STUDYING FOR SUCCESS

Preparing for and Passing the IC&RC Prevention Specialist Exam

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EMT EVALUATION • MANAGEMENT • TRAINING

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Part I
Background

Introduction

The past two decades have been a period of tremendous development and change in the prevention field. Increasingly, the field has acknowledged and incorporated evidence-based knowledge into substance abuse prevention policies, programs, and services. Concurrent with this changing landscape, the prevention field has made advances in the ability to apply improved services. First, there has been increased understanding of the critical role of a skilled workforce in applying the rapidly increasing knowledge concerning prevention. Second, there has been increased attention to the need for accountability and results by funders and policy makers. Together, these forces have made development of a more knowledgeable, professional, and capable prevention workforce a key priority for the prevention field.

An increasingly professional workforce will include thorough understanding of evidence-supported prevention policies, programs, and strategies, and the skills that will give them capability to organize, implement and monitor their application in diverse community settings. To promote this workforce development, many states have adopted the International Certification and Reciprocity Consortium (IC&RC) Prevention Specialists Exam and professional standards for their prevention workforce. This guidebook to the certification exam and the ten online training sessions has been developed by EMT Associates, Inc. under contract with the Tennessee Department of Mental Health and Substance Abuse Services. The purpose of these instructional materials is to strengthen the Tennessee substance abuse prevention workforce by supporting preparation for successfully taking the IC&R) Prevention Specialists Exam.

The International Certification and Reciprocity Consortium (IC&RC) was established in 1981 as a non-profit voluntary membership organization dedicated to ensuring professional standards in various health service fields. They have been involved in providing support for professional certification in the substance abuse prevention field for the past three decades. Exhibit 1 summarizes current IC&RC professional standards for certification as a prevention specialist.*

Exhibit 1
IC&RC Professional Standards for Prevention Specialist Position

1. 2,000 hours of prevention-related experience.
2. 100 clock hours of prevention-specific education and training:
   - 50 of the hours must be specific ATOD prevention training; and,
   - Six hours of prevention specific ethics education.
3. 120 clock hours practicum in the following performance domains:
   - Planning and Evaluation;
   - Education and Skill Development;
   - Community Organization;
   - Public Policy and Environmental Change; and,
   - Professional Growth and Responsibility.
4. A score of 500 or higher on the Prevention Specialists Examination (200–800 possible score).

*This study guide makes extensive use of the IC&RC 2007 Candidate Guide, specifically in regards to the task areas and knowledge, skills, and abilities (KSAs) required for a prevention specialist. These are currently under review. The revised scoring system implemented in spring 2012 is referenced in this document.

Since it was first offered, the Prevention Specialists Exam has been modified several times, most recently in 2011. The process used by the IC&RC to develop the AOD prevention subject topics and related knowledge, skills, and abilities (KSAs) involves several steps.

First, IC&RC and an expert consulting firm designed and implemented a survey for prevention providers. The survey identified KSA's necessary to successfully implement, manage, and monitor prevention policies, programs, or strategies.

The second step in the process, known as a Role Delineation Study, identified task areas within the five major domains of knowledge for the Prevention Specialist. They are:

- Domain 1: Planning and Evaluation.
- Domain 2: Education and Skills Development.
- Domain 3: Community Organizing.
- Domain 4: Public Policy and Environmental Change.
- Domain 5: Professional Growth and Responsibility.

In the third step, specific job tasks were identified in each of the five domain areas. A total of 33 separate job tasks were identified across the five domain areas.

The final step in the job classification process was identifying specific KSAs (knowledge, skills, and abilities) the Prevention Specialist needs to successfully perform the job tasks within each domain. Overall, the 2007 study resulted in the identification of 85 KSAs. Understandably, there are redundancies at the KSA level across the domain areas. Exhibit 2 lists task and KSA's within each domain. The possible range of test questions currently used in the IC&RC examination is also indicated for each of the domains. This information reflects recent changes made by the IC&RC in the fall of 2011 and implemented in the IC&RC Prevention Specialists Exam issued in March 2012.

Exhibit 2
IC&RC Domains, Tasks Areas, and Relevant KSAs

Domain 1: Planning and Evaluation *(Number of Questions: 30–40)*

1. Use needs assessment strategies to gather relevant data for AOD prevention planning.
2. Identify gaps and prioritize needs based on the assessment of community conditions.
3. Select prevention strategies, programs, and best practices to meet the identified needs of the community.
4. Develop an AOD prevention plan based on research and theory that addresses community needs and desired outcomes.
5. Identify resources to sustain prevention activities.
6. Identify appropriate AOD prevention program evaluation strategies.
7. Conduct evaluation activities to document program implementation and effectiveness.
8. Use evaluation to determine whether and how to adapt AOD prevention strategies.

To perform the eight tasks identified in Domain 1, the Prevention Specialist will have to possess the following knowledge, skills, and abilities.

- **a.** Knowledge of information gathering techniques and data sources.
- **b.** Ability to collect, organize and interpret data.
- **c.** Knowledge of strategic planning processes.
- **d.** Ability to conduct strategic planning activities.
- **e.** Knowledge of current AOD prevention program best practices, logic-models, and the continuum of care.
- **f.** Knowledge of components of effective AOD prevention program planning.
- **g.** Ability to develop effective, outcome-focused AOD prevention programming.

h. Knowledge of financial and non-financial resources.
i. Ability to access financial and non-financial resources.
j. Knowledge of AOD prevention program evaluation instruments/models.
k. Ability to participate in AOD prevention program evaluation activities.
l. Ability to interpret and apply AOD prevention program evaluation findings.
m. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.
n. Determine the AODA supervisee's levels of clinical functioning by exploring his/her ability to utilize various therapeutic approaches.
o. Evaluate AODA supervisee's strengths and limitations through interviews, observations, and information from appropriate sources in order to assign suitable work-related tasks.

Domain 2: Education and Skills Development *(Number of Questions: 35–46)*

1. Develop AOD prevention education and skill development activities based on target audience analysis.
2. Connect prevention theory and practice to implement effective prevention education and skill development activities.
3. Maintain program fidelity when implementing evidence-based programs.
4. Assure that AOD education and skill activities are appropriate to the culture of the community being served.
5. Use appropriate instructional strategies to meet the needs of the target audience.
6. Ensure all AOD prevention education and skill development programs provide accurate, relevant, timely and appropriate content information.
7. Identify, adapt, or develop instructor and participant materials for use when implementing AOD prevention activities.
8. Provide professionals in related fields with accurate, relevant, timely, and appropriate AOD prevention information.
9. Provide technical assistance to community members and organizations regarding AOD prevention strategies and best practices.

To perform the nine tasks identified in Domain 2, the Prevention Specialist will have to possess the following knowledge, skills, and abilities.

a. Knowledge of information gathering techniques and data sources.
b. Ability to collect, organize and interpret data.
c. Knowledge of current AOD prevention program best practices, models, and the continuum of care.
d. Knowledge of current AOD theory and models.
e. Ability to synthesize AOD prevention and AOD theory models to develop education and skill development programs.
f. Ability to maintain program fidelity when modifying and/or implementing evidence-based programs.
g. Knowledge of accurate and timely AOD content resources for instructional programming.
h. Knowledge of copyright issues.
i. Ability to obtain copyright permission prior to implementing copyrighted materials/content.
j. Knowledge of adult learning styles, instructional strategies, and presentation methods.
k. Ability to develop, modify, or implement instructional materials.
l. Knowledge of training and group facilitation techniques.
m. Knowledge of group processes (consensus building, conflict resolution, etc.).
n. Knowledge of cultural diversity.
o. Ability to demonstrate cultural competence and sensitivity.
p. Ability to implement educational/skill building programs and facilitate group processes.
q. Knowledge of training evaluation models, instruments and processes.
r. Ability to interpret evaluation data and revise programming as necessary.
s. Knowledge of the policies, procedures, and legal/programmatic limitations that guide the practice of related professions.
t. Knowledge of interagency dynamics and/or power relationships within the community, agency or institution and their impact on the intended audience.
u. Ability to successfully work within existing organizational and community structures.
v. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

Domain 3: Community Organizing *(Number of Questions: 22–30)*

1. Identify the community's demographic characteristics and core values.
2. Identify key community leaders to ensure diverse representation in AOD prevention programming activities.
3. Build community ownership of AOD prevention programs by collaborating with key community leaders/members when planning, implementing, and evaluating prevention activities.
4. Provide technical assistance to community members/leaders in implementing AOD prevention activities.
5. Develop capacity within the community by recruiting, training, and mentoring AOD prevention-focused volunteers.
6. Assist in creating and sustaining community-based coalitions.

To perform the six tasks identified in Domain 3, the Prevention Specialist will have to possess the following knowledge, skills, and abilities.

- **a.** Knowledge of information gathering techniques and data sources.
- **b.** Ability to collect, organize, and interpret data.
- **c.** Knowledge of cultural diversity.
- **d.** Ability to demonstrate cultural competence and sensitivity.
- **e.** Knowledge of group processes (consensus building, conflict resolution, etc.)
- **f.** Ability to facilitate group processes.
- **g.** Knowledge of intercommunity organizational structures and patterns of communication.
- **h.** Knowledge of informal and formal power systems.
- **i.** Ability to work successfully within existing community structures and norms.
- **j.** Ability to identify current and emerging community leaders.
- **k.** Knowledge of capacity-building strategies.
- **l.** Ability to implement capacity-building strategies among diverse groups.
- **m.** Knowledge of training and group facilitation techniques.
- **n.** Ability to train, mentor, and organize community groups, volunteers, etc.
- **o.** Understanding of the role of community ownership.
- **p.** Ability to foster community ownership of AOD prevention programs.
- **q.** Ability to transfer ownership of AOD prevention programs to the community.
- **r.** Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

Domain 4: Public Policy and Environmental Change *(Number of Questions: 17–24)*

1. Examine the community's public policies and norms to determine environmental change needs.
2. Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms.
3. Provide technical assistance, training, and consultation that promote environmental change.
4. Participate in public policy development and enforcement initiatives to affect environmental change.
5. Use media strategies to enhance prevention efforts in the community.

To perform the five tasks identified in domain 4, the Prevention Specialist will have to possess the following knowledge, skills, and abilities.

- **a.** Knowledge of information gathering techniques and data sources.
- **b.** Ability to collect, organize, and interpret data.
- **c.** Ability to analyze and evaluate data against a standard.
- **d.** Knowledge of effective social marketing strategies.
- **e.** Ability to design, develop, and implement social marketing strategies.
- **f.** Knowledge of effective AOD prevention policies.
- **g.** Ability to effectively communicate AOD prevention policies to decision makers.
- **h.** Knowledge of environmental change strategies.
- **i.** Ability to implement environmental change strategies.
- **j.** Knowledge of political processes.
- **k.** Ability to work successfully within local political systems.
- **l.** Knowledge of group processes (consensus building, conflict resolution, etc.).
- **m.** Ability to facilitate group processes.

n. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

Domain 5: Professional Growth and Responsibility *(Number of Questions: 21–29)*

1. Maintain personal knowledge, skills, and abilities related to current AOD prevention theory and practice.
2. Network with others to develop personal and professional relationships.
3. Adhere to all legal, professional, and ethical standards.
4. Build skills necessary for effectively working within the cultural context of the community.
5. Demonstrate self-care consistent with AOD prevention messages.

To perform the five tasks identified in domain 5, the Prevention Specialist will have to possess the following knowledge, skills, and abilities.

- **a.** Knowledge of resources for ongoing education, training, and professional development related to AOD issues.
- **b.** Knowledge of professional associations and organizations.
- **c.** Ability to apply new AOD knowledge to professionals and personal activities.
- **d.** Knowledge of group processes (consensus building, conflict resolution, etc.).
- **e.** Ability to facilitate group processes.
- **f.** Knowledge of federal and local confidentiality laws.
- **g.** Knowledge of professional codes of conduct/ethics.
- **h.** Knowledge of recipient rights and informed consent.
- **i.** Ability to demonstrate ethical decision-making.
- **j.** Knowledge of cultural diversity.
- **k.** Ability to demonstrate cultural competence and sensitivity.
- **l.** Knowledge of stress reduction, time management, and healthy living techniques.
- **m.** Ability to demonstrate personal use of stress reduction, time management, and healthy living techniques.
- **n.** Knowledge of personal biases, beliefs, limitations, and cultural assumptions.
- **o.** Ability to perform as a Prevention Specialist when personal issues differ with professional issues.
- **p.** Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

In the fall of 2011, the IC&RC began using 25 pre-test questions as part of the 150 questions on the Prevention Specialists Exam. Responses to these questions do not count either for or against the test takers overall score. They are included "to streamline its exam development process, and provide much needed data on questions and increase the security of its exam." In summary, 125 questions are used to grade the test taker. Scores are broken down by domain category and reported on a scale ranging from 200–800 with 500 serving as the minimum passing level.

Organization of the Study Manual

This study manual is organized in two major parts.

PART I: BACKGROUND

The background consists of two sections:

- The ***Introduction*** explains the origin, purposes and organization of the guide. It also introduces the Domains, identifies major tasks within them, and lists the KSA's appropriate to each domain. More specifically, it explains the structure used by the IC&RC in classifying job responsibilities for prevention. It also presents results of the 2007 job classification study, which resulted in the definition of the domain areas, job tasks, and relevant KSAs for the prevention workforce. These three tiers are the foundation of the 150 question IC&RC Prevention Specialists Examination (only 125 count in assessing the proficiency of the test taker).

- ***Tips on Preparing for and Taking the IC&RC*** presents ways to efficiently and effectively study for the exam as well as broad tips for taking the multiple choice exam.

PART II: THE DOMAINS

Part II is divided into seven sections. Three domain areas are stand alone sections. Two domains (Domain 1: Planning and Evaluation and Domain 2: Education and Skill Development) include material on two distinct topics. These Domains also account for a large number of questions in the exam. Accordingly, they are covered in two sections each. Sections use a common structure:

- ***Self-Assessment –*** Each section starts with a self-assessment checklist that allows the reader to assess their knowledge of the relevant job tasks and KSAs associated with a domain.
- ***Glossary of Key Concepts –*** The next subsection presents a glossary of key concepts and terms relevant to the domain. Brief definitions facilitate the readers' comprehension and familiarity concerning these terms. Mastering these concepts will strongly support success on the exam.
- ***Self-Administered Sample Questions –*** Each discussion concludes with a self-administered test modeled on the IC&RC exam to determine the readers' proficiency with the subject matter.

The IC&RC Prevention Specialists Examination is challenging. It requires dedication, and a thorough approach to mastering the various job tasks and related KSAs necessary to become a successful Prevention Specialist. This manual provides one tool to assist you in preparing for the exam. However, it is important that you also participate in the series of self-paced, online courses specifically designed to broaden your understanding of these key prevention concepts identified by the IC&RC. This manual is central to organizing and assessing your preparation. It does not in itself provide sufficient detail to master all the content that may be covered by the questions. Together, the manual and on-line courses will support your acquisition of the key concepts and abilities needed to be a successful Prevention Specialist in Tennessee.

Tips for Preparing for and Taking the IC&RC Exam

Individuals who plan to take the IC&RC Prevention Specialists Exam will achieve better results by developing and implementing a systematic study approach to studying the materials. Even if you have been in the prevention field for years, you will be rewarded by focused preparation. Start studying early, become very familiar with the contents of this Study Guide, and plan your test-taking strategy.

The IC&RC Prevention Specialists Exam contains 150 multiple choice questions. In this section, we highlight recognized themes for taking multiple choice tests. This section provides tips for a) preparing for the exam, and b) succeeding on test day.

PREPARING FOR THE EXAM

You can prepare for the exam in multiple ways. This manual is a solid start, but there are many additional ways to reinforce your mastery of the test topics. Several suggestions are provided below.

1. **Create Study Checklists**
   Use your Study Guide to outline key points for each of the domain areas. Pay attention to lists, steps, or categories. Review your study checklists regularly to be sure you have addressed each of the key points in the five domain areas.

2. **Focus on the Key Terms**
   This Study Guide contains a list of key terms for each domain. If you know the terms and their definitions, you will pass the exam. It is also helpful to understand the relationship between terms. Understanding the relationships between terms can help if you cannot remember the exact definition of a particular term during the exam, when confronted with "all of the above" options, or if you must make an "educated guess" to answer a question.

   For example, you should know the definitions of the "four C's" of collaborative structures (Community/Networking, Coordination, Cooperation, and Collaboration), but also how the structures are alike and differ.

3. **Create flashcards**
   Write key concepts or terms on one side of the card and the definition on the other. The simple process of writing out the terms and the definitions can be a helpful study task. Or, you can use your Study Guide to copy, cut, and paste concepts and definitions onto index cards.

   Carry your flashcards around with you for quick study sessions during the day. Even just a few minutes of studying while waiting in line can help you remember the terms. The more time you have, the more cards you can get through. Ask a family member or friend to quiz you by reading one side of the card.

Flashcards can provide multiple study strategies. You can quiz yourself by reading the term and remembering the definition, or by reading the definition and trying to remember the term. Again, knowing the terms in the Study Guide Glossary is critical for your success.

4. **Study Alone First, Then Team-Up Afterwards**
   During the first phase, review your Study Guide on your own. Use the "knowledge" checklists at the end of each section in the Study Guide to assess your progress. Create and use your own flash cards. Try to explain the information in your own words.

   Practice taking the test alone. As much as possible, answer the sample questions in the Study Guide under the same conditions as the actual exam. Turn off any distractions (music, phones, television) and set a timer. Attempt to answer all of the questions before looking anything up. If you don't know the answer to a practice question, practice "educated guessing" (see below) and keep going. After you have finished all of the questions in the section and checked your answers, *then* go back and look up the answers. This will help you practice the flow and timing of the actual test.

   Practice using different test-taking strategies. One successful strategy involves answering the question *without* looking at the answers. Once you have answered the sample question in your head, select your answer from among the possible responses. Practicing multiple strategies on the sample questions can help you feel more comfortable using different strategies during the exam.

5. **Studying with Others**
   Group studying can be helpful for practicing questions or for reviewing information that might be unclear. Scheduled group meetings can also be helpful in keeping study plans and goals on track. As a group, decide early your goals for the study session, and how much time you want to spend on each task (practicing vs. reviewing). If needed, set a timer and stick to it!

   ***Practicing*:** When studying with others, trade off asking each other questions without looking at the Study Guide. If you have multiple partners, form a circle and rotate through the group.

   ***Reviewing*:** It can be a good test of your knowledge to explain concepts to someone else, but beware of spending too much time talking/discussing and not enough time practicing.

   In the end, remember that you will be taking the test alone. Studying with others can be helpful, but be sure that you can answer the questions on your own.

6. **Space your Study Sessions**
   Do not cram! Put as much time into studying as you can afford. When you start studying, set a schedule and plan how long you will spend studying each of the five domains. Build in time near the test date to answer sample questions and review. Try for a steady and manageable studying pace over the course of several weeks, rather than a few intense days all at once. During longer study sessions, take short breaks to stay fresh.

7. **Think about your Learning Style**
   Different people have success studying in different ways and in different situations. You may do best studying alone in a quiet room, or you may be successful studying in a busy coffee shop. You may have to try different locations or times of day to find what works best for you. Some people learn best by reading, some learn by hearing, and others learn best by doing. You may learn best through a combination of the three main learning styles.

   "Visual learners" learn best by reading and writing. Flashcards, diagrams, and color-coding information can be very helpful. Try reading a section of the study guide and then writing out a summary in your own words.

   "Auditory learners" learn best by speaking and hearing. Reading the study guide and/or reciting answers out loud can be very helpful. Try reading a section of the study guide and then reciting a summary in your own words, out loud or silently in your head.

   "Kinesthetic learners" learn best by doing or experiencing. Reading the Study Guide in short blocks can be very helpful. Try reading a section of the Study Guide and then building a model of the information, either physically or in your head. It can also be helpful for kinesthetic learners to study in short bursts and to move around while studying.

   If a study strategy is not working for you, do not be afraid to try a different strategy. Find a system that works for you and stick with it. A consistent study schedule is the key!

THE DAY BEFORE AND THE DAY OF THE EXAM

Plan to use the day before the test to review your notes and flashcards. Go back and review any sections in the Study Guide that may still be unclear. Do not pull an all-nighter; get at least six hours of sleep before the test. Set your alarm – and have a back-up.

Gather all of the materials you plan to take with you the night before. Be sure to have transportation directions to the testing facility and double check the test start time. Bring any registration confirmation paperwork you might have, as well as photo identification. You will not be allowed to bring any study materials into the room with you, and you will not be able to bring anything out of the room after the exam. There should be a place at the testing center to store your personal belongings.

Although there will likely be a clock in the room, wear a watch to time your progress. If you are sensitive to noise, bring a pair of foam earplugs and ask the Proctor if you may wear them during the test. You will not be allowed to wear headphones. Wear loose fitting, comfortable, layered clothes.

Show up early with plenty of time for traffic, parking, or other transportation concerns. Do not arrive late, as this will promote worry and concern. Use the restroom before the exam, there is no sense wasting time during the exam. Eat before going into the exam room, but avoid heavy foods which can make you groggy. As much as possible, follow your normal routine. If you do not

normally consume caffeine or you never eat breakfast, the testing day is not the day to try something different.

TAKING THE MULTIPLE-CHOICE EXAM

Summary of Test Taking Tips

1. Pace yourself.
2. Read all instructions, each question, and the possible answers very carefully.
3. Look for keywords.
4. Pay attention to answer options such as "all of the above" or "none of the above".
5. Pay attention to words such as *every, all, none, always,* and *only.*
6. Eliminate obviously wrong answers.
7. Do not over-analyze the questions.
8. If you do not have an answer, skip the question and come back to it later.
9. Make an educated guess if you are uncertain.
10. Answer every question.
11. Stay calm and breathe.

Listen to the instructions of the Proctor and read the test instructions carefully. You will not be able to ask questions once the exam has started. Do not rush, and be sure to pace yourself. You will have three hours for the computer-based exam, or 3 ½ hours for the pencil and paper version. If you find yourself spending more than a minute on any question, move on.

Stay calm and remember that in multiple choice exams, the correct answer is always listed. Most questions and answers will be straightforward, and should ask just one single question. Do not over-analyze; read the questions and assume the information is there for a reason. You are looking for the *best* answer. If you think a question is a "trick," you may be over-thinking the question. Take a deep breath and re-read the questions and the possible answers.

Read the entire question very carefully, and look for keywords. Think about which domain the question refers to, and exactly what the question is asking. Is the question is asking for a positive or negative (NOT) response? Words such as *every*, *all*, *none*, *always*, *never,* and *only* indicate that there are no exceptions.

Read all of the possible answers, and eliminate the obviously wrong answers. If you do not have an answer, you can skip the question and come back to it later. However, try to minimize skipping because it may result in a time crunch at the end searching for skipped questions. Note: if the exam is computer-based, you may not have the option to skip questions.

Pay attention to the options "all of the above" and "none of the above." While these can be the correct answer, they can be included to mislead or confuse the tester. Again, consider how the answers are different or similar to each other. If you know that two of the three options are correct, then "all of the above" is a strong possibility.

Given you are not penalized for guessing, make an ***educated guess*** to all questions you are uncertain as to the best or correct answer. To make an *educated guess*, try to eliminate two of the

possible choices. Then, examine how the remaining answers are different from one another and determine how the difference important for this question. As the *College Student Study Skills Guide* suggests, "If you really think there is no difference between the two remaining answers, look again at the answers you eliminated, maybe one of them is actually the correct one." If there is no difference between your two remaining answers, be sure to re-read the question looking for keywords like *always* or *never*. Use your knowledge of common prefixes, suffixes, and word roots to make an educated guess.

Answer ***every question*** to the best of your ability. Even if you cannot eliminate any possible answers and are forced to make an absolute guess, you still have a chance of answering correctly. If you leave a question blank, you have **no** chance!

Finally, remember that time spent industriously studying will pay off. Given the length of the Prevention Specialists Exam (150 questions, but only 125 count toward your score) – you need to successfully answer 78 of the 125 questions to pass the test!

Good luck!

Part II
The Domains

Domain 1: Planning and Evaluation

Domain 1 in the IC&RC framework involves planning and evaluation. Together these two topics account for 30–40 of the questions on the exam. Because of their significance on the test and in acknowledging the breath of materials included in this Domain, we have broken it into two separate study areas: Domain 1A: Planning and Domain 1B: Evaluation.

DOMAIN 1: Planning and Evaluation

Number of Test Questions: 30–40

PLANNING

1.1: Use needs assessment strategies to gather relevant data for AOD prevention planning.
(Approximately **4 questions**)

1.2: Identify gaps and prioritize needs based on the assessment of community conditions.
(Approximately **4 questions**)

1.3: Select prevention strategies, programs, and best practices to meet the identified needs of the community.
(Approximately **5 questions**)

1.4: Develop an AOD prevention plan based on research and theory that addresses community needs and desired outcomes.
(Approximately **5 questions**)

1.5: Identify resources to sustain prevention activities.
(Approximately **5 questions**)

EVALUATION

1.6: Identify appropriate AOD prevention program evaluation strategies.
(Approximately **4 questions**)

1.7: Conduct evaluation activities to document program implementation and effectiveness.
(Approximately **5 questions**)

1.8: Use evaluation to determine whether and how to adapt AOD prevention strategies.
(Approximately **4 questions**)

Domain 1A: Planning

Number of Test Questions: Approximately 20–25

Prevention planning involves a series of sequential steps. These steps typically begin with a needs assessment, resulting in the identification of a community's AOD problem issues and resources. Through analysis, targeted outcomes are identified as a plan of action involving prevention strategies, policies or programs are developed. Implementation of the prevention activities are assessed and feedback is used to improve the performance. Because substance abuse is a complex behavior involving environmental influences, interpersonal influences, and individual characteristics, the steps in prevention planning will have particular challenges, emphasis and requirements. In this section, we will: 1) present task areas, related KSA, and a checklist for self assessment; 2) present a glossary of terms and concepts; and, 3) provide an opportunity to take a test similar in format to the IC&RC exam specific to this topic.

DOMAIN 1A TASK AREAS and RELATED KSAs

Planning represents a key component in the overall knowledge, skills, and abilities (KSAs) required for a Prevention Specialist. Approximately 20–*25* questions of the exam are devoted to the topic. In the exhibit below, we have identified the five task areas and 10 KSAs related to prevention planning. Take a few moments to self-assess your knowledge, skills, and abilities in these areas. (Note: we have attempted to slot the KSAs by the five task areas. In one case, it does not a easily fit into one of five tasks.)

Exhibit 3

Planning: Self Assessment

Please review these five planning tasks and nine KSAs and rate your knowledge level using the five point scale. 1=Not at all knowledgeable, to 5=Extremely knowledgeable.

	1	2	3	4	5
Task 1.1: Use needs assessment strategies to gather relevant data for AOD prevention planning. (Approximately **4 questions**)	❒	❒	❒	❒	❒
a. Knowledge of information gathering techniques and data sources.	❒	❒	❒	❒	❒
b. Ability to collect, organize, and interpret data.	❒	❒	❒	❒	❒
c. Knowledge of the components of effective AOD prevention program planning.	❒	❒	❒	❒	❒
Task 1.2: Identify gaps and prioritize needs based on the assessment of community conditions. (Approximately **4 questions**)	❒	❒	❒	❒	❒
a. Knowledge of strategic planning processes.	❒	❒	❒	❒	❒
b. Ability to conduct strategic planning activities.	❒	❒	❒	❒	❒

	1	2	3	4	5
Task 1.3: Select prevention strategies, programs, and best practices to meet the identified needs of the community. (Approximately **5 questions**)	❒	❒	❒	❒	❒
c. Knowledge of current AOD prevention program best practices, logic models, and the continuum of care.	❒	❒	❒	❒	❒
Task 1.4: Develop an AOD prevention plan based on research and theory that addresses community needs and desired outcomes. (Approximately **5 questions**)	❒	❒	❒	❒	❒
a. Ability to develop effective, outcome focused AOD prevention programming.	❒	❒	❒	❒	❒
Task 1.5: Identify resources to sustain prevention activities. (Approximately **5 questions**)	❒	❒	❒	❒	❒
a. Knowledge of financial and non-financial resources.	❒	❒	❒	❒	❒
b. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.	❒	❒	❒	❒	❒
a. Ability to access financial and non-financial resources.	❒	❒	❒	❒	❒

Take a moment to review your self-assessment results. Are there certain areas where you are less proficient? These should become the areas where you direct more attention in preparing for the exam.

The next subsection presents a list of key Prevention Planning terms with their definitions. Your familiarity with these terms and concepts will go a long way in ensuring your success on the IC&RC Prevention Specialists Exam. Take a piece of paper and place it over the definition. Write your own definition in space provided under the term or concept. Check your accuracy. (Note: covering the right box with a piece of will enable you to take repeated attempts.) Again, it is central to your success that you have a working knowledge of each of these terms. Many will be used in the exam questions.

KEY TERMS

Place a piece of paper over the definitions in the shaded boxes on the right side of this page, and write your own definition based on your reading. Then check your accuracy.

Archival Data

	Data that already exists and that are maintained by an organization or entity. Typically, this refers to collected data repositories maintained by state agencies, such as Highway Patrol (for DUI accidents and fatalities), Health Services (for AOD-related hospitalizations), and Treatment admissions for AOD substance use problems.

Best Practices

	Prevention strategies, activities, or approaches that have been shown through research and evaluation to be effective in the prevention and/or delay of substance use or abuse.

Capacity Building

	The term "capacity" refers to the various types and levels of resources that an individual, organization, or collaborative has at its disposal to meet the implementation demands of specific interventions. "Capacity Building" refers to increasing these resources and skills. Coalitions may be born in this stage of development.

Community Mobilization

	Community mobilization is a capacity building process through which a community of individuals, organizations, policy makers, or governmental representatives plans, carries out, and evaluates activities on a participating basis to improve health or other needs. Community mobilization empowers individuals and groups to take some kind of action to facilitate change based on needs they have identified. Communities may initiate the process themselves or maybe motivated by outsiders to act.

Community Partnerships/Collaboratives/Coalitions

	The formal names given to community mobilization types of efforts. All share a common theme: a group of individuals and/or agencies agreeing to work together for a common purpose. Community Partnerships/ Collaboratives/ Coalitions vary in formality, size, and composition. To be most effective, these community mobilizing efforts should have a membership that reflects the broader community. Cultural awareness and sensitivity are hallmarks of successful community mobilizing efforts.

Community Readiness

	The extent to which a community is adequately prepared to implement a substance abuse prevention program. The underlying premise of community readiness is change in AOD use cannot occur if there exists a high level of community denial about this problem.

Cultural Competence (Awareness)

	Cultural competence refers to an ability to interact effectively with individuals from different cultural backgrounds. It comprises of four components: 1) Awareness of one's cultural world view, 2) Attitudes towards cultural differences, 3) Knowledge and awareness of different cultural practices, beliefs and world views, and 4) Possessing cross-cultural skills. A culturally competent individual has an ability to understand, communicate, and effectively interact with people from different cultural backgrounds – a necessity in being an effective prevention community worker. (Definition modified from Wikipedia).

Culture

	Culture represents the "values, norms, and traditions that affect how individuals of a particular group perceived, think, interact, behave, and make judgment about the world." Chamberlain (2005).

Fidelity

	This term applies to replicating a program model or strategy. To have "fidelity," the program needs to be implemented with the same specifications of the original program. Fidelity can be balanced with adaptation to meet local needs.

Goal Statements

	Goal statements are broad, future-oriented action statements to be achieved by a program. Neither dates nor responsibilities are included. A program may have multiple goals (1 to 5), but not so many as to confuse staff and the general community.

Guiding Principles

	Findings about effective prevention programs as identified through research.

Implementation Plan	
	A planning tool that enables a group or its manager to identify, among other things, the strategies, best practices, guiding principles, and evaluation plan. This can contribute to the establishment of direction and clarity of vision for the implementation group.

Indicated	
	Those programs and strategies designed to target specific individuals at risk for substance abuse problems.

Indicator	
	A variable that relates directly to some part of a program goal or objective. Positive change on an indicator is presumed to show progress in accomplishing the larger program objective. For example, a program may aim to reduce smoking among teens. An indicator of progress could be a reduction of teens in possession of tobacco. A community indicator is a defined, measurable variable used to monitor the quality of a community.

IOM Model	
	The Institution of Medicine (IOM) developed an approach, since adopted by CSAP and the prevention field that: 1) view prevention as part of an overall continuum of services, concluding with treatment; 2) identifies three levels of prevention: universal, selected, and indicated that refers to populations at varying levels of risk involving substances which in turn dictates that level and type of prevention services appropriate for the level of risk evident in the various population groupings.

Logic Model	
	Logic models are narrative or graphical depictions of processes in real life that communicate the underlying assumptions upon which an activity is expected to lead to a specific result. Logic models illustrate a sequence of cause-and-effect relationships – a systems approach to communicate the path toward a desired result.

Mission Statement	
	The broadcast statement of intent for an organization. They should be brief and to the point. They do not include dates or assign responsibility. There is only one mission statement for a program.

Needs Assessment

	A systematic process for examining the current conditions and identifying the level of risk and protection within a community. It should also include the documentation of resources available in the community to address the problem areas.

Norms

	A behavior or belief that is considered typical of a community. In prevention, work may be focused on changing negative norms, such as underage drinking, or it may be promoting positive norms, such as encouraging substance-free family gatherings.

Objective Statements

	Each goal has a set of objective statements. These are statements that, minimally, have four main qualities that distinguish them from goals or mission statements. They are: 1) specific, 2) measurable, 3) achievable, and 4) time-bound.

Outcome Benchmarks

	Outcome benchmarks are used in the development of the logic model. They specify the expected results (outcomes), short-term, intermediate, and long-term. They identify ways in which the participants in the prevention intervention could be expected to change by the conclusion of the service (e.g., change in behaviors, reduced consumption levels, etc.). Outcomes can apply to programs as well (e.g., increased number of PSA's by 100 percent per year.).

Patterns of Consumption

	Refers to the type of substance, amount, and frequency of use. At times, the place/occasion of use is also noted. This information is typically picked up in individually administered surveys.

Prevention

	As defined by SAMHSA, "A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles." (CSAP promotes six strategies to implement comprehensive prevention.)

Qualitative Data

	Information that is difficult to measure, count, or express in numerical terms and is therefore often presented in narrative forms. Qualitative research typically uses observation, interviewing, open-ended responses, and document review to collect data.

Quantitative Data

	Information that is reported in numerical form such as substance use rates, number of people attending a program, or number of alcohol-related deaths. The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects.

Resource Assessment

	A systematic process for examining which community resources are already in place that address those risk and protective factors identified as priorities during the community assessment.

Selective

	Those programs and strategies designed to target specific groups at greater risk for AOD substance abuse problems (e.g. school dropouts, foster youths, incarcerated youths, children of alcoholics).

Stakeholders

	An individual or organization with a direct or indirect investment in a project or program (e.g., participants, funders, managers, people not served by the program, community members).

Strategic Prevention Framework

	The SPF was developed by CSAP to provide the prevention field a logical framework for developing community-based prevention plans. It includes five distinct steps: 1) assessment; 2) capacity building; 3) planning; 4) implementation; and, 5) evaluation.

Survey Data

	Data that are created through the use of surveys to record beliefs, attitudes, and consumption patterns.

Target Population

	The term 'target' population refers to a specific demographic characteristic in the general population exhibiting problems associated with their use and consumption of substances (e.g., high school binge drinkers, white females age 18 to 24 engaged in drinking and driving behaviors). A 'target' population is generally identified based on the needs assessment process. Some in the prevention field have advocated replacing the term 'target' given its connotation with firearms.

Universal

	Those programs and strategies designed to target the entire population of a community (e.g., mass media campaigns).

Unproven Program Strategies

	Programs and strategies that have been shown through research to be ineffective at preventing substance abuse.

Work Plans

	A work plan represents the building blocks that identify the specific set of tasks to be accomplished, responsible party, and completion date. Work plans are generally progressive in nature, with tasks following sequentially the previous tasks.

SAMPLE QUESTIONS

The questions on the International Certification Examination for Alcohol, Tobacco, and Other Drug Abuse Prevention Specialists Exam were developed from the tasks identified in the 2007 AOD Abuse Prevention Professional Job Task Analysis Study. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job task analysis statements and the knowledge and skills identified for each task statement. These sample questions include those developed by IC&RC as part of their Candidate Guide. Other questions have been developed separately and should not be construed as the actual questions that will appear on the test. They do reflect the key concepts and terms associated with Domain 1A: Planning.

The following is taken from the instructions that will be read to you prior to taking the examination:

> *The questions in the examination are multiple-choice with four choices: A, B, C, and, D. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since the number of questions answered correctly will determine your final score. There is no penalty for guessing.*

1. If AOD abuse Prevention Specialists want to measure attitudes, values, decision making, community coordination, or cultural identification, they would use a:

A) Family system research and assessment instrument.
B) Psychiatric research and assessment instrument.
C) Group social psychological research instrument.
D) Social work research and assessment instrument.

2. One of the goals of prevention is to learn about long-term effects on our culture. The type of assessment needed to measure these effects is called:

A) Outcome Assessment.
B) Cultural Diversity Assessment.
C) Process Assessment.
D) Long-Term Assessment.

3. Theories of causation help identify why youths begin using drugs. AOD abuse prevention program designers must determine what factors are involved. At the most basic level these factors are:

A) Schools and communities.
B) Family and peers.
C) Individuals and family.
D) Risk and protective.

4. It is important to match risk and protective factors in AOD abuse prevention programming. Which of the following statements have a good match between risk and protective factors and programming?

I. *A school-based program working on self-esteem with children who live in abusive families.*
II. *A school-based program working on life skills with low-risk students.*
III. *A school-based support group program for students who have violated school AOD policies.*

A) **I** only.
B) **III** only.
C) **I** and **II** only.
D) **II** and **III** only.

5. Media campaigns dealing with prevention techniques affect audiences by:

A) Educating the public.
B) Increasing problem awareness.
C) Changing attitudes toward the behavior.
D) Changing the behavior.

6. Targeted programs are:

A) High-impact, highly focused programs for risk reduction.
B) Low-impact, broadly publicized programs for interdiction.
C) High-impact, broadly publicized programs for intervention.
D) Programs funded for a short time to serve a specific group.

7. A needs assessment that uses information collected from interviews, focus groups, and/or observations involving document reviews to produce a descriptive report is called:

A) Indicator data.
B) Qualitative data.
C) Outcome data.
D) Quantitative data.

8. A thorough prevention needs assessment process should involve:

I. *Key stakeholders.*
II. *Collection of consumption/consequence data.*
III. *Funding options.*
IV. *Identification of target (affected) populations.*

A) **I** only.
B) **III** only.
C) **I** and **IV** only.
D) **I**, **II** and **IV** only.

9. The Strategic Prevention Framework is used to:

I. *Prepare a needs assessment.*
II. *Identify community resources.*
III. *Build capacity.*
IV. *Select and implement an appropriate prevention approach.*

A) **I** only.
B) **I** and **II** only.
C) **III** and **IV** only.
D) **I**, **II**, **III** and **IV**.

10. The IOM health care model defines three types of prevention approaches/target populations. The terminology that BEST reflects one of these types is:

A) Universal.
B) Children of Substance Abusing Parents (COSAP).
C) High-Risk Youth.
D) Substance Abusers.

11. An example of an indicated prevention strategy includes:

A) Student Assistance Program (SAP).
B) Media Campaign.
C) Schools Assemblies.
D) Social Norm Program.

12. The most important feature in creating a logic model is:

A) They try out multiple strategies.
B) They enhance community involvement.
C) They help you determine appropriate staffing patterns.
D) They connect your outcomes and your goals.

13. The prevention planning structure using a five-step process that includes assessment, capacity, planning, implementation, and evaluation is known as:

A) Problem Identification and Referral Model.
B) Social Development Strategy Model.
C) Strategic Prevention Framework.
D) Public Health Model.

14. Mobilizing community members to participate in a community prevention effort is an example of:

A) Community readiness.
B) Problem prioritization.
C) Coalition building.
D) Community needs assessment.

15. You are planning to use a proven, evidence-based program, but realize it is not feasible to implement all of the program components. You should:

A) Not proceed at all with your choice.
B) Consult with the developers to determine potential impact.
C) Go ahead, as most programs can be modified to meet local circumstances.
D) Add additional alternatives to fill out the missing components.

16. A prevention program that has been designated as a best practice means:

A) It has been adapted by many prevention programs throughout the country.
B) It reflects the specific cultural needs of the community.
C) It needs to involve a skilled, experienced program director.
D) It has been shown through research and evaluation to be effective.

17. What is the best way to engage community members?

A) Ask them for their advice.
B) Get them involved in the planning process.
C) Survey them.
D) Conduct a focus group.

18. A resource assessment of the community would NOT include:

A) Interviews with service providers.
B) A review of archival data.
C) A survey of prevention program directors/staff.
D) A review of program documents.

19. If your community coalition lacks participation from a specific ethnic community you should:

A) Go with the group that has volunteered to serve in your coalition.
B) Invite them to your next planning meeting.
C) Wait until the current coalition is completed with its work.
D) Have collation members go to their community and ask them to participate.

20. In selecting a prevention program, what should you do?

A) Select the program with community input.
B) Base decision on what other prevention programs are doing.
C) Base selection on the prevention literature.
D) Select a universal-based approach.

21. A community is in denial when it:

A) Does not recognize it has an AOD problem.
B) Has no active leaders interested in the problem.
C) Has not engaged in the collection and analysis of AOD data.
D) All of the above.

22. One of the most effective strategies to use involves scare tactics, presenting the realities associated with substance use.

A) True.
B) False.

23. A prevention strategy aimed at informing broad segments of society is called a:

A) Universal program.
B) Selected program.
C) Indicated program.
D) Risk and protective approach.

24. A program that has been researched and found to be effective is known as:

A) Proven.
B) Best Practice.
C) Promising.
D) Excellent.

25. Ways you might encourage community readiness to address their local substance problem include:

A) Provide educational outreach to community leaders.
B) Provide prevalence rates on AOD problems.
C) Conduct in-service training.
D) All of the above.

26. A goal statement:

A) Specifies what and when something is to be accomplished.
B) Is general and inclusive.
C) Identifies who will do what tasks.
D) Is the same as a mission statement.

27. An objective statement:

A) Is time specific and measurable.
B) Identifies specific individuals and their responsibilities.
C) Is general and inclusive.
D) Compares planned to achieved tasks.

28. A community readiness process:

A) Identifies community resources available for prevention activities.
B) Summarizes AOD use and problems associated with their use.
C) Determines whether community members believe they have an AOD problem or not.
D) All of the above.

29. Consumption data is generally derived from:

A) Surveys.
B) Archival data repositories.
C) Prevention program records.
D) Focus groups.

30. A gap analysis refers to:

A) The difference of consumption patterns between adolescent youths from different age groupings.
B) The differences in available community resources as compared to the extent of the AOD problems.
C) The number of current prevention programs as compared to the number of services available in prior years.
D) The difference in funding allocations for current prevention efforts as compared to the funding amount one year ago.

Answer Key

1.	**C**	6.	**A**	11.	**A**	16.	**D**	21.	**D**	26.	**B**
2.	**B**	7.	**B**	12.	**D**	17.	**B**	22.	**B**	27.	**A**
3.	**D**	8.	**D**	13.	**C**	18.	**B**	23.	**A**	28.	**C**
4.	**D**	9.	**D**	14.	**C**	19.	**D**	24.	**B**	29.	**A**
5.	**B**	10.	**A**	15.	**B**	20.	**A**	25.	**D**	30.	**B**

Domain 1B: Evaluation

Number of Test Questions: Approximately 10–15

Evaluation is the second component of the IC&RC Domain I: Planning and Evaluation. Although evaluation is part of the planning process, we are giving it a separate section due to the scope of this particular topic. Evaluation is one of the key components in the Center for Substance Abuse Prevention (CSAP) Strategic Planning Framework (SPF). It is a broad topic encompassing a variety of approaches and techniques, and while it is assumed that professional prevention evaluators will be involved, there remains a need for the Prevention Specialists to have a strong working knowledge about this complex topic. In this section, we will: 1) present task areas, related KSA, and a checklist for self assessment; 2) present a glossary of terms and concepts; and, 3) provide an opportunity to take a test similar in format to the IC&RC exam specific to this topic.

DOMAIN 1B TASK AREAS and RELATED KSAs

Evaluation represents the second component of the IC&RC Domain 1: Planning and Evaluation. It accounts for 10–15 of the test questions on the Prevention Specialists Exam. In the exhibit below, we have identified the three task areas and the five KSAs related to evaluation. Take a few moments to self-assess your knowledge, skills, and abilities in these areas. (As noted previously, we have attempted to slot the KSAs by the three task areas; in some cases this is not a perfect fit.)

Exhibit 4
Evaluation: Self Assessment

Please review these three planning tasks and five KSAs and rate your knowledge level using the five point scale. 1=Not at all knowledgeable, to 5=Extremely knowledgeable.

	1	2	3	4	5
Task 1.6: Identify appropriate AOD prevention program evaluation strategies. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
Task 1.7: Conduct evaluation activities to document program implementation and effectiveness. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Ability to participate in AOD prevention program evaluation activities.	❒	❒	❒	❒	❒
b. Knowledge of AOD prevention program evaluation instruments/models.	❒	❒	❒	❒	❒
Task 1.8: Use evaluation to determine whether and how to adapt AOD prevention strategies. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Ability to interpret and apply AOD prevention program evaluation findings.	❒	❒	❒	❒	❒
a. Evaluate AOD strength/limitations through interviews, observations, and information from appropriate sources in order to design suitable work-related tasks.	❒	❒	❒	❒	❒
b. Determine the AODA supervisor levels of clinical functions by exploring his/her abilities to utilize various therapeutic approaches.	❒	❒	❒	❒	❒

Take a moment to review your self-assessment results. Are there certain areas where you are less proficient? These should become the areas where you direct more attention in preparing for the exam.

The next subsection presents a list of key Evaluation terms with their definitions. Your familiarity with these terms and concepts will go a long way in ensuring your success on the IC&RC exam. Take a piece of paper and place it over the definition. Write your own definition in space provided under the term or concept. Check your accuracy. (Note: covering the right box with a piece of will enable you to take repeated attempts.) Again, it is central to your success that you have a working knowledge of each of these terms. Many will be used in the exam questions.

KEY TERMS

Place a piece of paper over the definitions in the shaded boxes on the right side of this page, and write your own definition based on your reading. Then check your accuracy.

Archival Data

	Data that already exists and that are maintained by an organization or entity. Typically, this refers to collected data repositories maintained by state agencies, such as Highway Patrol (for DUI accidents and fatalities), Health Services (for AOD-related hospitalizations), and Treatment admissions for AOD substance use problems.

Comparison Group

	A group of participants in a quasi-experiment who are not given or exposed to the treatment to see if there is a difference between the two (or more). Comparison groups are not randomly assigned.

Control Group

	A group whose characteristics are statistically equivalent to those of the program, but who do not receive the program services, products, or activities being evaluated. Participants are randomly assigned to either the experimental group (those receiving program services) or the control group. A control group is used to assess the effect of program activities on participants who are receiving the services, products, or activities being evaluated. The same information is collected for people in the control group and those in the experimental group.

Data Collection Methods

	Refers to the manner in which information is gathered in an evaluation. It can include interviews, surveys, focus groups, document reviews, and observations.

Evaluation

	Evaluation has several distinguishing characteristics relating to focus, methodology, and function. Evaluation: ***1)*** *assesses the effectiveness of an ongoing program in achieving its objectives;* ***2)*** *relies on the standards of study design to distinguish a program's effects from those of other forces; and* ***3)*** *aims at program improvement through assessment and possible modification of current operations.*

Evaluation Method

	The way that the evaluation information (data) is collected.

Evaluation Plan

	A written document describing the overall approach or design that will be used to guide an evaluation. It includes what will be done, how it will be done, who will do it, when it will be done, and why the evaluation is being conducted.

Experimental Design

	A research design in which the researcher has control over the selection of participants in the study and their random assignment to treatment and control (experimental) groups. Experimental design maximizes the ability to attribute outcomes to a "treatment" (e.g., policy, program, or practice).

Experimental Group

	A group of individuals participating in the program activities or receiving the program services being evaluated or studied. Experimental groups (also known as treatment groups) are usually compared to a control or comparison group.

External Evaluation

	Collection, analysis, and interpretation of data conducted by an individual or organization outside of the organization being evaluated.

Focus Group

	A group of people convened for the purpose of obtaining perceptions or opinions, suggesting ideas, or recommending actions. A focus group is a method of collecting information for the evaluation process. It involves 6-10 individuals, following a progressive script encouraging discussion of issues or questions. The sessions have a facilitator and detailed notes are taken.

Impacts

	The ultimate effect of the program on the problem or condition that the program or activity was supposed to change.

Indicator

	A variable that relates directly to some part of a program goal or objective. Positive change on an indicator is presumed to show progress in accomplishing the larger program objective. For example, a program may aim to reduce smoking among teens. An indicator of progress could be a reduction of teens in possession of tobacco. A community indicator is a defined, measurable variable used to monitor the quality of a community.

Internal Evaluation

	A process of quality review undertaken within an institution for its own ends (with or without the involvement of external peers).

Logic Model

	Logic models are narrative or graphical depictions of processes in real life that communicate the underlying assumptions upon which an activity is expected to lead to a specific result. Logic models illustrate a sequence of cause-and-effect relationships – a systems approach to communicate the path toward a desired result.

Measures

	A measure for evaluation purposes is a clearly defined, data-based numeric score that represents the indicator.

Outcome

	Ways in which the participants of a prevention program could be expected to change at the conclusion of the program (e.g., increases in knowledge, changes in attitudes or behavior).

Output	
	The immediate products or activities of a program (e.g., the number of participants, number of hours of service, work accomplished).

Participatory Evaluation	
	An evaluation organized as a team project in which the evaluator and representatives of one or more stakeholder groups work collaboratively in developing the evaluation plan, conducting the evaluation, or disseminating and using the results.

Pre Test	
	A test or measurement taken before services or activities begin. It is compared with the results of a post test to show evidence of the effects of the services or activities being evaluated. A pre test can be used to obtain baseline data.

Post Test	
	A test or measurement taken after services or activities have ended. It is compared with the results of a pre test to show evidence of the effects or changes resulting from the services or activities being evaluated.

Post Only	
	A test or measurement taken after services or activities have ended. It is not compared with other survey results of the study group.

Process Evaluation	
	This form of evaluation assesses the extent to which a program is operating as it was intended. It typically assesses program activities' conformance to statutory and regulatory requirements, program design, and professional standards or customer expectations. Also known as an implementation evaluation.

Qualitative Data

	Information that is difficult to measure, count, or express in numerical terms and is therefore often presented in narrative forms. Qualitative research typically uses observation, interviewing, open-ended responses, and document review to collect data.

Quantitative Data

	Information that is reported in numerical form such as substance use rates, number of people attending a program, or number of alcohol-related deaths. The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects.

Quasi-Experimental Design

	A research design with some, but not all, of the characteristics of an experimental design. While comparison groups may be available and all feasible controls are used to minimize threats to validity, random selection is typically not possible or practical.

Stakeholders

	An individual or organization with a direct or indirect investment in a project or program (e.g., participants, funders, managers, people not served by the program, community members).

Survey

	The collection of information from a common group through interviews, or the application of questionnaires to a representative sample of that group.

SAMPLE QUESTIONS

The questions on the International Certification Examination for Alcohol, Tobacco, and Other Drug Abuse Prevention Specialists Exam were developed from the tasks identified in the 2007 AOD Abuse Prevention Professional Job Task Analysis Study. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job task analysis statements and the knowledge and skills identified for each task statement. These sample questions include those developed by IC&RC as part of their Candidate Guide. Other questions have been developed separately and should not be construed as the actual questions that will appear on the test. They do reflect the key concepts and terms associated with Domain 1B: Evaluation.

The following is taken from the instructions that will be read to you prior to taking the examination:

> *The questions in the examination are multiple-choice with four choices: A, B, C, and, D. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since the number of questions answered correctly will determine your final score. There is no penalty for guessing.*

1. One of the goals of prevention is to learn about long-term effects on our culture. The type of assessment needed to measure these effects is called:

- **A)** Outcome Assessment.
- **B)** Cultural Diversity Assessment.
- **C)** Process Assessment.
- **D)** Long-Term Assessment.

2. The greatest optimism in the development of AOD abuse prevention activities has come from:

- **A)** Individualized prevention efforts.
- **B)** Large-scale prevention programming studies.
- **C)** Targeted prevention programs.
- **D)** Health education efforts.

3. Key informants are people:

- **A)** Used by law enforcement to provide essential information for arrests.
- **B)** Who are used by program evaluators to monitor program implementation covertly.
- **C)** Who go undercover to provide school officials with tips on drug traffic.
- **D)** Who are essential information sources in needs assessments.

4. What question should be asked at the HIGHEST level of prevention evaluation?

- **A)** Did community-wide behaviors change?
- **B)** Did participants show up?
- **C)** Did program participants' behavior change?
- **D)** Did participants' attitudes change or did self-esteem improve?

5. Including demographic information for outcome program evaluation will help determine if the:

- **A)** Program is effective for minority groups.
- **B)** Program is effective for children.
- **C)** Test is valid.
- **D)** Program is effective for different types of participants.

6. Your argument that your program is effective may be strengthened considerably if self-reported change is:

A) Matched with demographic data.
B) Recorded on tape.
C) Substantiated by a psychologist.
D) Supplemented by measures collected independently of the program.

7. Focus groups are used to bring together people:

A) With common characteristics for implementing programs.
B) From diverse backgrounds to discuss a wide variety of topics.
C) To evaluate types of proposed program materials.
D) With common characteristics for needs assessment.

8. An example of an output measure would be:

A) A change in the participant's use of an AOD substance.
B) Number of program participants served.
C) An improvement in DUI rates.
D) Pre/Post Tests

9. Advantages with an internal evaluation are:

A) Considered more objective than an external evaluation.
B) Less costly.
C) Involves fewer individuals.
D) Findings are generally considered more credible.

10. After planned data collection is completed, you would then:

A) Analyze the data.
B) Prepare a report.
C) Determine stakeholders' needs.
D) None of the above.

11. Archival data is:

A) Information from a large number of individuals.
B) Agency compiled information.
C) Hard to find.
D) Collected from surveys.

12. Qualitative data can involve:

A) Observations.
B) Document reviews.
C) Measuring people's perceptions.
D) All of the above.

13. The most rigorous evaluation design:

A) Utilizes random assignment of participants.
B) Tracks individual for long periods of time after completing program services.
C) Involves multiple data collection procedures.
D) In-depth interviews of program participants.

14. A process evaluation:

A) Is done at the completion of the program.
B) Is done throughout the delivery of program services.
C) Involves random assignment of participants.
D) Involves the collection of participant information after they leave the program.

15. A potential problem with a written survey is:

A) Low response rates.
B) Results are easily biased.
C) Can miss key information.
D) All of the above.

16. A case study involves:

A) A detailed examination of program records and documents.
B) A long-term follow-up of program participants.
C) The collection of in-depth information about a few selected participants.
D) A summary of program operations based on observations only.

17. Interviews as a method of data collection:

A) Eliminates possibility of bias in collection information.
B) Can be done by anyone.
C) Providers for in-depth information about a program.
D) Do not take much time.

18. One of the best methods to assess parent/child interactions would be through:

A) Use of focus groups.
B) Use of surveys.
C) Use of interviews.
D) Use of observation.

19. The best reason to use a pre/post survey method is that it:

A) Tells you whether the individual has changed their behavior, attitude, or belief.
B) Provides an opportunity for the program participant to criticize the program.
C) Is less expensive than any other evaluation method.
D) Can tell you things about the program that other data collection methods can't provide.

20. A written survey could include:

A) Open-ended questions.
B) Close-ended questions.
C) Questions on attitudes or beliefs.
D) All of the above.

Answer Key

1.	**B**	6.	**D**	11.	**B**	16.	**C**
2.	**C**	7.	**D**	12.	**D**	17.	**C**
3.	**D**	8.	**B**	13.	**A**	18.	**D**
4.	**A**	9.	**B**	14.	**B**	19.	**A**
5.	**D**	10.	**A**	15.	**D**	20.	**D**

Domain 2: Education and Skills Development

Domain 2 in the IC&RC framework involves Education and Skills Development Together, these two components of Domain 2 account for 35–46 of the test questions on the Prevention Specialists Exam. Similar to the decision made for Domain 1, we have broken Domain 2 into two component sections: 2A: Education: AOD Theory and Models, and 2B: Skills Development.

DOMAIN 2: Education and Skills Development

Number of Test Questions: 35–46

EDUCATION: AOD THEORY AND MODELS

2.1: Develop AOD prevention education and skill development activities based on target audience analysis. (Approximately **5 Questions**)

2.2: Connect prevention theory and practice to implement effective prevention education and skill development activities. (Approximately **4 Questions**)

2.3: Maintain program fidelity when implementing evidence-based programs. (Approximately **5 Questions**)

SKILLS DEVELOPMENT

2.4: Assure that AOD education and skill activities are appropriate to the culture of the community being served. (Approximately **5 Questions**)

2.5: Use appropriate instructional strategies to meet the needs of the target audience. (Approximately **5 Questions**)

2.6: Ensure all AOD prevention education and skill development programs provide accurate, relevant, timely and appropriate content information. (Approximately **5 Questions**)

2.7: Identify, adapt, or develop instructor and participant materials for use when implementing AOD prevention activities. (Approximately **5 Questions**)

2.8: Provide professionals in related fields with accurate, relevant, timely, and appropriate AOD prevention information. (Approximately **4 Questions**)

2.9: Provide technical assistance to community members and organizations regarding AOD prevention strategies and best practices. (Approximately **4 Questions**)

Domain 2A: Education: AOD Theory and Models

Number of Test Questions: Approximately 12–16

The Prevention Specialist must have familiarity with the various theories and frameworks that have shaped the field over the past two decades. At different points in time, the field has been greatly influenced by various proponents of a specific theory, often resulting in the development of a conceptual framework that became central to choices of prevention strategies, programs, or policies. Currently, the Institute of Medicine's (IOM) model of prevention based on perceived AOD risks in a community, dictates the choice of universal, selective, or indicated approach. Concurrent with the adoption of this broad conceptual model has been of increasing use of an environmental approach specifically targeting community factors that promote AOD consumption behaviors. In this section, we will: 1) present task areas, related KSA, and a checklist for self assessment; 2) present a glossary of terms and concepts; and, 3) provide an opportunity to take a test similar in format to the IC&RC exam specific to this topic.

DOMAIN 2A TASK AREAS and RELATED KSAs

Education represents the first component of the IC&RC Domain 2: Education and Skills Development. It accounts for approximately 12–16 questions used to determine your final score on the Prevention Specialists Exam. In the exhibit below, we have identified the three task areas and the seven KSAs related to Education. Take a few moments to self-assess your knowledge, skills, and abilities in these areas.

Exhibit 5
Education: Self Assessment

Please review these three planning tasks and seven KSAs and rate your knowledge level using the five point scale. 1=Not at all knowledgeable, to 5=Extremely knowledgeable.

	1	2	3	4	5
Task 2.1: Develop AOD prevention education and skill development activities based on target audience analysis. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of information gathering techniques and data sources.	❒	❒	❒	❒	❒
b. Ability to collect, organize, and interpret data.	❒	❒	❒	❒	❒
c. Knowledge of current AOD prevention program best practices, models, and the continuum of care.	❒	❒	❒	❒	❒
Task 2.2: Connect prevention theory and practice to implement effective prevention education and skill development activities. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of current AOD theory and models.	❒	❒	❒	❒	❒
b. Knowledge of current AOD prevention program best practices, models, and the continuum of care.	❒	❒	❒	❒	❒

	1	2	3	4	5
Task 2.3: Maintain program fidelity when implementing evidence-based programs. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Ability to maintain program fidelity when modifying and/or implementing evidence-based programs.	❒	❒	❒	❒	❒
b. Ability to interpret evaluation data and revise programming as necessary.	❒	❒	❒	❒	❒

Take a moment to review your self-assessment results. Are there certain areas where you are less proficient? These should become the areas where you direct more attention in preparing for the exam.

The next subsection presents a list of key Education (AOD Theory and Models) terms with their definitions. Your familiarity with these terms and concepts will go a long way in ensuring your success on the IC&RC exam. Take a piece of paper and place it over the definition. Write your own definition in space provided under the term or concept. Check your accuracy. (Note: covering the right box with a piece of will enable you to take repeated attempts.) Again, it is central to your success that you have a working knowledge of each of these terms. Many will be used in the exam questions.

KEY TERMS

Place a piece of paper over the definitions in the shaded boxes on the right side of this page, and write your own definition based on your reading. Then check your accuracy.

Addiction

	Compulsion and a craving to use alcohol or other drugs regardless of negative or adverse consequences. Addiction is characterized by psychological dependence, and often (depending on the drug or drugs) physical dependence. An inability to set or maintain limits, resulting in loss of control, is also a characteristic of addiction.

Agent

	In the public health model, the agent is the AOD substance of concern causing harm to the individual (e.g., tobacco, alcohol, other drug). The "agent" acts directly on the "host" (individual) and is influenced by the "environment" (community, culture, norms settings, politics, and values).

Alternative Activities

	This approach to substance abuse prevention is based on the assumption that involving high-risk youth in activities that are free of alcohol, tobacco, and other drugs will occupy their leisure time with pro-social activities and allow them to make friends with more social peers. These approaches fall into several broad categories: Athletic; Recreational Alternatives; Adventure Oriented; Cultural Specific Models; Aimed at High-Risk; Entrepreneurial; Community Service; Creative; Artistic; and Drop-in Centers.

Anabolic-Androgenic Steroid

	A steroid pharmacologically similar to testosterone that builds muscle and strength. It also induces male sexual characteristics.

Analgesic

	A drug that kills pain by changing the perception of pain rather than by deadening the nerves of an anesthetic wound.

Anxiolytics

	Drugs used to treat anxiety disorders.

Asset Development Model

	A widely used framework is the Asset Development Model. Created by Search Institute, the Developmental Assets are relationships, opportunities, skills, values, and commitments children and adolescents need to grow up healthy, caring, and responsible. The research-based framework is organized into two types of assets. External assets refer to the support and opportunities that are provided by family, friends, organizations, and communities. The internal assets focus on the capacities, skills, and values that young people need to internalize as part of developing their character, identity, and life skills.

Bonding

	Bonding is a protective factor. Children attached to positive families, friends, schools, and communities are better able to cope with life's challenges than children lacking these positive relationships. With its focus on the importance of a caring person, bonding is a key component in the resiliency framework.

Cannabinols

	The psychoactive cannabinoids of the cannabis plant.

Central Nervous System Depressants

	A psychoactive drug, such as alcohol or an opiate that decreases the actions in the brain, resulting in depressed respiration, heart rate, muscle strength, and other functions.

Central Nervous System Stimulant

	Any substance that forces the release of epinephrine and norepinephrine, that body's stimulants. They increase the electrical and chemical activity of the brain.

Chemical Dependence

	A term used to describe addiction to alcohol and /or other drugs and to differentiate this type of addiction from nonchemical addition (e.g., gambling).

Club Drugs

	A certain group of drugs that are most commonly used in "raves" or clubs.

Community-Based Processes

	Community-based process strategies aim to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse. Services in this strategy include organizing, planning, and enhancing the efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Community Norms

	The attitudes toward policies about drug use and crime that a community holds. They are communicated in a variety of ways: through laws and written policies; through informal social practices; and through the expectations that parents and other members of the community have of young people.

CSAP Strategies

	CSAP defined six broad prevention strategies: ***Information Dissemination****;* ***Prevention Education****;* ***Alternative Activities****;* ***Problem Identification and Referral****;* ***Community-Based Processes****; and* ***Environmental Approaches****.*

Delinquency

	Behavior by adolescents (younger than 18) that is antisocial or in violation of the law.

Designer Drugs

	Drugs, formulated by street chemists, which are similar to controlled drugs.

Downers

	See "Central Nervous System Depressants."

Environment

	In the public health model, environment represents the broader context in which the "agent" interacts with the "host." In AOD planning, the environment includes the community, culture, norms, laws and regulation that affect the distribution and availability of the "agent" (e.g., tobacco, alcohol, and other drugs). By changing the "environment," it is expected that changes will occur with the "agent's" availability leading to reduced problems with the "host" (individual).

Environmental Approaches

	One of CSAP's Six Prevention Strategies. Environmental Prevention considers that individuals do not become involved with substances solely as a matter of personal choice (Fisher, 1998). Rather, they are influenced by a complex set of factors in their environment, such as norms, media messages, laws and regulations, or accessibility. Environmental Prevention works to change the settings and messages that both directly and indirectly make drug use easy, appealing, attractive, and socially acceptable. This is done through a variety of approaches, including changes in public laws (conventional use permits), increased taxation on alcohol/ tobacco products, countering media messages, reduce accessibility (e.g., server intervention, cutting off alcohol sales at sporting events), promoting non-use behaviors (e.g., alcohol/drug-free community events, designated drivers, sober graduation)

External Assets

	Created by Search Institute, External Assets are provided by the family, school, and community. They are ***Support****: Family support, Positive family communication, Other adult relationships, Caring neighborhood/community, Caring school climate, and Parent involvement in school;* ***Empowerment:*** *Community values youth, Youth given useful roles, Youth volunteers in the community, and Safety;* ***Boundaries and expectations:*** *Family boundaries, School boundaries, Neighborhood/Community boundaries, Adult role models, Positive peer influence, and High expectations; and* ***Constructive use of time:*** *Creative and cultural activities, Youth programs, Religious community, and Time at home.*

Gateway Drugs

	Any drug that is believed to lead to the use of stronger psychoactive drugs, such as alcohol, tobacco, and marijuana.

Hallucinogens

	Substances that produce hallucinations, often used interchangeably with the terms psychedelic, psychotomimetic, and psychogenic.

Host

	In the Public Health Model, the "host" is the individual or person affected by the public health problem (e.g., the "agent"; for prevention - alcohol, tobacco and other drugs).

Hypnotics

	Drugs that induce sleep.

Individual Characteristics (Protective Factors)

	In Hawkins and Catalano's Social Development Strategy Model, specific individual characteristics are viewed as providing a protective buffer. They were: gender, possessing a resilient temperament, and having a positive social orientation and intelligence.

Information Dissemination

	One of CSAP's Six Prevention Strategies. Information Dissemination includes providing information about the nature and extent of drug use, abuse, and addiction and the effects on individuals, families, and communities. It also includes information about the availability of prevention services. A characteristic of Information Dissemination is a ***one-way*** *communication mechanism.*

Inhalants

	Any substance that is vaporized, misted, or gaseous that is inhaled and absorbed through the capillaries in the alveoli of the lungs.

Internal Assets

	Created by Search Institute, Internal Assets are the values, commitments, competencies, and self-perceptions to be nurtured in every young person. They are: ***Commitment to learning:*** *Achievement motivation, School engagement, Homework, Bonding to school, and Reading for pleasure;* ***Positive values:*** *Caring, Equality and social justice, Integrity, Honesty, Responsibility, and Restraint;* ***Social skills:*** *Planning and decision-making, Interpersonal skills, Cultural competence, Resistance skills, and Peaceful conflict resolution;* ***Positive identity:*** *Personal power, Self-esteem, Sense of purpose, and Positive view of personal future.*

Intoxication

	State of being under the influence of alcohol, tobacco, or other drugs so that thinking, feeling, and/or behavior are affected ("high" is a slang word for intoxication).

Model Programs

	Prevention programs that have been rigorously evaluated and have repeatedly demonstrated positive outcomes.

NIAAA

	Acronym for the National Institute of Alcohol Abuse and Alcoholism.

NIDA

	Acronym for National Institute of Drug Abuse.

Norms

	A behavior or belief that is considered typical of a community. In prevention, work may be focused on changing negative norms, such as underage drinking, or it may be promoting positive norms, such as encouraging substance-free family gatherings.

Overdose

	The accidental or deliberate use of more of a drug than the body can handle, resulting in severe medical consequences including possible coma and death.

Predictive Theory

	A theory that empirically states that if certain conditions are present, a probable outcome may result.

Prevention Education

	*One of CSAP's Six Prevention Strategies. Prevention Education involves **two-way** communication, generally a facilitator/educator, and a group of learners (participants). Examples include classroom presentations, parenting and family management classes, and groups for children of substance abusers.*

Problem Identification and Referral

	One of CSAP's Six Prevention Strategies. Problem Identification and Referral aims to identify those who have engaged in drug use in order to determine whether their behavior can be reversed through education (e.g., Student Assistance Programs [SAP]), or whether they need a referral for a chemical dependency assessment. Examples include DUI education programs or SAPs.

Protective Factors

	Protective factors, identified by Hawkins and Catalano, counter risks; the more protective factors are present, the less is the risk. Protective factors fall into three basic categories: individual characteristics, bonding, and healthy beliefs and clear standards.

Psychedelic

	Any drug that can induce illusions or hallucinations.

Psychoactive

	Any substance that directly alters the normal functioning of the central nervous system when it is injected, ingested, smoked, snorted, or absorbed into the body.

Public Health Model of Prevention

	The Public Health Model of Prevention is based on the interaction of the "host" (individual or person), the "agent" (tobacco, alcohol or other drugs), and the "environment" (community setting, values, or policies).

Risk Factors

	Factors shown to increase the likelihood of adolescent substance abuse, teenage pregnancy, school drop-out, youth violence, and delinquency. Risk factors occur in all areas of life: community, family, school, and individual/peer group. The more risk factors present, the greater the risk. The risk and protective factors theory is based on the work of David Hawkins, PhD, and Richard Catalano, PhD.

Resilience

	Resilience is the ability of an individual to cope with or overcome the negative effects of "risk" factors or to "bounce-back" from a problem (e.g., substance abuse).

Resiliency Factors

	Werner et al. contend that these are factors that protect or buffer people against social problems or risk factors. There are three clusters of factors present in resilient youths: ***1)*** *positive dispositional attributes,* ***2)*** *affectionate with an adult either parent or non-parent, and* ***3)*** *having an external support system.*

Social Development Strategy Model

	Hawkins and Catalano's explanation of protective factors and healthy communities led to the social development theory which examines three broad domains: individual characteristics, healthy beliefs, and clear standards and bonding, and their respective protective factors.

Social Norms Marketing

	*A strategy used to educate or communicate healthy behaviors as practiced by a majority of the public or selected group (e.g., rather than state 25% of high school seniors binge drink every month, a social norms approach would highlight the fact that 75% of the seniors **do not** engage in monthly binge drinking).*

Steroids

	See "Anabolic-Androgenic Steroid."

Tolerance

	Requirements for increasing doses or quantities of alcohol, tobacco, or other drugs in order to create the same effects that were obtained from the original dose. Tolerance results from physical or psychological adaptations of the individual. "Cross-Tolerance" refers to accompanying tolerance to other drugs from the same pharmacological group. For example, tolerance to alcohol results in tolerance to minor tranquilizers such as Xanax, even when the individual has never used Xanax. "Reverse Tolerance" refers to a condition in which smaller quantities of a drug produce the same effects as did previous large doses.

Violence

	Acts against a person or people that involve physical harm or the threat of physical harm.

Withdrawal

	Physical and psychological effects that occur when drug-dependent individuals discontinue using alcohol, tobacco, or other drugs.

Youth Development

	*The Youth Development approach, along with the **Resiliency Approach** and the **Development Assets Approach** represent another way to categorize and frame youth protection assets. It focuses on what programs can and should do to promote personal and social assets for youth. These include: physical development, intellectual development, psychological and emotional development, and social development.*

SAMPLE QUESTIONS

The questions on the International Certification Examination for Alcohol, Tobacco, and Other Drug Abuse Prevention Specialists Exam were developed from the tasks identified in the 2007 AOD Abuse Prevention Professional Job Task Analysis Study. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job task analysis statements and the knowledge and skills identified for each task statement. These sample questions include those developed by IC&RC as part of their Candidate Guide. Other questions have been developed separately and should not be construed as the actual questions that will appear on the test. They do reflect the key concepts and terms associated with Domain 2A: Education: AOD Theory and Models.

The following is taken from the instructions that will be read to you prior to taking the examination:

> *The questions in the examination are multiple-choice with four choices: A, B, C, and, D. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since the number of questions answered correctly will determine your final score. There is no penalty for guessing.*

1. The Social Learning Theory was developed by:

- **A)** Erik Erikson.
- **B)** Abraham Maslow.
- **C)** Albert Bandura.
- **D)** David Hawkins and Richard Catalano.

2. The CLOSEST description of the Asset Development Model is one that:

- **A)** Incorporates risk and protective factors.
- **B)** Was developed by the Search Institute and identifies 40 assets.
- **C)** Focuses only on resiliency factors.
- **D)** Identifies developmental tasks by various age groupings.

3. An example of an Information Dissemination approach would be:

- **A)** Classroom presentation on the dangers of illegal drugs.
- **B)** Mass media campaign on methamphetamine addiction.
- **C)** Server intervention training workshops.
- **D)** Student Assistance Programs.

4. A Youth Development Approach is best characterized as:

- **A)** Policies and procedures a youth program can do to promote youth development.
- **B)** A focus on protective factors.
- **C)** A focus on adolescent risk factors.
- **D)** Mentor relationships.

5. The condition that builds resilience to buffer negative effects (e.g., poverty, drug-abusing environment) are called:

- **A)** Support Factors.
- **B)** Universal Factors.
- **C)** Resilient Factors.
- **D)** Protective Factors.

6. Which of the following is NOT one of CSAP's six prevention strategies?

A) Alternative Activities.
B) Community-Based Processes.
C) Constructive Use of Time.
D) Environmental Approaches.

7. The Prevention Specialist often encounters the following roles, EXCEPT:

A) Technical assistance and training.
B) Group facilitation.
C) Community mobilization.
D) Intervention work.

8. Which of the following approaches best reflects use of an IOM Indicated approach?

A) Classroom presentation on the dangers of illegal drugs.
B) Mass media campaign on methamphetamine addiction.
C) Server intervention training workshops.
D) Student Assistance Programs.

9. Which of the following is NOT an example of a resiliency factor?

A) Ability to obtain positive attention.
B) Desire to achieve.
C) Favorable community.
D) Positive adult role models.

10. An example of an effective environmental approach to substance abuse prevention is:

A) School-based curriculum highlighting community risks.
B) Server intervention training.
C) Program serving student drop-outs.
D) Mass media campaign on meth addiction issues.

11. Problem Identification and referral:

A) Involves treatment options.
B) Provides targeted educational options (e.g., DUI classes).
C) Involves vulnerable populations.
D) Focuses on resiliency factors.

12. Which of the following is NOT one of the broad six CSAP strategies?

A) School Assistance Programs.
B) Community-Based Process.
C) Environmental Approach.
D) Prevention Education.

13. Your needs assessment process identified a high-rate of alcohol consumption problems among adolescent females. You should:

A) Consider a universal prevention approach.
B) Consider a youth development approach.
C) Consider a selective prevention approach.
D) Implement an asset development approach.

14. Common attributes of resilient children include all of the following, EXCEPT:

A) A young person feels he or she has control over "things that happen to me."
B) A young person has low tolerance for dealing with frustration.
C) A young person experiences caring neighbors and adults they can trust.
D) A young person places high value on helping others.

15. A way the media can be used to educate and inform is through:

A) Parenting skills classes.
B) After school programming.
C) PTA meetings.
D) Opinion Editorials.

16. This Center for Substance Abuse Prevention (CSAP) strategy aims to identify those who indulge in illegal or age-inappropriate use of tobacco or alcohol or illicit drugs in order to reverse their behavior in the early stages.

A) Information Dissemination.
B) Prevention Education.
C) AOD Intervention.
D) Problem Identification and Referral.

17. An example of environment in the public health model would be:

A) A professional baseball park.
B) A public fair, with a restricted area for beer sales.
C) A bar.
D) All of the above.

18. To understand the role that media (e.g., advertisement, movies, or songs) can have in shaping adolescent behavior involves which theoretical perspective:

A) Maslow's Hierarchy of Needs.
B) Bandura's Social Learning Theory.
C) Erik Erikson's Theory of Development.
D) None of the above.

19. Product placement strategies is an example of:

A) An Environmental approach.
B) Information Dissemination approach.
C) Alternative Activity approach.
D) Community-based Process approach.

20. The IOM model:

A) Includes three prevention components in the overall continuum of care approach.
B) Has two major prevention strategies.
C) Focuses on individuals.
D) All of the above.
E) Only 'a' and 'b.'
F) Only 'a' and 'c.'

21. Target population analysis is best carried out using:

A) Bandura's social learning theory.
B) The IOM model approach.
C) Youth development approach.
D) The CSAP six strategies.

Answer Key

1.	**C**	6.	**C**	11.	**B**	16.	**D**	21.	**B**
2.	**B**	7.	**D**	12.	**A**	17.	**D**		
3.	**B**	8.	**D**	13.	**C**	18.	**B**		
4.	**A**	9.	**C**	14.	**B**	19.	**A**		
5.	**D**	10.	**B**	15.	**D**	20.	**F**		

Domain 2B: Skills Development

Number of Test Questions: Approximately 23–30

The second component of the IC&RC Domain 2 focuses on instructional skills that a Prevention Specialist needs to possess. The primary focus of the content in this section is on effective instructional skills for presenting prevention information to others. There are six content objectives associated with Domain 2: Skills Development. In this section, we will: 1) present task areas, related KSA, and a checklist for self assessment; 2) present a glossary of terms and concepts; and, 3) provide an opportunity to take a test similar in format to the IC&RC exam specific to this topic.

DOMAIN 2B TASK AREAS and RELATED KSAs

Skills Development represents the second component of the IC&RC Domain 2: Education and Skills Development. It accounts for approximately 23–30 of the questions used to determine your final score on the Prevention Specialists Exam. In the exhibit below, we have identified the six task areas and the 16 KSAs related to Skills Development. Take a few moments to self-assess your knowledge, skills, and abilities in these areas.

Exhibit 6
Skills Development: Self Assessment

Please review these six planning tasks and 16 KSAs and rate your knowledge level using the five point scale. 1=Not at all knowledgeable, to 5=Extremely knowledgeable.

	1	2	3	4	5
Task 2.4: Assure that AOD education and skill activities are appropriate to the culture of the community being served. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of cultural diversity.	❒	❒	❒	❒	❒
b. Ability to demonstrate cultural competence and sensitivity.	❒	❒	❒	❒	❒
Task 2.5: Use appropriate instructional strategies to meet the needs of the target audience. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of adult learning styles, instructional strategies, and presentation methods.	❒	❒	❒	❒	❒
b. Ability to develop, modify, or implement instructional materials.	❒	❒	❒	❒	❒
c. Knowledge of training and group facilitation techniques.	❒	❒	❒	❒	❒
d. Knowledge of group processes (consensus building, conflict resolution, etc.).	❒	❒	❒	❒	❒
e. Knowledge of training evaluation models, instruments, and processes.	❒	❒	❒	❒	❒
f. Ability to implement educational/skill building programs and facilitate group processes.	❒	❒	❒	❒	❒

	1	2	3	4	5
Task 2.6: Ensure all AOD prevention education and skill development programs provide accurate, relevant, timely, and appropriate content information. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Ability to synthesize AOD prevention and AOD theory models to develop education and skill development programs.	❒	❒	❒	❒	❒
Task 2.7: Identify, adapt, or develop instructor and participant materials for use when implementing AOD prevention activities. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of accurate and timely AOD content resources for instructional programming.	❒	❒	❒	❒	❒
b. Knowledge of copyright issues.	❒	❒	❒	❒	❒
c. Ability to obtain copyright permission prior to implementing copyrighted materials/content.	❒	❒	❒	❒	❒
Task 2.8: Provide professionals in related fields with accurate, relevant, timely, and appropriate AOD prevention information. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of the policies, procedures, and legal/programmatic limitations that guide the practice of related professions.	❒	❒	❒	❒	❒
b. Knowledge of interagency dynamics and/or power relationships within the community, agency, or institution and their impact on the intended audience.	❒	❒	❒	❒	❒
Task 2.9: Provide technical assistance to community members and organizations regarding AOD prevention strategies and best practices. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Ability to successfully work within existing organizational and community structures.	❒	❒	❒	❒	❒
b. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.	❒	❒	❒	❒	❒

Take a moment to review your self-assessment results. Are there certain areas where you are less proficient? These should become the areas where you direct more attention in preparing for the exam.

The next subsection presents a list of key Skills Development terms with their definitions. Your familiarity with these terms and concepts will go a long way in ensuring your success on the IC&RC exam. Take a piece of paper and place it over the definition. Write your own definition in space provided under the term or concept. Check your accuracy. (Note: covering the right box with a piece of will enable you to take repeated attempts.) Again, it is central to your success that you have a working knowledge of each of these terms. Many will be used in the exam questions.

KEY TERMS

Place a piece of paper over the definitions in the shaded boxes on the right side of this page, and write your own definition based on your reading. Then check your accuracy.

Adult Learning Principles

	Adult learning principles acknowledge that the learning experience for adults differs greatly from that experience by younger learners. To be effective with this population requires an understanding of these differences, including adults want to know why they should learn, are practical, bring experience to learning, are ready to learn when the occasion calls for it, and are task-oriented.

Copyright

	Copyright is a legal device that provides the creator (art, music, document, literature) the right to control how the work is used.

Cultural Competency

	To be culturally competent is to possess the ability to serve individuals and communities in ways that demonstrate understanding, caring, and valuing the unique characteristics of those served.

Culture

	Culture is the knowledge, experience, values, ideas, attitudes, skills, tastes, and techniques that are passed on from more experienced members of a community to new members.

Facilitator

	A facilitator manages a group process to ensure: 1) a constructive discussion, 2) involvement of all members, and 3) team cohesiveness. A facilitator serves as a referee and does not take sides.

Feedback

	Verbal and nonverbal communication that occurs during and after a message has been sent.

Leadership

	The social influence in which one person is able to enlist the aid and support of others in the accomplishment of a common task.

Medicine Wheel

	A valuable teaching tool used in many Native American traditions. Stories are used to help others see and understand things that are difficult to understand because they are ideas or abstract concepts instead of physical objects. Often, stories of concrete, observable events in nature are used symbolically to represent the inner development of human beings and communities.

Rave

	A dance party where certain drugs are available that is usually held in warehouses, the desert, nightclubs, or outdoors.

Technical Assistance

	Technical Assistance (TA) refers to the provision of assistance to an agency or organization requiring information to improve operational procedures. TA can be done through written materials, telephone contact, email, or on-site visits. All topics and subjects can be addressed through TA.

SAMPLE QUESTIONS

The questions on the International Certification Examination for Alcohol, Tobacco, and Other Drug Abuse Prevention Specialists Exam were developed from the tasks identified in the 2007 AOD Abuse Prevention Professional Job Task Analysis Study. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job task analysis statements and the knowledge and skills identified for each task statement. These sample questions include those developed by IC&RC as part of their Candidate Guide. Other questions have been developed separately and should not be construed as the actual questions that will appear on the test. They do reflect the key concepts and terms associated with Domain 2B: Skills Development.

The following is taken from the instructions that will be read to you prior to taking the examination:

> *The questions in the examination are multiple-choice with four choices: A, B, C, and, D. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since the number of questions answered correctly will determine your final score. There is no penalty for guessing.*

1. The attitude and habit that MOST increases cultural sensitivity is:

- **A)** Leading.
- **B)** Demonstrating sympathy.
- **C)** Displaying concern.
- **D)** Working alongside.

2. Can an individual belong to multiple cultures?

- **A)** Yes.
- **B)** No.
- **C)** Only in some situations.

3. Copyright permission is only required for:

- **A)** Written materials.
- **B)** Songs.
- **C)** Videotapes.
- **D)** All of the above.

4. What is a characteristic of materials that cannot be copyrighted?

- **A)** Tangible.
- **B)** Minimally creative.
- **C)** Original.
- **D)** Public domain.

5. Which of the following would NOT be reflective of a culturally competent approach on prevention planning?

- **A)** The organizational staff are encouraged to adopt the clothing styles and fashion of the population being served.
- **B)** The organizational staff reflects the ethnicity and diversity of the community.
- **C)** The organizational staff ensures publications are available in languages spoken in the community.
- **D)** The organizational staff experience diversity training.

6. An approach to becoming culturally competent would include:

I. *Becoming fully aware of one's own cultural history.*
II. *Becoming aware of how other cultures are portrayed in the media.*
III. *Acknowledging the historical relationships of one's own cultural background with that of other cultural groups.*

A) I and III only.
B) II and III only.
C) III only.
D) All of the above.

7. To be a good facilitator, you must NOT be:

A) Flexible.
B) Authoritative.
C) Respectful.
D) Confident.

8. As a facilitator in a community planning process, how would you get their buy-in?

A) Ensure food is provided at the planning meeting.
B) Get an announcement placed in the local newspaper.
C) Involve them in the planning process.
D) Get a PSA on local television.

9. In your role as a facilitator and Prevention Specialist, you would NOT:

A) Select the prevention program approach for them.
B) Assure a neutral position is a heated discussion.
C) Make eye contact, as this is disrespectful.
D) Summarize points, as this is boring.

10. In order to increase diverse community involvement in a coalition, you should:

A) Present at the schools in the target communities.
B) Use flyers in the desired communities.
C) Use public events (e.g., fairs) to advertise your needs.
D) Get coalition members to go directly to their targeted community and recruit potential members.

Answer Key

1.	**D**	6.	**D**
2.	**A**	7.	**B**
3.	**D**	8.	**C**
4.	**D**	9.	**A**
5.	**A**	10.	**D**

Domain 3: Community Organizing

Number of Test Questions: 22–30

Involving the broader community in prevention planning efforts is one of the legacy concepts in the prevention field. Since the mid to late 1980s, considerable attention has been directed at engaging community members through various collaborative frameworks and coalitions. This work continues today (ONDCP Community Coalition Grants and is one reason that the IC&RC identified this knowledge area as central to the overall skill set of the Prevention Specialist. In this section, we will: 1) present task areas, related KSA, and a checklist for self assessment; 2) present a glossary of terms and concepts; and, 3) provide an opportunity to take a test similar in format to the IC&RC exam specific to this topic.

DOMAIN 3 TASK AREAS and RELATED KSAs

Community Organizing accounts for between 22–30 of the questions used to determine your final score on the Prevention Specialists Exam. In the exhibit below, we have identified the six task areas and the 18 KSAs related to Community Organizing. Take a few moments to self-assess your knowledge, skills, and abilities in these areas.

Exhibit 6
Community Organizing: Self Assessment

Please review these six planning tasks and 18 KSAs and rate your knowledge level using the five point scale. 1=Not at all knowledgeable, to 5=Extremely knowledgeable.

	1	2	3	4	5
Task 3.1: Identify the community's demographic characteristics and core values. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of information gathering techniques and data sources.	❒	❒	❒	❒	❒
b. Ability to collect, organize, and interpret data.	❒	❒	❒	❒	❒
Task 3.2: Identify key community leaders to ensure diverse representation in AOD prevention programming activities. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Ability to identify current and emerging community leaders.	❒	❒	❒	❒	❒
b. Knowledge of cultural diversity.	❒	❒	❒	❒	❒
c. Ability to demonstrate cultural competence and sensitivity.	❒	❒	❒	❒	❒
d. Ability to work successfully within existing community structures and norms.	❒	❒	❒	❒	❒
e. Ability to implement capacity-building strategies among diverse groups.	❒	❒	❒	❒	❒

	1	2	3	4	5
Task 3.3: Build community ownership of AOD prevention programs by collaborating with key community leaders/members when planning, implementing, and evaluating prevention activities. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Understanding of the role of community ownership.	❒	❒	❒	❒	❒
b. Ability to transfer ownership of AOD prevention programs to the community.	❒	❒	❒	❒	❒
c. Ability to foster community ownership of AOD prevention programs.	❒	❒	❒	❒	❒
Task 3.4: Provide technical assistance to community members/leaders in implementing AOD prevention activities. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.	❒	❒	❒	❒	❒
b. Ability to train, mentor, and organize community groups, volunteers, etc.	❒	❒	❒	❒	❒
Task 3.5: Develop capacity within the community by recruiting, training, and mentoring AOD prevention-focused volunteers. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of training and group facilitation techniques.	❒	❒	❒	❒	❒
b. Knowledge of capacity-building strategies.	❒	❒	❒	❒	❒
Task 3.6: Assist in creating and sustaining community-based coalitions. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of group processes (consensus building, conflict resolution, etc.)	❒	❒	❒	❒	❒
b. Ability to facilitate group processes.	❒	❒	❒	❒	❒
c. Knowledge of intercommunity organizational structures and patterns of communication.	❒	❒	❒	❒	❒
d. Knowledge of information and formal power systems.	❒	❒	❒	❒	❒

Take a moment to review your self-assessment results. Are there certain areas where you are less proficient? These should become the areas where you direct more attention in preparing for the exam.

The next subsection presents a list of key Community Organizing terms with their definitions. Your familiarity with these terms and concepts will go a long way in ensuring your success on the IC&RC exam. Take a piece of paper and place it over the definition. Write your own definition in space provided under the term or concept. Check your accuracy. (Note: covering the right box with a piece of will enable you to take repeated attempts.) Again, it is central to your success that you have a working knowledge of each of these terms. Many will be used in the exam questions.

KEY TERMS

Place a piece of paper over the definitions in the shaded boxes on the right side of this page, and write your own definition based on your reading. Then check your accuracy.

Acculturation

	The transfer of culture from one ethnic group to others (usually from the dominant culture to minority culture[s]).

Channel

	The method by which information is communicated within the communication process.

Communication Environment

	This is the area in which the six components of the process model of communication are occurring.

Community Mobilization

	Community mobilization is a capacity building process through which a community of individuals, organizations, policy makers, or governmental representatives plans, carries out, and evaluates activities on a participating basis to improve health or other needs. Community mobilization empowers individuals and groups to take some kind of action to facilitate change based on needs they have identified. Communities may initiate the process themselves or maybe motivated by outsiders to act.

Community Readiness

	The extent to which a community is adequately prepared to implement a substance abuse prevention program. The underlying premise of community readiness is change in AOD use cannot occur if there exists a high level of community denial about this problem.

Delegator	
	Leadership style that focuses on assigning responsibilities to others and allowing them to follow-through independently.

Developer	
	Leadership style with an emphasis on empowering others to make decisions.

Director	
	Leadership style characterized by independent decision making, delegation of explicit roles to team members, close supervision, and valuing those team members who align with their goals.

Feedback	
	The verbal and nonverbal responses to communication once the message has been conveyed.

Hearing	
	The physiological transference of sound waves into auditory nerve impulses, such as when a siren goes off or a phone rings.

Information Overload	
	An overwhelming amount of information conveyed at any one time.

Listening

	Not just hearing but also processing the information conveyed.

Message

	The information that the Sender is trying to communicate in the communication process.

Noise

	Any impediment to a message's conveyance within the process model of communication.

Problem Solver

	Leadership style where group members are engaged in the problem-solving process and the leader makes decisions based on input from group members.

Process Model of Communication

	This is a theory of communication with six component parts: sender, message, channel, receiver, feedback, and noise.

Receiver

	The individual(s) who take in the message from the Sender that was conveyed through the communication channel.

Sender

	In a communication process, this is the person conveying the information.

Speech Anxiety

	The fear of public speaking.

Trigger Words

	Words with intense positive or negative connotations such that they block effective listening.

Visual Aids

	A prop or other image used to enhance a presentation, such as pictures, graphs, drawings, charts, videos, etc.

SAMPLE QUESTIONS

The questions on the International Certification Examination for Alcohol, Tobacco, and Other Drug Abuse Prevention Specialists Exam were developed from the tasks identified in the 2007 AOD Abuse Prevention Professional Job Task Analysis Study. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job task analysis statements and the knowledge and skills identified for each task statement. These sample questions include those developed by IC&RC as part of their Candidate Guide. Other questions have been developed separately and should not be construed as the actual questions that will appear on the test. They do reflect the key concepts and terms associated with Domain 3: Community Organizing.

The following is taken from the instructions that will be read to you prior to taking the examination:

> *The questions in the examination are multiple-choice with four choices: A, B, C, and, D. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since the number of questions answered correctly will determine your final score. There is no penalty for guessing.*

1. Which of the following is a key to creating a culturally competent prevention program?

- **A)** Changing a prevention program to adjust to a community's specific characteristics.
- **B)** Understanding the geographic layout of the region and how the program fits within it.
- **C)** Working with the community, not just for the community, in prevention planning.
- **D)** Choosing the right program to fit the community.

2. Before working in a community to implement prevention programming, what is an important first step?

- **A)** Learning as much information about the community as possible.
- **B)** Evaluating the community's current programming efforts.
- **C)** Informing community members of the best strategies to help them.
- **D)** Selecting the type of program you want to implement.

3. What is a good way to gather information about a community?

- **A)** Experts.
- **B)** Library research.
- **C)** Personal observation.
- **D)** All of the above.

4. What is a critical component program planners must establish to achieve community "buy-in" to the prevention program?

- **A)** Relationship building with community members.
- **B)** Respect from community members as a professional.
- **C)** Authority from community members as an expert.
- **D)** Understanding by community members of the importance of the program.

5. Which of these is not a benefit associated with having a community coalition?

- **A)** Serves as a funder for community prevention initiatives.
- **B)** Keeps youths positively involved in community prevention efforts.
- **C)** Involves multiple agencies avoiding duplication of services.
- **D)** Serves as a central hub for community-wide prevention efforts.

6. When is it appropriate to engage community members in the program evaluation process?

A) During the evaluation design portion, but not the data collection portion.
B) For data collection purposes only, because they can use their connections in the community.
C) All the way through.
D) Not at all, since their presence may bias evaluation results.

7. What are some examples of team building activities?

A) Retreats to form relationships.
B) Social gatherings.
C) "Getting to know you" activities.
D) All of the above.

8. Which of the following is NOT a component of the process model of communication?

A) Sender.
B) Participant.
C) Noise.
D) Channel.

9. Which of the following is NOT an important role listening plays for the prevention specialist?

A) Listening is the majority of any communication exchange.
B) Listening ensures the prevention specialist also has ample opportunity to talk.
C) Listening can help a prevention specialist become a better group facilitator.
D) Listening helps a prevention specialist gain a better understanding of the community in which they are working.

10. What is the difference between hearing and listening?

A) Hearing happens individually, while listening occurs in a pair or group.
B) Hearing is receiving sound waves, while listening is processing the information conveyed.
C) Listening is passive, while hearing is active.
D) Listening and hearing cannot occur at the same time.

11. Information overload is a barrier to effective listening because:

A) The receiver gets too much information at one time.
B) The audience member does not have a chance to respond.
C) The receiver is forced to hear the speaker talk for too long.
D) The audience member is unable to talk to their peers about what they are learning.

12. Which of the following is NOT a way to improve listening skills:

A) Take notes.
B) Hold back biases.
C) Pay attention to nonverbal cues, as well.
D) Record the speech to review later.

13. When do visual aids NOT enhance a presentation:

A) When they are distracting.
B) When they show a point made during the presentation in greater detail.
C) When they enhance a concept discussed.
D) When they are appealing to the audience.

14. What best defines a facilitator's role?

A) Someone who sets up a meeting site, including deciding the place and time.
B) Someone who oversees the meeting process.
C) Someone who writes minutes from a meeting and distributes them to all members following.
D) Someone who ensures that a follow-up meeting date is set by the end of the meeting.

15. Which of the following is NOT a leadership style?

A) Director
B) Problem Solver
C) Developer
D) Discusser

16. What is the first step in successful prevention planning?

A) Apply "best practices" and "guiding principles."
B) Assess the readiness of the community and mobilize for action.
C) Evaluate the prevention program.
D) Select a target population.

17. What is the "denial" phase of community readiness?

A) The community might recognize substance abuse as a problem, in general, but does not acknowledge that it is a problem for them, specifically.
B) The community does not admit that substance abuse is a problem.
C) The community does not believe prevention programming of any kind can be of assistance to them.
D) The community might acknowledge substance abuse exists in their community, but does not see it as a problem.

18. What characterizes the "Professionalization" stage of community readiness?

A) Detailed knowledge of prevalence, risk factors, and etiology exists.
B) Staff are highly trained.
C) Evaluation plans are in place used to improve programs over time.
D) All of the above.

19. After community readiness is assessed, what comes next in Step 1 of successful prevention program execution?

A) Selecting a target population.
B) Community mobilization.
C) Surveying community needs.
D) Identifying program leadership.

20. Which of the following is NOT a step in the process of creating an effective community coalition?

A) Determining staffing, budget, and resources.
B) Clarifying expectations of the coalition.
C) Defining goals and objectives.
D) Creating an end-date for the coalition's work.

Answer Key

1.	**C**	6.	**C**	11.	**A**	16.	**B**
2.	**A**	7.	**D**	12.	**D**	17.	**A**
3.	**D**	8.	**B**	13.	**A**	18.	**D**
4.	**A**	9.	**B**	14.	**B**	19.	**B**
5.	**A**	10.	**B**	15.	**D**	20.	**D**

Domain 4: Public Policy and Environmental Change

Number of Test Questions: Approximately 17–24

The emergence of community organizing as a major approach to Prevention Specialists to deal with a community AOD issue resulted in the development of specific strategies and policies to abate excessive alcohol and/or drug consumption patterns. Given the continued importance of community organizing in prevention, it is important that a Prevention Specialist be fully aware on the use of public policies to facilitate environmental changes in a targeted community. In this section, we will: 1) present task areas, related KSA, and a checklist for self assessment; 2) present a glossary of terms and concepts; and, 3) provide an opportunity to take a test similar in format to the IC&RC exam specific to this topic.

DOMAIN 4 TASK AREAS and RELATED KSAs

Public Policy and Environmental Change accounts for approximately 17–24 of the questions used to determine your final score on the Prevention Specialists Exam. In the exhibit below, we have identified the five task areas and the 14 KSAs related to Public Policy and Environmental Change. Take a few moments to self-assess your knowledge, skills, and abilities in these areas.

Exhibit 6
Public Policy and Environmental Change: Self Assessment

Please review these five planning tasks and 14 KSAs and rate your knowledge level using the five point scale. 1=Not at all knowledgeable, to 5=Extremely knowledgeable.

	1	2	3	4	5
Task 4.1: Examine the community's public policies and norms to determine environmental change needs. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of information gathering techniques and data sources.	❒	❒	❒	❒	❒
b. Ability to analyze and evaluate data against a standard.	❒	❒	❒	❒	❒
c. Knowledge of environmental change strategies.	❒	❒	❒	❒	❒
d. Ability to implement environmental change strategies.	❒	❒	❒	❒	❒
Task 4.2: Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Ability to effectively communicate AOD prevention policies to decision makers.	❒	❒	❒	❒	❒
b. Knowledge of political processes.	❒	❒	❒	❒	❒
c. Ability to work successfully within local political systems.	❒	❒	❒	❒	❒

	1	2	3	4	5
Task 4.3: Provide technical assistance, training, and consultation that promote environmental change. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Ability to facilitate group processes.	❒	❒	❒	❒	❒
b. Ability to collect, organize, and interpret data.	❒	❒	❒	❒	❒
Task 4.4: Participate in public policy development and enforcement initiatives to affect environmental change. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of effective AOD prevention policies.	❒	❒	❒	❒	❒
b. Knowledge of group processes (consensus building, conflict resolution, etc.).	❒	❒	❒	❒	❒
c. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.	❒	❒	❒	❒	❒
Task 4.5: Use media strategies to enhance prevention efforts in the community. (Approximately **4 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of effective social marketing strategies.	❒	❒	❒	❒	❒
b. Ability to design, develop, and implement social marketing strategies.	❒	❒	❒	❒	❒

Take a moment to review your self-assessment results. Are there certain areas where you are less proficient? These should become the areas where you direct more attention in preparing for the exam.

The next subsection presents a list of key Public Policy and Environmental Change terms with their definitions. Your familiarity with these terms and concepts will go a long way in ensuring your success on the IC&RC exam. Take a piece of paper and place it over the definition. Write your own definition in space provided under the term or concept. Check your accuracy. (Note: covering the right box with a piece of will enable you to take repeated attempts.) Again, it is central to your success that you have a working knowledge of each of these terms. Many will be used in the exam questions.

KEY TERMS

Place a piece of paper over the definitions in the shaded boxes on the right side of this page, and write your own definition based on your reading. Then check your accuracy.

Assessment

	A standardized tool to measure something specific, such as level of knowledge or attitudes and beliefs.

Attribution Theory

	Where people gain information about the environment by observing themselves and others in situations to understand how things happen and bring order to the social environment.

Case Studies

	A data collection method involving in-depth examinations of a few, specific subjects.

Counter-Advertising

	Environmental prevention strategy in the form of anti-substance use and abuse media campaign.

Deterrence Intervention

	Environmental prevention strategy that focuses on enacting and enforcing laws that regulate impaired driving.

Document Review

	A historical review of the archives of a group or program, including meeting minutes, brochures, reports, etc.

Environmental Strategy

	This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service ad action-oriented initiatives.

Focus Group

	A group of people convened for the purpose of obtaining perceptions or opinions, suggesting ideas, or recommending actions. A focus group is a method of collecting information for the evaluation process. It involves 6-10 individuals, following a progressive script encouraging discussion of issues or questions. The sessions have a facilitator and detailed notes are taken.

Interview

	A data collection method where one person asks questions of another, either face-to-face or by phone.

Media Access

	Making contact with the media through press releases, press conferences, letters to the editor, guest editorials, telephone calls, or other means.

Media Advocacy

	The strategic use of media to advance a social or public policy initiative.

Media Literacy

	The ability to access, analyze, and produce information for specific outcomes. The ability to "read" and produce media messages.

Minimum-Purchase-Age-Intervention

	Environmental prevention strategy where age requirements are set around alcohol and tobacco purchases to reduce youth use.

Observation

	A data collection method where a recorder documents behaviors and interactions of subjects by witnessing them personally.

Place

	The communication channel for a social marketing campaign.

Price

	What the consumer has to give up in order to achieve the benefits being offered in a social marketing campaign.

Price Intervention

	Environmental prevention strategy involving increasing the price on alcohol and other drugs to deter usage.

Promotion

	The overall strategy or message that is used to persuade the target audience of a social marketing campaign.

Social Marketing Campaign

	Environmental prevention strategy that presents anti-substance abuse messages to a population in a form similar to commercial messaging.

Social Norms Marketing

	*A strategy used to educate or communicate healthy behaviors as practiced by a majority of the public or selected group (e.g., rather than state 25% of high school seniors binge drink every month, a social norms approach would highlight the fact that 75% of the seniors **do not** engage in monthly binge drinking).*

Written Survey

	A data collection method using a document with questions that an individual answers, either self-administered or given by an outside source.

SAMPLE QUESTIONS

The questions on the International Certification Examination for Alcohol, Tobacco, and Other Drug Abuse Prevention Specialists Exam were developed from the tasks identified in the 2007 AOD Abuse Prevention Professional Job Task Analysis Study. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job task analysis statements and the knowledge and skills identified for each task statement. These sample questions include those developed by IC&RC as part of their Candidate Guide. Other questions have been developed separately and should not be construed as the actual questions that will appear on the test. They do reflect the key concepts and terms associated with Domain 4: Public Policy and Environmental Change.

The following is taken from the instructions that will be read to you prior to taking the examination:

> *The questions in the examination are multiple-choice with four choices: A, B, C, and, D. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since the number of questions answered correctly will determine your final score. There is no penalty for guessing.*

1. Data collection efforts to determine a community's norms can be conducted using which of the following?

- **A)** Interviews.
- **B)** Case studies.
- **C)** Focus groups.
- **D)** All of the above.

2. What is an example of a price intervention prevention strategy?

- **A)** Documenting how much money is spent each year on alcohol or tobacco.
- **B)** Increasing the sales tax on alcoholic beverages.
- **C)** Surveying retailers on how much they charge for certain alcoholic beverages.
- **D)** Limiting the number of alcoholic beverages that can be purchased at any one time.

3. Which of the following is NOT an example of a proven effective environmental prevention strategy?

- **A)** Customer educational directives.
- **B)** Server-oriented interventions.
- **C)** Counter-advertising.
- **D)** Interventions addressing location and density of retail outlets.

4. What are the "4Ps" of advertising?

- **A)** Participation, Promotion, Placement, Price.
- **B)** Product, Price, Place, Promotion.
- **C)** Person, Place, Price, Probability.
- **D)** Pleasing, Positive, Persuasive, Punchy.

5. Which of the following is NOT a step in the process of putting on a social marketing campaign?

- **A)** Define the messages and communication channels.
- **B)** Develop and pretest or pilot materials.
- **C)** Evaluation.
- **D)** Determine the history of media impact in the community.

6. Which of the following is a known challenge in implementing a social marketing campaign?

- **A)** Competition from alcohol and drug advertisers.
- **B)** Creating a message that people are interested in hearing.
- **C)** Reaching as big of an audience as possible.
- **D)** Hiring actors and getting equipment so as to create a professional looking product.

7. What is social norms marketing?

- **A)** The idea that marketing is a normal way of conveying information.
- **B)** How people look to the media for understanding about their peers.
- **C)** Conveying the idea that most people practice healthy behaviors.
- **D)** Showing how abnormal sobriety is on college campuses.

8. What is a social marketing campaign?

- **A)** An environmental prevention technique that directs behavior through word of mouth.
- **B)** A type of prevention strategy that allows for the selection of the best way to reduce use in a community by popular vote.
- **C)** A prevention strategy that conveys anti-substance abuse messages to a population like commercial advertising.
- **D)** An environmental prevention program that targets events and gatherings as the places to deliver its message.

9. Which of the following might be the focus of a community environmental approach?

- **I.** *Happy Hour*
- **II.** *Festivals/beer gardens*
- **III.** *Alcohol availability at large sporting events.*
- **IV.** *Alcohol server practices.*

- **A)** **I** and **III** only.
- **B)** **II** and **IV** only.
- **C)** **I**, **II** and **III** only.
- **D)** **I**, **II**, **III** and **IV**.

10. The basis of environmental prevention is the public health model involving the Environment, Agent, and Host. In this model the Host is:

- **A)** The environment that allows the mosquito to flourish.
- **B)** The mosquito that carries the agent (malaria).
- **C)** The victim bitten by the mosquito who gets malaria.
- **D)** None of the above.

11. An environmental prevention strategy is not:

- **A)** Changing how alcohol is sold and advertised.
- **B)** Changing when and where alcohol is available.
- **C)** Reducing the amount of alcoholic beverages made.
- **D)** Reducing the number of alcohol outlets in a given community.

12. A well done environmental prevention strategy will influence:

- **A)** Community norms.
- **B)** Availability.
- **C)** Regulation.
- **D)** All of the above.

13. Which of these strategies is not an example of environmental prevention?

- **A)** Placing restrictions on use in public places.
- **B)** Limiting the location and density of retail alcohol outlets.
- **C)** Implementing a school based life skills program.
- **D)** Restricting the marketing of alcohol in public places.

14. Regulation that control availability can be implemented by:

A) Private organizations such as convenience stores or hospitality establishments.
B) Police departments.
C) Local government.
D) All of the above.

15. An example of a community norm changing strategy is:

A) A social marketing effort promoting the fact that 80% of the junior class do not binge monthly.
B) A social marketing campaign that highlights the fact that only 20% of the junior class binge monthly.
C) Implementing an alcohol-free county fair or other large public event.
D) All of the above.

Answer Key

1.	**D**	6.	**A**	11.	**C**
2.	**B**	7.	**C**	12.	**D**
3.	**A**	8.	**C**	13.	**C**
4.	**B**	9.	**D**	14.	**D**
5.	**D**	10.	**C**	15.	**D**

Domain 5: Professional Growth and Responsibility

Number of Test Questions: 21–29

Over the past decade, the substance abuse prevention field has undergone a process of professional development as it moves into being a more established discipline. The movement towards professional standards and a certification process (e.g., the IC&RC) has increasingly dominated the language and training opportunities for workers in the field. Concurrent with this emergency of prevention as a profession has been the need to establish procedures and ethical guidelines for the Prevention Specialist. In part, this has been spurred by growing concerns about confidentiality issues, and reporting results on program accountability.

Lastly, the movement towards having a more professional workforce reflects the ever expanding body of scientific literature on the effectiveness of various approaches, strategies, or programs. It is incumbent that the Prevention Specialist in the 21st century maintain personal knowledge, skills, and abilities to current AOD prevention theory. In this section, we will: 1) present task areas, related KSA, and a checklist for self assessment; 2) present a glossary of terms and concepts; and, 3) provide an opportunity to take a test similar in format to the IC&RC exam specific to this topic.

DOMAIN 5 TASK AREAS and RELATED KSAs

Professional Growth and Responsibility accounts for approximately 21–29 of the questions used to determine your final score on the Prevention Specialists Exam. In the exhibit below, we have identified the five task areas and the 16 KSAs related to Professional Growth and Responsibility. Take a few moments to self-assess your knowledge, skills, and abilities in these areas.

Exhibit 6
Professional Growth and Responsibility: Self Assessment

Please review these five planning tasks and 16 KSAs and rate your knowledge level using the five point scale. 1=Not at all knowledgeable, to 5=Extremely knowledgeable.

	1	2	3	4	5
Task 5.1: Maintain personal knowledge, skills, and abilities related to current AOD prevention theory and practice. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of resources for ongoing education, training, and professional development related to AOD issues.	❒	❒	❒	❒	❒
b. Ability to apply new AOD knowledge to professionals and personal activities.	❒	❒	❒	❒	❒
Task 5.2: Network with others to develop personal and professional relationships. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of professional associations and organizations.	❒	❒	❒	❒	❒

	1	2	3	4	5
b. Ability to facilitate group processes.	❒	❒	❒	❒	❒
c. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.	❒	❒	❒	❒	❒
Task 5.3: Adhere to all legal, professional, and ethical standards. (Approximately **6 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of Federal and local confidentiality laws.	❒	❒	❒	❒	❒
b. Knowledge of professional codes of conduct/ethics.	❒	❒	❒	❒	❒
c. Knowledge of recipient rights and informed consent.	❒	❒	❒	❒	❒
d. Ability to perform as a Prevention Specialist when personal issues differ with professional issues.	❒	❒	❒	❒	❒
Task 5.4: Build skills necessary for effectively working within the cultural context of the community. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Knowledge of cultural diversity.	❒	❒	❒	❒	❒
b. Knowledge of group processes (consensus building, conflict resolution, etc.).	❒	❒	❒	❒	❒
c. Knowledge of personal biases, beliefs, limitations, and cultural assumptions.	❒	❒	❒	❒	❒
d. Ability to demonstrate cultural competence and sensitivity.	❒	❒	❒	❒	❒
Task 5.5: Demonstrate self-care consistent with AOD prevention messages. (Approximately **5 Questions**)	❒	❒	❒	❒	❒
a. Ability to demonstrate ethical decision-making.	❒	❒	❒	❒	❒
b. Knowledge of stress reduction, time management, and healthy living techniques.	❒	❒	❒	❒	❒
c. Ability to demonstrate personal use of stress reduction, time management, and healthy living techniques.	❒	❒	❒	❒	❒

Take a moment to review your self-assessment results. Are there certain areas where you are less proficient? These should become the areas where you direct more attention in preparing for the exam.

The next subsection presents a list of key Professional Growth and Responsibility terms with their definitions. Your familiarity with these terms and concepts will go a long way in ensuring your success on the IC&RC exam. Take a piece of paper and place it over the definition. Write your own definition in space provided under the term or concept. Check your accuracy. (Note: covering the right box with a piece of will enable you to take repeated attempts.) Again, it is central to your success that you have a working knowledge of each of these terms. Many will be used in the exam questions.

KEY TERMS

Place a piece of paper over the definitions in the shaded boxes on the right side of this page, and write your own definition based on your reading. Then check your accuracy.

Addiction/Dependence

	Compulsion and a craving to use alcohol or other drugs regardless of negative or adverse consequences. Addiction is characterized by psychological dependence, and often (depending on the drug or drugs) physical dependence. An inability to set or maintain limits, resulting in loss of control, is also a characteristic of addiction.

Direct Costs

	Those costs associated with the completion of the tasks, such as supplies, personnel, logistics (site costs, food, travel), and others.

Ethics

	The rules and standards governing professional conduct.

Indirect Costs

	Costs to the agency not directly related to completing tasks, such as payroll, accounting, space, equipment, and general project administration.

Praxis

	The combination of theory in practice.

Profession

	A vocation or occupation requiring advanced education and training and advanced educational skills.

Scientific Rigor

	When theories have been tested and retested such that they have reached a level of achieving consistent outcomes and reliability.

Substance Abuse

	The continued use of alcohol or drugs, despite negative and usually consequences.

Substance Misuse

	The ingestion of alcohol or drugs, accompanied by negative consequences, including illegality.

Substance Use

	The ingestion of alcohol or drugs, but without negative consequences.

Theory

	A formulation of relationships or principles of observed phenomena that has been verified, at least in part.

SAMPLE QUESTIONS

The questions on the International Certification Examination for Alcohol, Tobacco, and Other Drug Abuse Prevention Specialists Exam were developed from the tasks identified in the 2007 AOD Abuse Prevention Professional Job Task Analysis Study. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job task analysis statements and the knowledge and skills identified for each task statement. These sample questions include those developed by IC&RC as part of their Candidate Guide. Other questions have been developed separately and should not be construed as the actual questions that will appear on the test. They do reflect the key concepts and terms associated with Domain 5: Professional Growth and Responsibility.

The following is taken from the instructions that will be read to you prior to taking the examination:

> *The questions in the examination are multiple-choice with four choices: A, B, C, and, D. There is only one correct choice for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question, since the number of questions answered correctly will determine your final score. There is no penalty for guessing.*

1. Which of the following is NOT a core concept important for the knowledge base of a Prevention Specialist?

- **A)** Basic definitions of use and abuse.
- **B)** Competing disciplines.
- **C)** Theory underlying the field.
- **D)** Prevention policy and programming in existence today.

2. How important are negative consequences of alcohol or drug use to someone who is addicted to these substances?

- **A)** Irrelevant.
- **B)** Very important.
- **C)** Of some concern, but not enough to change behavior.
- **D)** Important, but without knowledge of how to solve.

3. What proportion of the population will misuse substances at some point in their lives?

- **A)** Half.
- **B)** Not many.
- **C)** Most.
- **D)** Few.

4. What is a theory?

- **A)** An idea by an expert in a field about how things work.
- **B)** The underlying relationship between observed phenomena that has been verified.
- **C)** A collection of ideas assembled over time about an important issue.
- **D)** The set of parameters a professional uses to determine their level of impact on the field.

5. Which of the following is NOT one of the major theoretical prevention perspectives used today?

- **A)** Resiliency approach.
- **B)** Environmental approach.
- **C)** Developmental assets.
- **D)** Utilization framework.

6. In any profession, what does it mean to achieve praxis?

A) Understanding the fundamental tenets of the field.
B) Applying both theory and practice to guide work.
C) Reaching a level of expertise equal to proficiency.
D) Having published work and trained others in the field.

7. Which of the following is NOT an important reason for Prevention Specialists to network with others in the field?

A) To maintain collegiality and respect across the field.
B) To learn from others conducting similar work.
C) To monitor other professionals to ensure they are acting ethically.
D) To stay connected to what is going on in the field.

8. What is one basic guiding ethical principle in prevention work?

A) Do no harm.
B) Never encourage substance use.
C) Take every opportunity to spread the prevention message.
D) Lead by example.

9. What is most useful for agencies to do to help Prevention Specialists adhere to ethical and legal guidelines and standards?

A) Hold meetings where ethical issues are discussed.
B) Create an ethical Code of Conduct.
C) Survey employees on ethical dilemmas they have encountered.
D) Offer one-on-one counseling to employees.

10. In prevention work, when a Prevention Specialist's personal opinions differ from a client's on a relevant issue, what is the best way to approach the topic?

A) Use the position of authority to attempt to influence the client.
B) Acknowledge internally the difference between personal viewpoints and professional and uphold professionalism at all times.
C) Tell the client you can no longer work with them.
D) Find a compromise between the two positions.

11. Recertification of Prevention Specialists through IC&RC requires documentation of:

A) 60 hours of continuing education earned every two years.
B) 40 hours of continuing education earned every two years.
C) 20 hours of continuing education earned every year.
D) 30 hours of continuing education earned every three years.

12. Treating every community in which you provide services the same, regardless of their culture, is an example of:

A) Cultural competence.
B) Cultural humility.
C) Cultural blindness.
D) Cultural sensitivity.

13. A professional code of ethics generally does not:

A) Provide guidance per acceptable kinds of behavior.
B) Promote high standards on the job.
C) Create a set of benchmarks to evaluate job performance.
D) Specify appropriate client behaviors.

14. Conducting background checks on prospective volunteers for a prevention program would be an example of demonstrating which principle?

A) Confidentiality.
B) Competence.
C) Integrity.
D) Nondiscrimination.

15. Angelo is a prevention specialist working with youth in several local high schools. When off the clock, he smokes cigarettes. Some of the students have noticed and commented on it to him. Angelo feels like a hypocrite, but also knows that what he is doing in perfectly legal. Angelo should:

A) Quit his job and look for one in another profession.
B) Smoke only in his house and use mouthwash before coming to work.
C) Speak with his doctor about smoking cessation options and resources.
D) Tell the youth he works with that he is in recovery and that cigarettes are a better alternative than his former addictions.

Answer Key

1.	**C**	6.	**B**	11.	**B**
2.	**A**	7.	**C**	12.	**C**
3.	**C**	8.	**A**	13.	**D**
4.	**B**	9.	**B**	14.	**B**
5.	**D**	10.	**B**	15.	**C**

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