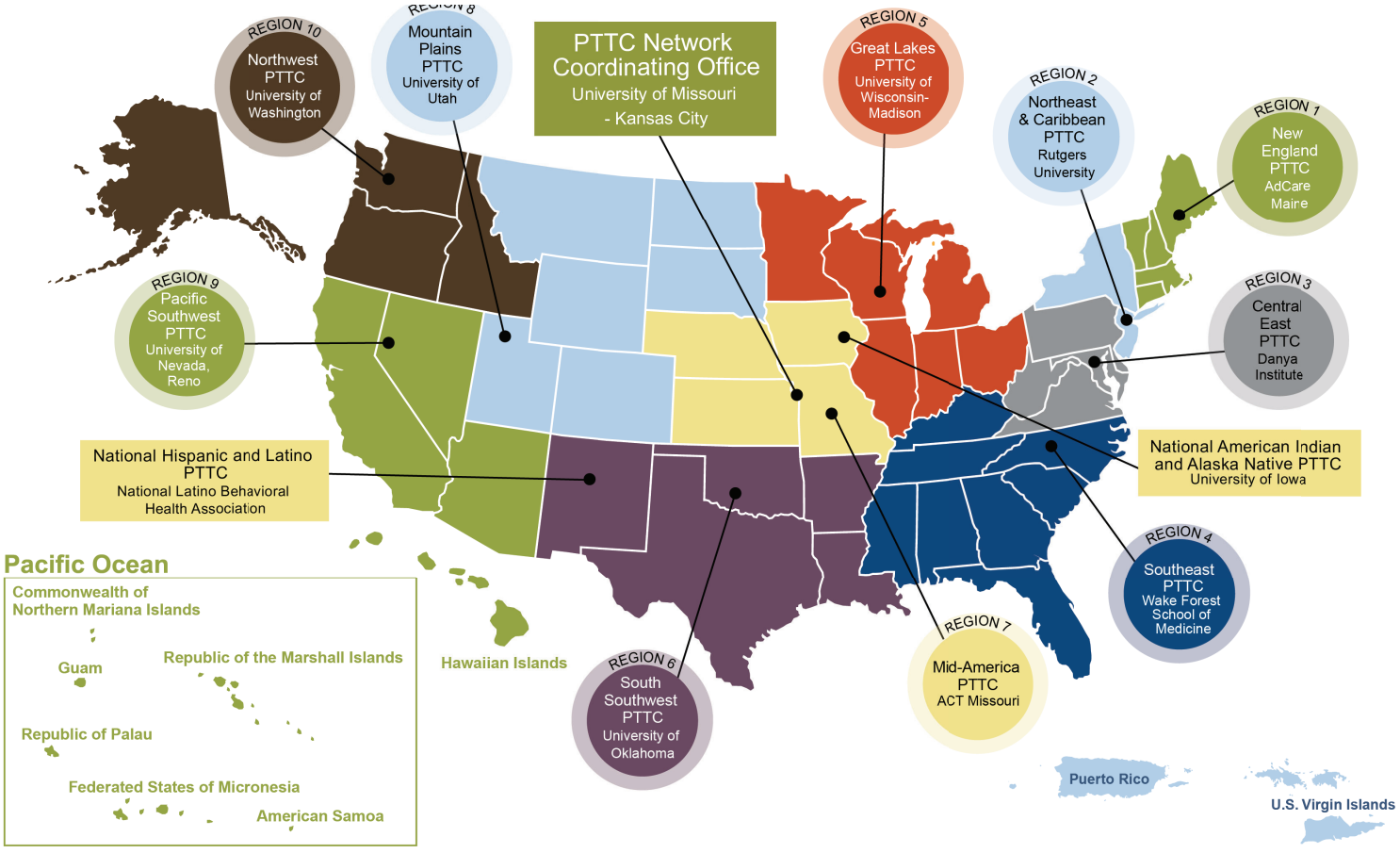
The Prevention Technology Transfer Center (PTTC) Network aims to improve the implementation and delivery of effective substance misuse prevention interventions and provide training and technical assistance services to the substance misuse prevention field. It does this by:

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 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, two 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.



South Southwest PTTC Overview

The SSW PTTC, based out of the University of Oklahoma, College of Continuing Education, Southwest Prevention Center, serves substance misuse prevention professionals, organizations, and state, tribal, and community stakeholders in the U.S. Health and Human Services Region 6 (Arkansas, Louisiana, Oklahoma, New Mexico, and Texas) by providing high-impact training and technical assistance. Our work helps build the professional and community capabilities required to deliver effective and evidence-based prevention programs, practices, and strategies.

The SSW PTTC offers multiple modes of training and information dissemination. This includes in-person training events featuring the latest prevention science as well as distance learning opportunities to maximize the reach of services in the region. Our Building Our Leadership and Diversity (BOLD) Prevention Fellowship Program (PFP) is focused on increasing the number of prevention scientists working within Black/African American communities. Fellows focus on building their capacity to identify and chronicle programs, practices, and policies. This strategy is proven to be effective in reducing substance misuse risk factors and consequences and promoting mental health and protective factors or assets in Black/African American communities.

Linguistically Appropriate Practice

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

To decide the best language and terms for you and your organization, 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 make changes when the need for change is brought to your attention.

The use of affirming language inspires hope.

LANGUAGE MATTERS·

Words have power.

PEOPLE FIRST.

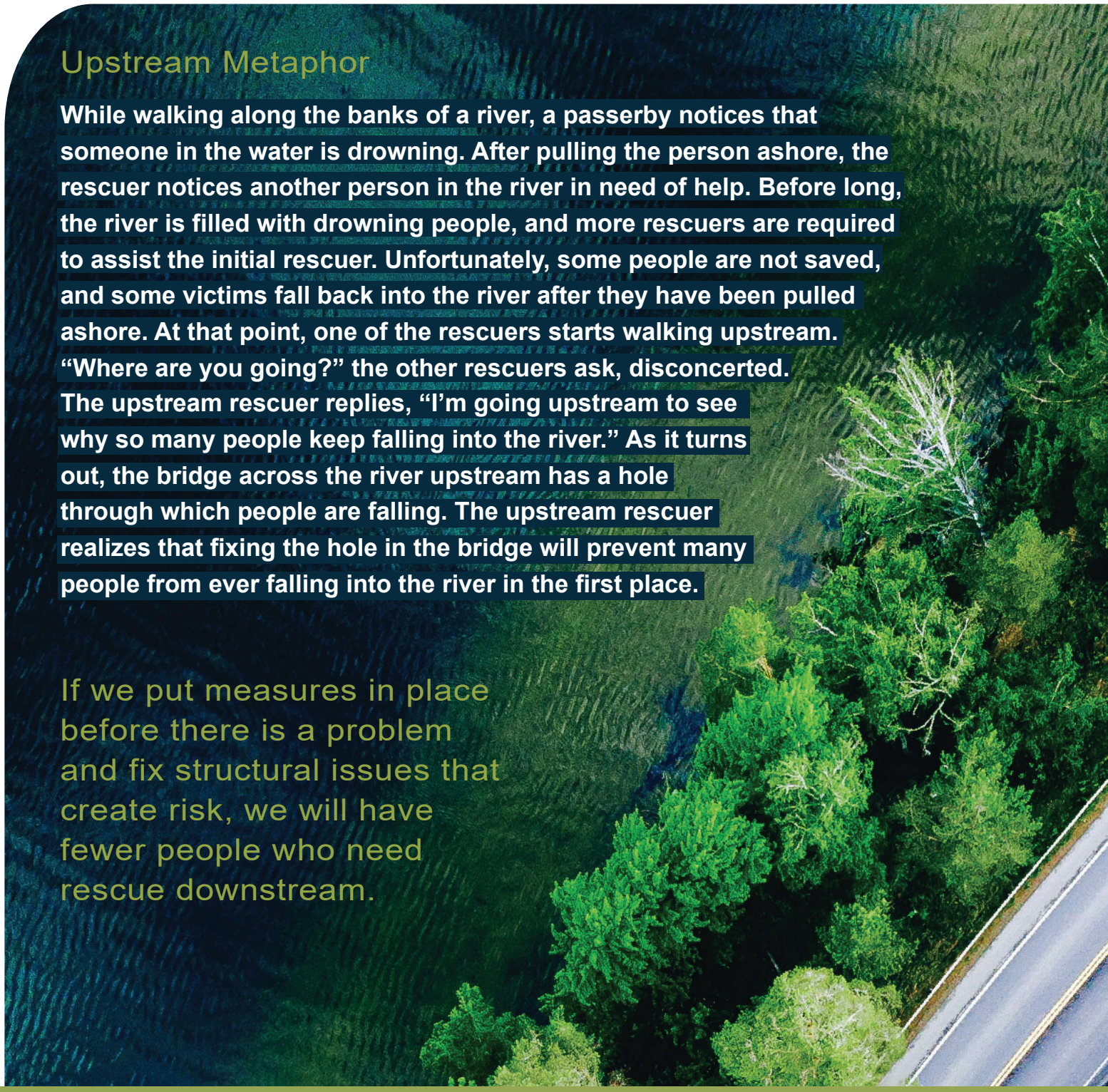
The PTTC Network uses affirming language to promote the application of evidence-based and culturally-informed practices.

The words that make the most sense today may be different in the future as we work to be a more inclusive field that helps all people thrive in our communities. Respect and center the voices of the people served to further inclusivity within the field of prevention.

GETTING TO KNOW THE FIELD

What is prevention?

Today's communities face a myriad of challenges related to substance use. Prevention programs, practices, and strategies work to prevent the initiation of substance misuse, reduce problems related to substance use, and lessen the burden of long-term damage substance use and misuse can cause.



Upstream Metaphor

While walking along the banks of a river, a passerby notices that someone in the water is drowning. After pulling the person ashore, the rescuer notices another person in the river in need of help. Before long, the river is filled with drowning people, and more rescuers are required to assist the initial rescuer. Unfortunately, some people are not saved, and some victims fall back into the river after they have been pulled ashore. At that point, one of the rescuers starts walking upstream. "Where are you going?" the other rescuers ask, disconcerted. The upstream rescuer replies, "I'm going upstream to see why so many people keep falling into the river." As it turns out, the bridge across the river upstream has a hole through which people are falling. The upstream rescuer realizes that fixing the hole in the bridge will prevent many people from ever falling into the river in the first place.

If we put measures in place before there is a problem and fix structural issues that create risk, we will have fewer people who need rescue downstream.

Role of a Prevention Professional

The success of prevention efforts relies on a competent, well-trained, ethical, and professional workforce. A substance misuse prevention professional, sometimes called a prevention specialist, is responsible for identifying, selecting, and implementing strategies to reduce rates of substance misuse and associated problems. This may include information dissemination, education, alternative activities, problem identification & referral, community coalition building, and policy change. It is also the responsibility of a prevention specialist to implement evidence-based programs with fidelity. Prevention professionals must provide services in a way that promotes health equity and social justice in order to serve the whole community.

Prevention relies on cooperative work and connections within a community or prevention system. Prevention leaders work together with representatives from many community sectors to ensure that a broad range of community expertise is included. Important community stakeholders include youth, parents, business, media, school, youth-serving organizations, law enforcement, religious or fraternal organizations, civic or volunteer groups, healthcare professionals, state or local agencies, and other local organizations. It is the responsibility of a prevention specialist to keep primary, upstream prevention at the forefront of conversations and to tailor the messaging used to do this for different audiences.

Prevention specialists are obligated to follow an ethical code of standards in their work. The core principles of the ethical code of conduct for prevention are **Non-discrimination, Competency, Integrity, Nature of Services (do no harm), Confidentiality, and Ethical Obligations for Community and Society.** You will read about training in Prevention Ethics below.

How is Prevention Different from Other Fields?

While treatment and recovery professionals work with people who have a substance use disorder, prevention professionals work with states, tribes, families, communities, and organizations to reduce the number of people who find themselves faced with a substance use disorder and to support the overall wellness of those entities. While treatment and recovery outcomes are seen at the individual level on a day to day basis, prevention often works at the community level to change the larger environment over a longer course of time.

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. 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. What does this mean for you? Do not hesitate to be a part of the conversation about funding and learn as much as possible about your funding structure, grant cycles, and potential opportunities for new funding.

Benefits and Challenges

As with any field, prevention work can be both fulfilling and challenging. Prevention often includes playing a pivotal role in building collaborations, strengthening communities, and reducing problems. These can be very fulfilling elements of a job. Challenges include lack of resources, a lack of understanding about the role of prevention by those outside the field, rapidly changing priorities, and the slow and measured pace of prevention. These benefits and challenges are important to consider as you start your journey in the field of prevention.

CORE CONCEPTS

Prevention work is guided by core theories, models, knowledge, and skills that are relevant across prevention systems and projects. They help to explain the causes of substance misuse, identify opportunities to create change, guide interventions, and inform policy and practice. They provide a framework to understand how to prevent and address substance misuse. They also provide a basis for understanding the complex nature of substance misuse and the impact it has on individuals, families, and communities.

Risk and Protective Factor Theory

Many factors influence the likelihood that an individual will develop a substance misuse or related behavioral health problem. Effective prevention focuses on reducing the factors that increase the possibility of substance misuse and strengthening those factors that help people maintain or increase wellness.

According to the Institute of Medicine's 2009 report, *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*, risk factors are certain biological, psychological, family, community, or cultural characteristics that precede and are associated with a higher likelihood of behavioral health problems. Protective factors are characteristics at the individual, family, or community level that are associated with a lower likelihood of problem outcomes.

The study of risk and protective factors is evolving. We know more about risk and protective factors that occur in childhood and early adulthood than those in middle age and older adulthood.

What we do know is important for prevention:

- Different age groups have different risk and protective factors.
- Some risk and protective factors overlap between age groups.
- Risk and protective factors tend to have cumulative effects and are correlated with multiple issues.
- Individuals have certain biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health problems.
- Individuals don't exist in isolation. They are part of families, communities/organizations, and society. A variety of risk and protective factors exist within each of these contexts or domains.
- All risk and protective factors play out within the context of access to the Social Determinants of Health.

Socio-ecological Model

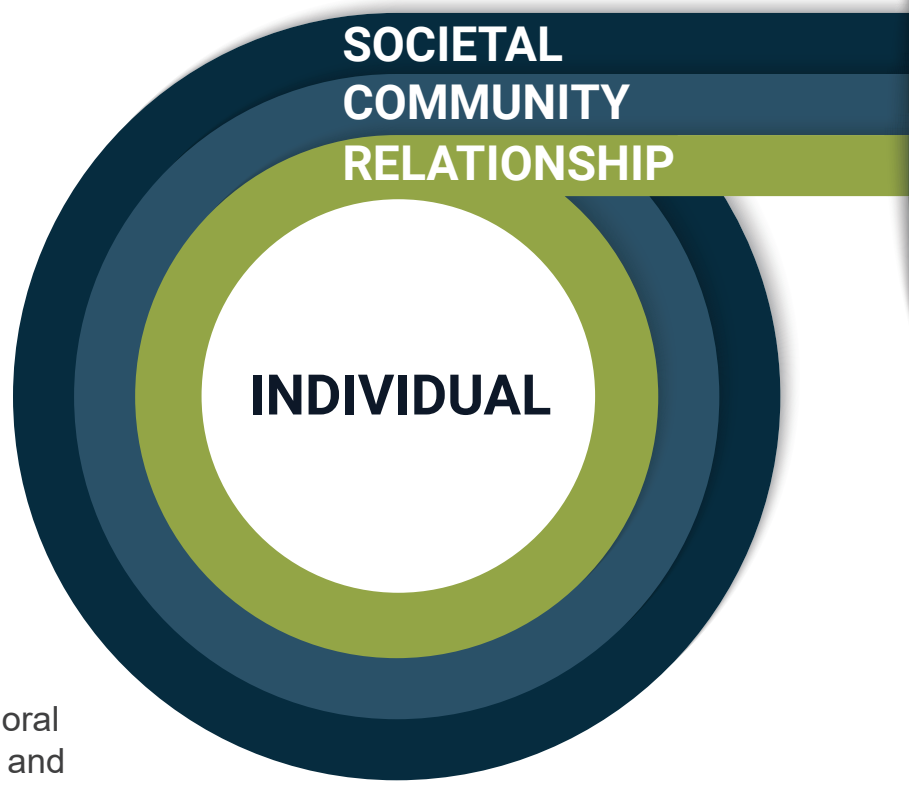
The socio-ecological model is a multi-level framework that allows us to consider the different contexts in which risk and protective factors exist. The model also allows us to examine how contexts interact with one another and to choose prevention strategies that operate at multiple levels in order to design a comprehensive approach to achieve the greatest impact.

The theory behind the socio-ecological model is that an individuals does not exist in a vacuum and that their behavior both influences and is influenced by the surrounding environment, which consists of various levels. Each level operates within and is influenced by the next level. This reciprocal relationship and dynamic interaction helps us to understand human development and behavior because different risk and protective factors operate within each level. The four levels are:

INDIVIDUAL. Includes factors specific to the individual, such as age, education, income, health, and psychosocial problems, which may correspond with substance use. For example, undergraduate students who exhibit poor self-regulation, impaired control, and impulsiveness are more likely to binge drink.

RELATIONSHIP. Includes an individual's closest social circle—family members, peers, teachers, and other close relationships—that contribute to their range of experience and may influence their behavior.

COMMUNITY. Includes the settings in which social relationships occur, such as schools, workplaces, and neighborhoods. For example, living in neighborhoods with chronically high rates of disorganization, crime, and unemployment is associated with higher risk for substance misuse.

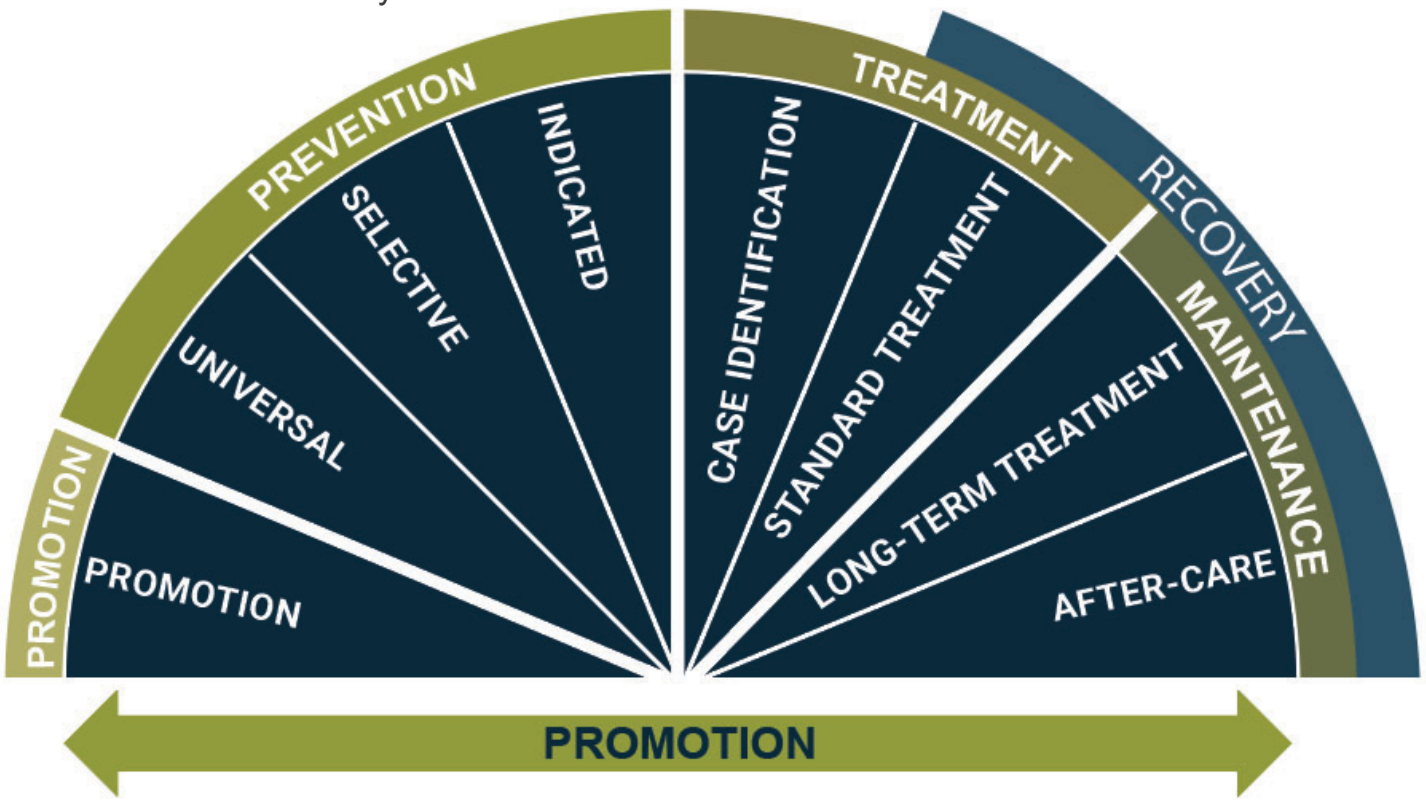


SOCIETY. Includes broad societal factors, such as social and cultural norms. Other significant factors operating at this level include the health, economic, educational, and social policies that contribute to economic and/or social inequalities between populations.

Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities by Institute of Medicine and National Research Council is online: http://www.nap.edu/catalog.php?record_id=12480.

Continuum of Care*

The Institute of Medicine's continuum of care is a classification system that presents the scope of behavioral health services: promotion of health, prevention of illness/disorder, treatment, and maintenance/recovery.



Promotion involves interventions (e.g., programs, practices, or environmental strategies) that enable people to increase control over, and to improve, their health.[1] As such, interventions that promote health occur independently as well as throughout the continuum of care as part of prevention, treatment, and maintenance/recovery.

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.
Preventive interventions can be designed to address three levels of risk:

Universal preventive interventions focus on the general public or a population subgroup that have not been identified on the basis of risk. Examples: anti-bullying policies in schools and education for physicians on prescription drug misuse.

Selective preventive interventions focus on individuals or subgroups of the population whose risk of developing behavioral health disorders is significantly higher than average. Example: peer support groups for adults with a history of family mental illness and/or substance misuse.

Indicated preventive interventions focus on high-risk individuals who are identified as having minimal but detectable signs or symptoms that foreshadow behavioral health disorders, but who do not meet diagnostic levels at the current time. Example: information and referral for college students who violate campus policies on alcohol and drugs.

*Another name for the Continuum of Care is the Spectrum of Mental, Emotional, and Behavioral Interventions. Please refer to Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda for more information. https://doi.org/10.17226/25201

Treatment interventions include case identification and standard forms of treatment (e.g., detoxification, outpatient treatment, in-patient treatment, medication-assisted treatment).[2]

Maintenance includes interventions that focus on compliance with long-term treatment to reduce relapse and recurrence and aftercare, including rehabilitation and recovery support.[2]

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Evidence-Based Practice

Prevention science has come a long way. In early prevention practice, 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 and 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 every day to support the good intentions that can be found here, while eliminating activities that may not only be ineffective, but sometimes harmful to communities.

Through research, we also know that specific risk and protective factors are linked to specific problems or needs. Through careful evaluation, we also know that some programs, practices, policies, and messaging campaigns can change those risk and protective factors, leading to reductions in substance misuse and related problems. Evidence based practices are those programs, policies and interventions that can clearly demonstrate the ability to achieve positive outcomes over time. Evidence may be derived from academic/scientific studies, program evaluation, and community and culturally defined knowledge.

Evidence-based programs and practices are defined as such because they consistently achieve positive outcomes. The greater the fidelity to the original program design, the more likely the program will be to reproduce positive results. While customizing a program to better reflect the attitudes, beliefs, experiences, and values of a focus population can increase its cultural relevance, it is important to keep in mind that such adaptations should be made with full understanding of program components that relate to program effectiveness.

Community Readiness Model

The Community Readiness Model was developed at the Tri-Ethnic Center for Prevention Research (TEC) at Colorado State University to assess how ready a community is to address an issue. The model offers tools to measure readiness and to develop stage-appropriate strategies. The Community Readiness Model describes nine different levels of readiness, each with its own opportunities for building community knowledge, efforts, leadership, and climate:

High level of community ownership. Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new work.

Confirmation/ expansion. Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.

Stabilization. Activities are supported by administrators or community decision-makers. Staff are trained and experienced.

Initiation. Enough information is available to justify efforts. Activities are underway.

Preparation. Active leaders begin planning in earnest. The community offers modest support of their efforts.

Preplanning. There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.

Vague awareness. Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

Denial/ resistance. At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.

No awareness. The issue is not recognized by the community or leaders as a problem.

The Community Readiness Model has been used to assess readiness for a variety of issues, including drug and alcohol use, domestic and sexual violence, head injury, HIV/AIDS, suicide, animal control issues, and environmental issues. It builds upon the Transtheoretical Model of Behavior Change, also called the Stages of Change Model that assesses an individual's readiness to act on a new (typically healthier) behavior. The full Community Readiness Model Handbook can be found here: https://tec.colostate.edu/wp-content/uploads/2018/04/CR_Handbook_8-3-15.pdf.

The Strategic Prevention Framework (SPF)

SAMHSA's Strategic Prevention Framework - or SPF (often pronounced “spiff”) - will likely play a role in every project you undertake as a prevention specialist if you are engaging in effective prevention work. The SPF is a 5-step planning process used by prevention professionals 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 effectiveness of this framework is based on using a data driven approach, a focus on achieving outcomes, and use of evidence based interventions implemented with fidelity.

The SPF’s data driven approach requires preventionists to 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’s focus on outcomes requires preventionists to look beyond activities to focus on achieving actual changes in substance misuse patterns or problems. And the SPF’s emphasis on evidence-based practices ensures that the project activities are likely to create those desired changes. Each step of the SPF requires, and greatly benefits from, the participation of diverse community partners. You can read more detailed information about SAMHSA’s SPF here:

https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

The SPF includes the following five steps:

Assessment This step asks the question "What is the problem and what do we have to work with?" It involves gathering the following data:

- Nature and extent of substance use problems and related behaviors.
- Risk and protective factors that influence substance use problems and related behaviors.
- Available resources and readiness of the community to address these problems.

Capacity This step builds and mobilizes local resources and ensures community readiness to address the needs and resource gaps identified in the Assessment step. Capacity building strategies may include steps to:

- Engage diverse community stakeholders.
- Develop and strengthen a prevention team.
- Raise community awareness about the issue.

By building and mobilizing local capacity for prevention, planners create the foundation for effective and enduring prevention efforts.

Planning This step increases the effectiveness of prevention efforts by ensuring that prevention planners select the most appropriate programs and strategies for their communities. In an effective planning process, communities involve diverse stakeholders, replace guesswork and hunches with data driven decisions, and create comprehensive, evidence-based prevention plans to address their priority substance misuse problems. To develop a solid prevention plan, planners need to:

- Prioritize the risk and protective factors associated with the substance misuse problems that have been identified during the assessment step.
- Select appropriate programs and practices to address each priority factor.
- Combine programs and practices to ensure a comprehensive approach.
- Build and share a logic model with stakeholders.

Implementation In this step, a community's prevention plan is put into action by delivering evidence-based programs and practices as intended. To accomplish this task, planners will need to balance fidelity and adaptation, and establish ongoing support for implementation activities.

Evaluation This step is about enhancing prevention practice. It is the systematic collection and analysis of information about prevention activities to reduce uncertainty, improve effectiveness, and facilitate decision-making. The evaluation step helps communities to:

- Systematically document and describe prevention activities.
- Meet the diverse information needs of prevention stakeholders, including funders.
- Continuously improve prevention programs and practices.
- Demonstrate the impact of a prevention program or practice on substance misuse and related behavioral health problems.
- Identify which elements of a comprehensive prevention plan are working well.
- Build credibility and support for effective prevention programming in the community.
- Advance the field of prevention by increasing the knowledge base about what works and what does not.

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

Cultural competence To overcome systemic barriers that may contribute to disparities, planners must recognize and value cultural differences—such as those in the health beliefs, practices, and linguistic needs of diverse populations. They must develop and deliver prevention programs and practices in ways that ensure members of diverse cultural groups benefit from their efforts. SAMHSA has identified the following cultural competence principles for prevention planners:

- Include the target population in all aspects of prevention planning.
- Use a population-based definition of community (i.e., let the community define itself).
- Stress the importance of relevant, culturally appropriate prevention approaches.
- Employ culturally competent evaluators.
- Promote cultural competence among program staff, reflecting the communities they serve.

Sustainability In prevention, sustainability is the capacity of a community to produce and maintain positive prevention outcomes over time. To maintain positive outcomes, communities will want to sustain an effective strategic planning process as well as those programs and practices that produced positive prevention results. Accomplishing these dual tasks requires the participation, resolve, and dedication of diverse community members and a lot of careful planning.

Behavioral Health Equity

The U.S. government's Substance Abuse and Mental Health Services Administration (SAMHSA) which funds much of the substance misuse prevention work that occurs in the U.S., defines Behavioral Health Equity as "the right to access high-quality and affordable health care services and supports for all populations, including Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality." SAMHSA goes on to state that, "By improving access to behavioral health care, promoting quality behavioral health programs and practice, and reducing persistent disparities in mental health and substance use services for underserved populations and communities, recipients can ensure that everyone has a fair and just opportunity to be as healthy as possible. In conjunction with promoting access to high-quality services, behavioral health disparities can be further mitigated by addressing social determinants of health, such as social exclusion, unemployment, adverse childhood experiences, and food and housing insecurity." https://www.samhsa.gov/behavioral-health-equity

Behavioral health equity is a critical component of prevention practice. Prevention is a key strategy for eliminating inequities in behavioral health outcomes. Therefore, prevention professionals have a duty to ensure that preventions interventions are accessible and meaningful to all populations within a community, focusing resources on those who have the highest burden of substance use related consequences. Prevention professionals must identify structural barriers and systematically shape their implementation plans to account for those barriers. At the same time, prevention efforts are best able to achieve positive outcomes if they are designed and implemented by and for the communities involved. Prevention professionals must involve community members from communities that have been historically disenfranchised in the planning and implementation of specific prevention activities, include representative participation by people from marginalized populations in leadership of prevention efforts, and leverage the support of the community at large for initiatives led by and focused on serving populations that experience the highest levels of behavioral health inequity.

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; you get long-term results by meeting small goals over 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 may include building community readiness and reducing risk factors for underage drinking. You may find yourself working toward short-term goals repeatedly while keeping the long-term goal front and center in your planning.

Critical Thinking

There are many ways to approach any problem. A prevention specialist must be able to think about a problem comprehensively. 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 promote healthy communities and prevent substance misuse. Knowing who your local and state policymakers are, how the systems in which they operate work, and the difference between lobbying and education will give you an advantage in furthering the work of prevention. Direct advocacy work must be done separately from the time supported by many types of funding.

Understanding of Trends, Use, and Terms

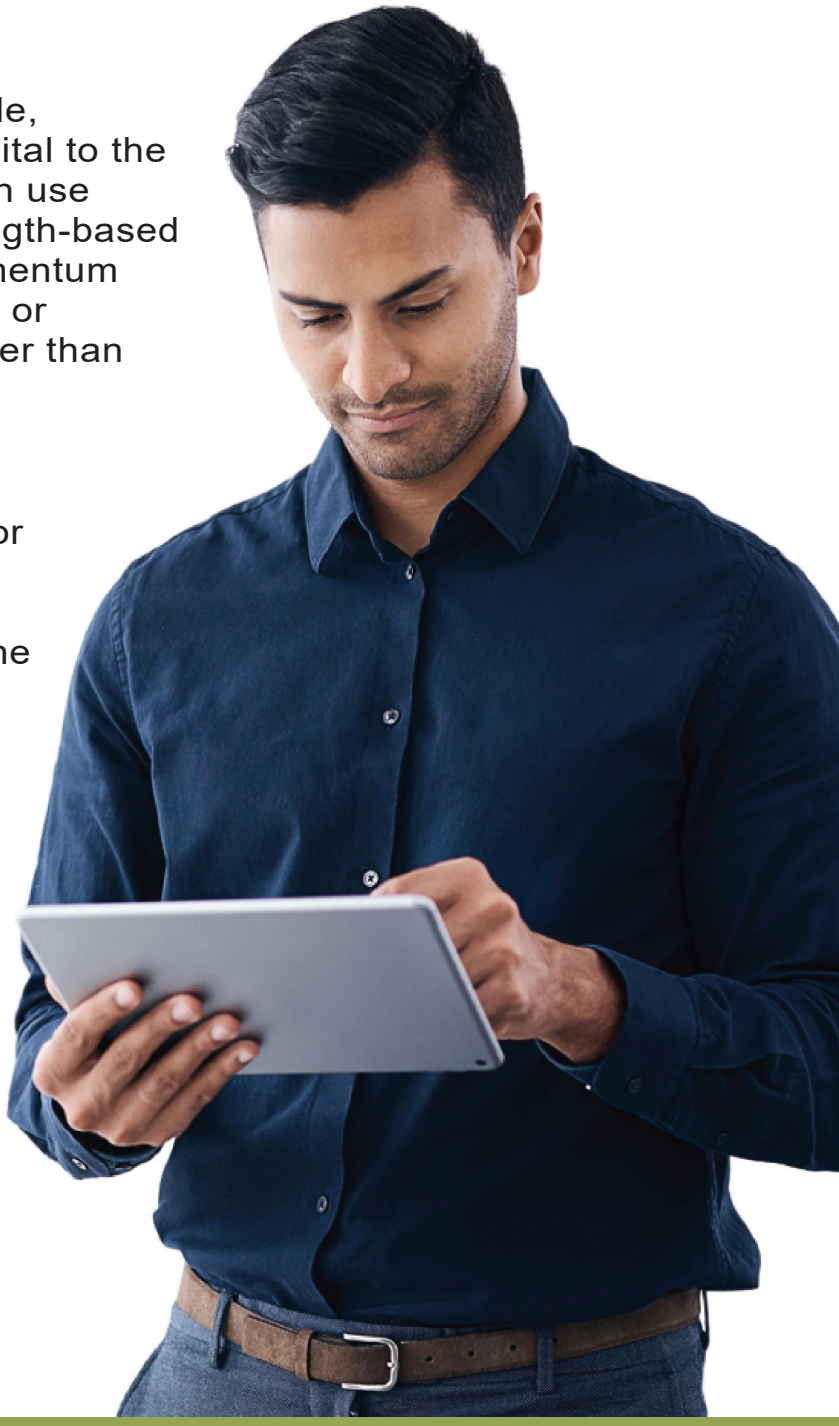
It is helpful if a prevention specialist is familiar with current substance use and misuse data, especially in the populations they are trying to support. Understanding slang, and being literate in both popular names and proper names of substances and consumption methods will assist a preventionist in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

Language Matters

Language that is equitable, culturally competent, and reduces stigma is vital to prevention work. Using language that is person first is a consistent practice across work in behavioral health.

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. Strength-based perspectives will also help forward momentum because they look at what a community or individual can do and focus 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 specific 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

Multiple systems affect the health of a community. Understanding how systems work and being able to trace and plan for how they affect your community is a vital skill set.

CERTIFICATION AND PROFESSIONAL DEVELOPMENT

The substance misuse prevention field is regularly changing. There are a variety of types of prevention specialists, including community workers, coalition members and leaders, program staff and directors, and state and tribal leaders and decision makers.

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, including nursing, public policy, mental health, education, recovery, 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.

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 that offer Prevention Certification. Then each affiliated board determines if they want to add additional standards for their region.

The IC&RC has six performance domains that 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 training a preventionist will take on their path to certification and continuing education. Each domain has tasks that break it down into small, precise steps with which you will need to be familiar. You can find the associated tasks and more on the examination process by visiting https://internationalcredentialing.org/creds/ps/.

Prevention Certification Boards

Each state in the South Southwest Region has a certification board that 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 follows the same basic standards of the IC&RC certification, but there are varying additional requirements from state to state. The following pages highlight each state's standards. You will notice some similarities, but visit your state's board website to learn more and begin your credentialing application.

It is important for preventionists to obtain certification because it ensures that our communities are being led in their prevention efforts by a professional who is well-trained and knowledgeable in prevention science. Certification benefits the field of prevention because internationally recognized credentials show that our field is doing work that is based in science, and the professionals who are doing that work can make effective change.

State Training Centers

Arkansas	UA Little Rock MidSOUTH	http://www.midsouth.ualr.edu/
Louisiana	Louisiana Center for Prevention Resources	https://www.subr.edu/page/4630
New Mexico	ATOD Prevention Workforce Training System	https://nmpreventionworkforce.org/
Oklahoma	ODMHSAS Center of Excellence	https://oklahoma.gov/odmhsas/trainings/training-institute.html
Texas	Texas Prevention Training	https://www.texaspreventiontraining.org/

Arkansas Certification

HHS Region 6, South Southwest

Prevention Experience: 2,000 hours prevention work/internship/volunteer experience.

Supervised Prevention Exerience:

- ☐ 120 hours supervised practicum.
- ☐ Supervised by a Certified Prevention Specialist or Consultant.
- ☐ With a minimum of 10 practicum hours in each of the 6 prevention performance domains.

Educational / Training Requirements:

- ☐ A High School Diploma or G.E.D.
- ☐ APCB required courses: APCB Orientation 4 hours, Program Planning, Evaluation, Prevention Ethics 6 hours, Cultural Awareness 6 hours and APCB Exam Prep 3 hours. (Please note some of these courses may be substituted if the requirements are met)

120 prevention specific workshop hours:

- ☐ 24 hours in ATOD prevention including 20 hours in each of the six (6) prevention performance domains.
- ☐ Candidates that have completed college courses relevant to prevention within the past 5 years may receive 15 hours per 1 college credit.
- ☐ Candidates who hold at least a bachelor's degree in a prevention related field that is over the 5 years limitation will be awarded 50 total hours of credit.
- ☐ Candidates that have more than one degree will receive credit for the most recent degree.
- ☐ Candidates who have a degree not related to prevention may have completed college courses relevant to prevention may receive the number of hours equal to what is listed on student transcript.

Examination: Successful completion of the International Certification Reciprocity Consortium, (IC and RC) certification prevention professional exam.

Pre-IC&RC Certification Level Title: Associate Preventionist.

Pre-IC&RC Certification Level Requirements:

- ☐ A High School Diploma or G.E.D.
- ☐ EXPERIENCE: 200 hours prevention work experience.
- ☐ EDUCATION: 48 hours specific training as follows:
  - 12 hours ATOD Specific
  - 6 hours Domain 1 – Planning and Evaluation
  - 6 hours Domain 2 – Prevention Education and Service Delivery
  - 6 hours Domain 3 – Communication

Pre-IC&RC Certification Level Requirements:

- ☐ A High School Diploma or G.E.D.
- ☐ EXPERIENCE: 200 hours prevention work experience.
- ☐ EDUCATION: 48 hours specific training as follows:

  12 hours ATOD Specific.

  6 hours Domain 1 – Planning and Evaluation.

  6 hours Domain 2 – Prevention Education and Service Delivery.

  6 hours Domain 3 – Communication.

  6 hours Domain 4 – Community Organization.

  6 hours Domain 5 – Public Policy & Environmental Change.

  6 hours Domain 6 – Professional Growth and Responsibility.
- ☐ Candidates that have completed a Health Education, Health Science, Public Health, or Addiction Studies degree may be able to substitute some college course hours as credit for required prevention certification hours.
- ☐ Signed Code of Ethics.
- ☐ Recertification every two years: 24 hours of continuing education prevention hours, including 3 hours of Ethics.

Advanced Title: Certified Prevention Consultant (CPC)

Advanced Requirements:

- ☐ A Bachelor's Degree.
- ☐ 6,000 prevention work/internship/volunteer experience hours with 2000 work/internship/volunteer hours in alcohol, tobacco and other drug prevention experience.
- ☐ 120 hours supervised practicum:

  Provided by a Certified Prevention Consultant

  Minimum of ten (10) practicum hours in each of the six (6) prevention domains
- ☐ 150 prevention specific workshop hours:

  24 hours in ATOD prevention and a minimum in of 20 hours each of the six (6) prevention performance domains. Candidates that have completed college courses relevant to prevention within the past 5 years may receive 15 hours per 1 college credit. Candidates who hold at least a Bachelor's degree in a prevention related field that is over the 5 years limitation will be awarded 50 total hours of credit. Candidates that have more than one degree will receive credit for the most recent degree. Candidates who have a degree not related to prevention may have completed college courses relevant to prevention may receive the number of hours equal to what is listed on student transcript.

- ☐ APCB required courses: APCB Orientation (4) hours, Program Planning, Evaluation, Prevention Ethics (6) hours, Cultural Awareness (6) hours and APCB Exam Prep (3) hours. (Please note some of these courses may be substituted if the requirements are met.)
- ☐ Signed Code of Ethics.
- ☐ Successful completion of the International Certification Reciprocity Consortium, (ICRC) certification prevention professional exam.
- ☐ Recertification: Every two (2) years with forty (40) prevention related workshop hours. These hours must include a three (3) hour Ethics Refresher.

Certification & Licensing Board: Arkansas Prevention Certification Board (APCB).

Board Website: https://arkprevention.wordpress.com/.

Board Email: arkpreventionpros@gmail.com.

Code of Ethics Requirements: Signed Code of Ethics.

Recertification Requirements: Every 2 years with 40 prevention related workshop hours.

Prevention Professionals of Arkansas

Louisiana Certification

HHS Region 6, South Southwest

Prevention Experience: 2,000 hours prevention experience across the domains.

Supervised Prevention Exerience: 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.

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

Certification & Licensing Board: Louisiana Association of Substance Abuse Counselors & Trainers (LASACT CEB).

Board Website: www.lasact.org.

Code of Ethics Requirements: Applicants must sign a prevention specific code of ethics statement of affirmation.

Recertification Requirements: 40 hours of continuing education earned every two years.

Louisiana Addictive Disorder Regulatory Authority

New Mexico Certification

HHS Region 6, South Southwest

Title: Certified Prevention Specialist

Examination: Successful completion of the International Certification Reciprocity Consortium, (IC and RC) certification prevention professional exam.

Educational / Training Requirements: 120 total hours across all domains of which 24 hours must be ATOD specific with 6 hours of Prevention Ethics.

Prevention Experience: 2,000 hours of Prevention experience across the domains.

Supervised Prevention Exerience: 120 hours specific to the domains with 10 hours in each domain.

Examination: Successful completion of the International Certification Reciprocity Consortium, (IC and RC) certification prevention professional exam.

Recertification Requirements: Every 2 years with 40 prevention related workshop hours.

Pre-IC&RC Certification Level Requirements:

- ☐ Certified Prevention Intern (CPI).
- ☐ EXPERIENCE: Verify 6 months or 1,000 hours or more of employment, paid or voluntary, within the past 3 years engaged in working in the field of prevention; substance abuse, teen pregnancy, domestic violence, suicide, are examples of acceptable areas.
- ☐ EDUCATION: Verification of 50 contact hours-prevention specific training. Eighteen hours of this training must be Alcohol, Tobacco, and Other Drugs (ATODA) specific training. Only training hours documented/received within the past 5 years, prior to the date of submitting your application packet, will be accepted, unless the classes were from university or college, each college credit hour equals 15 CEU's. Submit copies of the training certificates and or unofficial college transcripts. In-service training must be documented and will be reviewed for approval by the Board. Submit copy of High School Diploma or equivalent or College Degree.
- ☐ CODE OF ETHICS: The applicant must document 6 hours of prevention ethics training and provide a signed "Code of Ethics" and Statement of Understanding.
- ☐ SUPERVISION: Complete the evaluation checklist form as provided by the Board.
- ☐ REFERENCE: Submit 3 letters of peer support evaluating character and competency of the applicant, and one must be from a current supervisor, one must be from peer within in agency and one must be from an outside agency endorsement letter to the professionalism of the applicant.
- ☐ RECERTIFICATION: Every 2 years; 40 contact hours (CEU's) must be completed within the 2-year period, of which 6 hours in Prevention Ethics is mandatory, the remainder general and or ATODA Prevention trainings are acceptable with no more than 50% on-line (unless they are college credit hours as part of a relational on-line Degree Program).

Advanced Title: Senior Certified Prevention Specialist (SCPS)

Advanced Requirements:

- ☐ Holds a current certification as a Certified Prevention Specialist.
- ☐ EXPERIENCE: Five years or 10,000 hours of providing supervisory, administrative or management work experience in the field of ATODA prevention.
- ☐ EDUCATION: 120 hours prevention specific training. Fifty hours of this training must be specific ATOD training.
- ☐ SUPERVISION: 144 hours supervised performance hours specific to the IC&RC 6 Prevention performance domains. The six domains are:

  Planning and Evaluation

  Education and Skill Development Community Organization

  Public and Organizational Policy Professional Growth and Responsibility

  Program Management and Supervision

- ☐ REFERENCE: Five professional references Code of Ethics: The applicant must sign a code of ethics statement of affirmation. Six hours of Prevention Specific Ethics Training. Re-Certification: Forty hours of continuing education hours, which includes 6 hours in Prevention Ethics and 6 hours of Leadership, Management, or Supervisory Skills training related to the Behavioral Health Field must be earned in two years.

Certification & Licensing Board: New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP).

Board Website: https://www.nmcbbhp.org.

New Mexico Credentialing Board for Behavioral Health Professionals, Inc.

Oklahoma Certification

HHS Region 6, South Southwest

Title: Certified Prevention Specialist

Examination: Must pass IC&RC.

References / Recommendations:

- ☐ Three letters of recommendation from prevention specialist peers.
- ☐ Professional Reference Forms - Choose 3 Professional References-(Present employing agency, prevention practicum training supervisor, agency, supervisor, peer prevention professional, or chairperson of your agency board of directors)- One must be a CPS, Document Professional References on “professional references” tracking sheet. Have your professional reference mail form back to ODAPCA (Applicant should not mail form).

Educational / Training Requirements: 120 Hours supervised Prevention (120 hours specific to the domains and 10 hours minimum in each domain.

Supervised Prevention Exerience: 1 Year (2000 hours) with major portion of work experience and practice in Prevention & Community activities.

Code of Ethics: Signed Code of Ethics/Affirmation Statement verifying applicant read, understands and will adhere to boards Code of Ethics-Prevention Specific Administrative Prevention Program.

Recertification Requirements:

- ☐ A certified prevention specialist must sign one.
- ☐ Formal Application - All blanks filled out with appropriate information, Current photo attached to Application, and 300 Word Philosophies..
- ☐ Residency - Live or work 51% on the time within ODAPCA’s Jurisdiction.
- ☐ Employee Verification - Completely fill out three employee verification forms. have employee sign and date form, applicant shall mail form to ODAPCA.
- ☐ Education/Verification - Send “Official Transcript” to ODAPCA (must be sealed and stamped official), fill out workshop tracking sheet with appropriate Continuing Education Units (CEU’s). Mail form to ODAPCA.
- ☐ Practicum/Training Supervision - Practicum/Training Supervision Send Certified Prevention Specialist Practicum/training for to Supervisor, Applicant and Supervisor must sign and date form. Mail form to ODAPCA.

Pre- IC&RC Certification Level Requirements: Associate Prevention Specialist

Certification & Licensing Board: Oklahoma Drug & Alcohol.

Board Website: https://www.odapca.org.

Texas Certification

HHS Region 6, South Southwest

Examination: Successful score on the ICRC Prevention Examination.

Educational / Training Requirements:

- ☐ EDUCATION – 120 total continuing education hours across all prevention domains. 90 hours must be prevention specific, 24 hours must be AOD specific, and 6 hours must be in prevention specific ethics. Counselor, treatment, or business ethics do not qualify. Examples of AOD specific education include, but are not limited to, addiction theory, addicted family dynamics, pharmacology, drugs and the brain/body, counseling theory, and the twelve core functions. Examples of prevention specific education include, but are not limited to, prevention curriculum training, community mobilization, planning and evaluation of prevention programs, media messages, social marketing, environmental strategies, and behavioral health promotion.
- ☐ One hundred twenty-hour practicum in the Prevention domains (see application for domains).

Prevention Experience:

- ☐ 2,000 hours (approximately one year) of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience
- ☐ Code of Ethics: Sign a prevention specific code of ethics statement of affirmation that the applicant has read and will abide by the code of ethics.
- ☐ Additional Requirements/Information: State allows block grant monies for training and certification fees. State requires CPS of all program directors. Direct Service providers must have the non-reciprocal Associate Prevention Specialist credential which does not require the exam.

Pre-IC&RC Certification Level Title: Associate Prevention Specialist

Pre-IC&RC Certification Level Requirements:

- ☐ Formal Training: Documentation of 120 clock hours, or equivalent college semester hours, of education; of which 90 hours must be prevention specific. Six hours must be specific to prevention ethics and can be part of the 90 hours of the prevention specific education. The remaining 24 hours of education must be AOD specific.
- ☐ Ethics: All applicants for designation as an APS must sign and agree to comply with the ethical standards as set forth in the Texas System of Certification for the APS designation. All professional ethical complaints must be resolved prior to designation. The ethical standards are included in this application packet.
- ☐ Supervised Practicum: All applicants must show documentation of a 120 hour Practicum with a minimum of 10 hours in each of the 6 Prevention domains: A form for documenting the supervised practicum is included in this application package.

- ☐ Education: A minimum of a High School Diploma or GED is required for designation and must be documented through official transcripts.
- ☐ Experience: All applicants must document a minimum of 3000 hours of substance abuse prevention work experience. A form is included in this application package on which the work experience should be documented.
- ☐ Evaluation: Applicants are required to submit the Supervisor's competency evaluation included in this application packet.

Advanced Title: Advanced Certified Prevention Specialist - A reciprocal credential.

Advanced Requirements:

- ☐ Formal Training: Applicants must provide documentation of two hundred (200) prevention education hours. Twenty -four (24) hours must be titled as specific Alcohol and Other Drug (AOD) training. Six (6) of these hours must be Ethics education specific to Prevention.
- ☐ Education and Experience: Applicants must provide documentation of either: Associates Degree plus 10,000 hours (approximately five years) of Alcohol and Other Drug (AOD) prevention work experience. Forms are included in the application package on which the work experience and education verification should be documented. Please send official transcripts to verify degree. OR Bachelor's, Master's or Doctoral Degree plus 4,000 hours (approximately two years) of Alcohol and Other Drug (AOD) prevention work experience. Forms are included in the application package on which the work experience and education verification should be documented. Please send official transcripts to verify degree.
- ☐ Ethics: All applicants for certification as an ACPS must sign and agree to comply with the ethical standards as set forth in the Texas System of Certification for the ACPS credential. All professional ethical complaints must be re solved prior to certification.
- ☐ Written Test: All applicants for certification as an ACPS must complete and satisfactorily score a passing grade on the IC&RC International Written Prevention Specialist Examination.
- ☐ Practicum: All applicants must show documentation of a one hundred twenty (120) hour supervised Practicum with a minimum of ten (10) hours in each of the six (6) Prevention domains: Planning and Evaluation, Prevention Education and Service Delivery, Communication, Community Organization, Public Policy and Environmental Change, and Professional Growth and Responsibility.
- ☐ Residency: All persons who apply for the ACPS certification through the Texas Certification Board should be a resident of Texas. At least fifty percent (51%) of the applicant's work should be done in the State of Texas. Exceptions to the residency requirement will be considered on an individual basis by petition to the Texas Certification Board.

Certification & Licensing Board: Texas Certification Board (TCBAP).

Board Website: https://www.tcbap.org.

Board Email:
https://cdn.ymaws.com/www.tcbap.org/resource/resmgr/certifications_/2016_Certifications_/October_2016/CPS_Application_10-2016.pdf

Key Training

SAPST

The goal of the SPF Application for Prevention Success (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

This 6-hour, moderated course is appropriate for individuals who need 6-hours of ethics to become certified. The course explores the six principles of the Prevention Code of Ethics, brought to life with realistic examples designed to enhance participant understanding. The course also introduces a decision-making process to help practitioners apply this code to a variety of ethical dilemmas, and an online discussion area to facilitate discussion with other course participants. Professional ethical standards are based on values. Values are the basic beliefs that an individual thinks to be true and are also seen as guiding principles in one's life or the basis on which an individual makes a decision.

Endorsed by the International Certification & Reciprocity Consortium (IC&RC)

There are advanced courses that can be taken after basic ethics courses and can be used toward continuing education for a certified prevention specialist

Introduction to Substance Abuse Prevention: Understanding the Basics

This foundational course serves as the required, introductory module for the in-person Substance Abuse Prevention Skills Training (SAPST). This self-paced course offers practitioners new to the field of prevention, or working in related fields, an introduction to the history of prevention, key concepts and definitions, specific drug effects, and an exciting glimpse into the effects of substance use and addiction on the brain.

Participants will learn about: Basic terminology and facts; History of substance use and prevention in the United States; Addiction and the brain; and, Effects and health risks of alcohol, tobacco, and other drugs.

Free online course: https://healtheknowledge.org/course/index.php?categoryid=89.

Career Development and Goal Setting

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. You may consider the following:

In what areas do you already have knowledge?

Many prevention professionals come from other professional backgrounds. Is your baseline knowledge from child welfare, 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 stock of the work you must do and your comfort level with each deliverable is essential to being a well-rounded preventionist. You will not have extensive experience in some areas, and that is okay. 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, attend 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.

What areas interest you? Which do not?

As your career progresses, you will learn which topics move you and motivate you to dig deep. You will thrive in these areas, and playing to your strengths will make for a promising and fulfilling career. As you advance in your career, understanding 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.

APPENDICES

Within the Appendices, you will find an Acronym list produced by the South Southwest PTTC, a Glossary, additional resources that support topics covered within, and sources used within. Please contact the South Southwest PTTC with questions or further training and technical assistance needs:

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South Southwest PTTC Resources

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 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/south-southwest-pttc.

Acronym List

These acronyms are commonly used within the prevention field. Most of the acronyms are spoken by saying each letter, such as AA. Others are pronounced as words, such as “spiff” (SPF). The pronunciation for each acronym is in quotation marks.

AA	Alcoholics Anonymous
AOD	Alcohol and Other Drugs
APNA	Arkansas Prevention Needs Assessment Survey
ARF	Risk Factors for Adolescent Drug and Alcohol Abuse in Arkansas
ATOD	Alcohol, Tobacco and Other Drugs
BAC	Blood Alcohol Content
BAL	Blood Alcohol Level
BRFSS	Behavioral Risk Factor Surveillance System
CA	Cocaine Anonymous
CADCA	Community Anti-Drug Coalitions of America
CAPT	Center for the Application of Prevention Technologies
CASAT	Center for the Application of Substance Abuse Technologies
COA	Children of Alcoholics
CSAP	CENTER FOR SUBSTANCE ABUSE PREVENTION
DHHS	U.S. Department of Health and Human Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
EAP	Employee Assistance Program
EPI	Epidemiological or Epidemiology
FA	Families Anonymous
FARS	Fatality Analysis Reporting System
FASD	Fetal Alcohol Spectrum Disorder
GPRA	Government Performance and Results Act of 1993
ICRC	International Certification Reciprocity Consortium
IOM	Institute of Medicine

LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
MADD	Mothers Against Drunk Drivers
MTF	Monitoring the Future
NA	Narcotics Anonymous
NOMs	National Outcome Measures
NPN	National Prevention Network
NREPP	National Registry of Evidence-based Programs and Practices
NSDUH	National Survey on Drug Use and Health
N-SSATS	National Survey of Substance Abuse Treatment Services
ONDCP	Office of National Drug Control Policy
PSA	Public Service Announcement
PTA/PTO	Parent Teacher Association or Organization
PX	Prevention
RFA	Request for Application
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Student Assistance Program
SAPST	Substance Abuse Prevention Skills Training
SAPT BG	Substance Abuse Prevention and Treatment Block Grant
SBI	Screening and Brief Intervention
SEW	State Epidemiological Workgroup
SPF “spiff”	Strategic Prevention Framework
SUD “sud”	Substance Use Disorder
TA	Technical Assistance
TX	Treatment
YPE	Youth Prevention Education
YRBSS	Youth Risk Behavior Surveillance Survey

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.

Adverse Childhood Experiences (ACES): Difficult childhood experiences that lead to a significantly higher risk of a variety of behavioral and physical health issues in adulthood, including substance misuse and other associated health problems. This association was originally established by a 1997 Kaiser-Permanente/ CDC study.

Addiction/stages of addiction: Compulsive physiological need for and use of a habit-forming substance (such as cannabis, 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 to raise awareness, increase understanding of key issues, and mobilize support with the goal of creating positive change.

Archival data: Data that has already been collected by an agency or organization which is 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 must 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.

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 (including 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 misuse 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 during professional relationships 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.

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.

Environmental Scan: A process of identifying gaps and strengths of resources, services, systems, and programs in the community or state. May focus on a variety of groups and can take place in a variety of modes.

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 non-discrimination, competence, integrity, nature of services, confidentiality, and ethical obligations to the 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 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)

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, 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 monitoring implementation to make mid-course corrections as necessary. Indicated intervention: Indicated prevention interventions focus on higher-risk individuals 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.

Key informant: A person who has 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.

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 like 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.

Planning: Process which involves using data to prioritize risk and protective factors, and select a comprehensive set of prevention interventions which are logically connected to those risk and protective factors.

Pre-frontal cortex: Located in the frontal lobe of the brain, this area is important for decision-making, planning, and judgment.

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

Process evaluation: Evaluation that describes and documents what was done, how much, when, for whom, and by whom during 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 ensure 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 misuse 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 is significantly higher due to biological, psychological, and/or social risk factors.

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.

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 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.

Social Emotional Learning (SEL): a group of practices that help students to develop social and emotional skills within an educational setting. These learned behaviors increase the ability of students to make positive, responsible decisions, achieve goals, and build positive relationships with others.

Stages of Change Model: The Transtheoretical Model of Behavior Change, also called the Stages of Change Model, assesses an individual's readiness to act on a new (typically healthier) behavior, and it provides appropriate strategies, or processes of change to guide the individual through the stages of change to action and maintenance.

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: 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 time period, especially after grant monies disappear. Sustainability is not about maintaining strategies but about achieving and sustaining positive outcomes.

Systems and Partners Mapping: A process used to identify the people, groups, organizations, and institutions within your scope of practice that prevention professionals will need to work with to reach their desired 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.

Trauma-Informed Work and Care: Practices that recognize that many people have experienced trauma and therefore attempt to avoid causing further trauma or re-traumatization.

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 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.

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-ineed-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

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

Substance slang terms:
https://www.therecoveryvillage.com/drug-addiction/street-names-fordrugs/

IC&RC Domains: https://mainepreventioncertification.org/icrc-prevention-domains/

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

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

Source Links

https://nccdh.ca/images/uploads/Moving_Upstream_Final_En.pdf

https://www.samhsa.gov/find-help/prevention

http://mh.nv.gov/uploadedFiles/mhnvgov/content/Meetings/Bidders_Conference/Institute%20of%20Medicine%20Prevention%20Classifications-rev10.20.14.pdf

https://youtu.be/5NNw0GSUR-c

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.ruralhealthinfo.org/toolkits/substance-abuse/2/prevention/community-coalition

https://www.cadca.org/sites/default/files/files/coalitionhandbook102013.pdf

https://store.samhsa.gov/product/Promoting-Wellness-A-Guide-to-CommunityAction/sma16-4957.pdf

https://www.cadca.org/sites/default/files/resource/files/environmentalstrategies.pdf#page=12

https://casel.org/what-is-sel/

https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6

https://www.cadca.org/sites/default/files/resource/files/community_assessment.pdf

https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

https://www.samhsa.gov/ebp-resource-center

https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf#page=13

https://www.cadca.org/sites/default/files/resource/files/sustainability.pdf#page=27

https://adcareme.org https://www.internationalcredentialing.org/creds/ps

https://maineprevention certification.org

https://healtheknowledge.org/course/index.php?categoryid=89#NEPTTC-Teaching-SAPST

https://www.internationalcredentialing.org/Resources/Documents/Prevention%20Think%20Tank%20Code%20of%20Ethical%20Conduct.pdf

https://internationalcredentialing.org/resources/Candidate%20Guides/PS_Candidate_Guide.pdf#page=12 https://capd.mit.edu/explore-careers/career-first-steps/make-career-plan

https://www.emergenetics.com/blog/how-can-soft-skills-boost-your-organizations-success/

http://communitylearningpartnership.org/