

Application Handbook

For

CERTIFIED PREVENTION SPECIALISTS

January 2008



**Iowa Board
of Certification**

**3850 Merle Hay Road, Suite 303 ~ Des Moines, Iowa 50310
Telephone: (515) 334-9024 ~ Fax: (515) 334-9025
E-Mail: info@iowabc.org ~ www.iowabc.org**

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IBC OVERVIEW

IBC Mission

The Iowa Board of Certification provides the professional credentialing process for treatment and prevention providers as a means to enhance community health.

IBC Vision

To enhance community health, one professional at a time.

CERTIFICATION PURPOSE

The establishment of standards and a system of voluntary professional certification assures the opportunity for continued growth and development for prevention specialists in the substance abuse field. The purpose of the prevention certification process is:

1. To promote credibility of prevention professionals.
2. To assure the public of a minimal level of competency in prevention services.
3. To promote the delivery of competent, professional prevention services.
4. To establish a recognized credential of professional competency, which allows for national reciprocity.
5. To establish guidelines for new prevention specialists.
6. To promote continued professional development for the prevention specialist.

GENERAL INFORMATION

1. FEES

See attached Fee Schedule.

2. DEFINITIONS

Prevention: A proactive process which empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing healthy behaviors and lifestyles by reducing risks contributing to alcohol, tobacco, and other drug misuse and related issues.

Prevention Specialist: A professional who uses a specialized set of knowledge, experience, training and skills to encourage healthy attitudes and behaviors which prevent the abuse of alcohol, tobacco and other drugs. The role of the prevention specialist, as defined by the five Prevention Performance

Domains, is to empower individuals and communities to assess needs and to develop and implement strategies that effectively meet those needs.

3. **GLOSSARY OF TERMS**

Alcohol and Drug Specific: The history, uses, trends and pharmacology of stimulants, depressants, psychotherapeutic drugs, alcohol, tobacco and various other substances as well as the psychological and social aspects of substance abuse.

ATOD: Alcohol, Tobacco and Other Drugs

CEU: Literally means a “continuing education unit” and is synonymous with “clock hour.”

CSAP: Center for Substance Abuse Prevention

Clock Hour: Sixty minutes of participation in an organized learning experience.

Continuing Education: The variety of forms of learning experiences including, but not limited to, lectures, conferences, academic studies, institutes, workshops, extension studies, and home study programs undertaken by applicants.

Date of Application: The date on which the Iowa Board of Certification receives the completed application.

Distance Learning: Education that is obtained via internet, home study programs, videos, or other means in which the Prevention Specialist works independently from an instructor and classroom.

Employment Experience: The actual work involving performance of the five Prevention Performance Domains of the prevention specialist. In addition to full-time employment, this may include a practicum, internship, or part-time prevention.

IBC-Approved: When a sponsor submits workshop materials to IBC demonstrating that a workshop has relevant content and requesting IBC CEUs for all participants.

In-Service Training: The education and training which occurs within the applicant’s agency, only for agency staff and conducted only by agency staff.

Performance Domain: These domains outline the knowledge and skills a prevention specialist needs to perform their job successfully.

Portfolio: Documentation of experience, education and professional responsibility on IBC forms.

Prevention Ethics: Moral and ethical conduct as described in the IBC Code of Ethics. Ethics courses are offered specifically for Prevention Specialists and must be IBC-approved.

Professional Responsibility: Participation in appropriate training, educational opportunities and current literature review that allows one to provide effective prevention services.

Recipient: Any person who seeks or receives the services of a prevention specialist.

Reciprocity: A mutual or cooperative interchange of certification standards among IC&RC member boards.

Research/Science Based: A program that has met identified criteria and has been subject to rigorous evaluation that has proven its effectiveness.

Special Populations: Substance abuse training in working with recipients from various populations who are unique in their needs. The groups that are protected from discrimination (such as age, race, creed, gender, economic status) as well as sexual orientation and the criminal justice population will be considered Special Populations.

Substance Abuse: An addiction or dependency, either physical or psychological, to a chemical substance (alcohol as defined in the Code of Iowa, Chapter 123 and drugs as defined in the Code of Iowa, Section 203A.2, subsection 3).

4. **INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM**

The International Certification & Reciprocity Consortium (IC&RC), Alcohol and Other Drug Abuse Inc., exists to be the leader in the development of credentialed professionals. Its mission is to establish, monitor, and advance reciprocal competency standards for credentialing of professionals engaged in prevention and treatment of substance use disorders and related problems. The Iowa Board of Certification has partnered with the IC&RC to offer reciprocity to both prevention and treatment professionals and in doing so has adopted the standards set forth by the consortium.

PERFORMANCE DOMAINS

IC&RC standards fall into five Performance Domains, each containing a series of tasks related to the role of the prevention specialist. Each task is further defined by a set of knowledge and skill areas that a prevention specialist must have and practice in order to effectively perform his/her job. In order to assist you, not only in the certification process, but in more thoroughly understanding your role as a prevention specialist, the IC&RC Performance Domains are summarized below.

For the full description of the domains, see page 26.

Domain I – Planning and Evaluation

- A. Assess community needs with data
- B. Develop a prevention plan based on needs assessment
- C. Select strategies based on what has proven to work for the population
- D. Develop and/or adapt the program to meet need of population
- E. Identify financial sources to fund project
- F. Review evaluation options to determine an appropriate method
- G. Conduct evaluation using selected tools to determine effectiveness of program
- H. Document activities and outcomes to demonstrate accountability
- I. Refine program based on findings of evaluation to enhance program

Domain II – Education and Skill Development

- A. Tailor activities by gathering info about knowledge and skill level of audience
- B. Connect theory and practice by using current models
- C. Maintain fidelity of research based programs
- D. Deliver culturally competent programs by working with target audience to identify appropriate content, methods, resources, materials and evaluation tools
- E. Use appropriate training techniques for educational and skill development activities
- F. Provide accurate, relevant and appropriate information about ATOD issues to encourage healthy lifestyles
- G. Identify, adapt and/or create informational materials to prepare for programs and respond to requests for information
- H. Provide ATOD related info to professionals in related fields

Domain III – Community Organization

- A. Identify demographics and core values of community to guide services
- B. Identify key community members to determine readiness & ensure diverse participation
- C. Engage community leaders in planning process to foster involvement and ownership
- D. Identify prevention needs and resources within the community
- E. Develop effective plan by collaborating with community members
- F. Support community by providing technical assistance in implementation of the plan
- G. Develop capacity of the community through mentoring and training to sustain positive changes

Domain IV – Public Organizational Policy

- A. Identify policy makers to influence prevention policies and social norms
- B. Collaborate with other community groups to plan and implement policy change

- C. Inform decision makers about effective prevention practice in order to influence policy development
- D. Build relationship with media to develop public support for effective prevention policy
- E. Conduct prevention awareness campaigns to strengthen public and organizational policy and norms

Domain V – Professional Growth and Responsibility

- A. Continually gain knowledge of current research based prevention theory and practice
- B. Model collaboration through networking
- C. Practice ethical behavior to protect the consumer and promote integrity of the profession
- D. Recognize existing community norms to ensure sensitivity to unique community needs

Develop cultural competence to ensure inclusion of diverse populations and professional skill in working within the community’s culture.

HOW TO CERTIFY AS A PREVENTION SPECIALIST

CERTIFICATION CRITERIA REQUIREMENTS

A. Experience

2000 clock hours of supervised experience in performing the Prevention Performance Domains of the Prevention Specialist.

- Document this according to instructions on Form 05-PS, “Professional Experience Resume.”
- You must document 120 hours specific to the IC&RC Prevention Domains with a minimum of 10 hours in each domain. Document these hours according to instructions on Form 06-PS, “Documentation of IC&RC Prevention Domain Experience.”

B. Professional Responsibility

Professional responsibility means practicing ethical behavior, attaining knowledge in current research, recognizing cultural diversity, and modeling healthy behaviors.

A minimum of 100 hours of prevention specific education, including:

- Successful completion of the “Substance Abuse Prevention Specialist Training” (if this course is not available in the time frame necessary, contact the IBC office)
- 6 clock hours in an IBC-approved prevention ethics course
- 6 clock hours of training in special populations
- 50 clock hours of training in ATOD specific training

Some of these clock hours may come from your college transcripts if the course content is applicable. Documentation of this will be according to instructions on Form 04-PS, "Educational Clock Hour Documentation."

C. Education

- Bachelor's Degree, or
- Associate of Arts Degree and an additional 35 clock hours of prevention-related training, or
- High School Diploma or GED, and an additional 48 clock hours of prevention-related training.

Documentation of these hours will be according to instructions on Form 03-PS, "Education Resume."

HOW TO APPLY

1. General

Each application packet has a unique number, which will serve as your applicant identification number, and will appear on each form to be submitted. The Application Handbook and its forms are valid for one year from the date of issue.

- **Read the ENTIRE Application Handbook**
- **Complete the Application (Forms 01-09)** which provides introductory information, describes your philosophies, and documents fulfillment of the experience, education and professional responsibility requirements.
- **Checklist.** Verify the completeness of your application by reviewing the checklist on page 25.
- **All questions** should be directed to IBC by mail, telephone 515-334-9024 or e-mail (info@iowabc.org).

2. Written Test

The applicant will take the IC&RC national prevention written test. The test covers information from the full description of domains, the study guide, and information from the additional resources listed in the study guide. The Study Guide is available for purchase from the IBC office.

The test consists of 150 multiple-choice questions and is focused on the following five domains: Planning and Evaluation, Education and Skill Development, Community Organization, Public and Organizational Policy, and Professional Growth and Responsibility. A minimum of 96 questions must be answered correctly to receive a passing score on the examination. You will receive the test results approximately three-four weeks after completing the test.

Certification Appeal Procedures

A. Appeal of the Denial for Certification

Every applicant shall be provided the opportunity to appeal the decision of the Board regarding the applicant's certification to the Committee on Ethics and Appeals.

If the applicant desires to appeal the decision of the Board regarding certification, the applicant shall send a written request for an appeal review meeting within thirty (30) days of receipt of the certified notice of denial of certification. The response shall be addressed to:

Iowa Board of Certification
3850 Merle Hay Rd., Ste 303
Des Moines, IA 50310-1324

B. Appeal Review Meeting

An appeal review meeting shall be held at a time and place fixed by the chairperson of the Committee on Ethics and Appeals.

- a. All appeal review meetings of the Committee on Ethics and Appeals shall be closed to the public. Only committee members, those invited by the committee to testify including the applicant, or staff members shall be in attendance.
- b. There shall be no contact prior to the appeal review meeting between the applicant and any member of the Committee on Ethics and Appeals for the purpose of discussing the appeal.
- c. The Committee on Ethics and Appeals shall review with the applicant the reasons for denial of certification and the applicant may present any information he or she feels is relevant.
- d. In making a decision on the validity of the appeal, the Committee on Ethics and Appeals shall consider only materials contained in the application as submitted and reviewed by IBC staff and the test score. The Committee on Ethics and Appeals may not consider additional materials presented by the applicant for the purposes of correcting deficiencies in the application.
- e. If an applicant who has requested an appeal review meeting, and upon whom proper notice of the meeting has been served, fails to appear for the meeting, the Committee shall proceed with the review and the applicant shall be bound by the results to the same extent as if the applicant had been present.
- f. The Board shall, at its next regular scheduled meeting, vote to accept or reject the recommendations of the Committee on Ethics and Appeals.
- g. The applicant shall be notified by certified mail within two weeks of the decision of the Board concerning the appeal.

CERTIFICATION PERIOD. The Iowa certification period encompasses two calendar years, commencing from the first day of the month which follows approval by the Iowa Board of Certification. Dates of validation are printed on the prevention specialist's certificate.

DUAL CERTIFICATION. To support those substance abuse professionals who wish to pursue more than one IBC credential, the certification fee of both credentials shall be discounted 25%.

This policy refers to IBC credentials only: Certified Alcohol and Drug Counselor (CADC) and Advanced Certified Alcohol and Drug Counselor (ACADC), Certified Prevention Specialist (CPS), Certified Assessment Specialist (CAS), Certified Gambling Treatment Counselor (CGTC), Certified Criminal Justice Professional (CCJP), and Certified Co-Occurring Disorders Professional (CCDP). National credentials do not apply.

CODE OF ETHICS FOR PREVENTION SPECIALISTS

Glossary of Terms

Board: The Iowa Board of Certification.

Client: A person who seeks or is assigned the services of a practitioner or counselor, regardless of the setting in which the practitioner or counselor works.

Complainant: A person who has filed an official complaint pursuant to these rules.

Disciplinary Proceeding: Any proceeding conducted under the authority of the Board.

Discipline: Any sanction of the Board may impose upon a counselor or prevention specialist for conduct, which denies or threatens to deny the citizens of this state a high standard of professional care.

Hearing Panel: A panel, comprised of directors of the Board, which conducts a disciplinary proceeding pursuant to these rules.

Recipient: A person who seeks or receives the services of a prevention specialist.

Reprimand: A formal written warning.

Respondent: Any individual charged in an official complaint with a violation of professional ethics.

Revocation: The permanent loss of certification.

Suspension: A time-limited loss of certification or of the privilege of making application for certification.

Introduction

All prevention specialists must subscribe to the IBC Code of Ethics upon application for certification. This Code of Ethics is adopted to aid in the delivery of the highest quality of professional care to persons seeking substance abuse services. It is hoped that these standards will assist the prevention specialist to determine the propriety of his or her conduct in relationships with recipients, colleagues, members of allied professions, and the public.

Violation of the IBC Code of Ethics shall be determined as grounds for discipline. Engaging in unethical conduct includes, in addition to violation of the Principles enumerated herein, any other violation which is harmful or detrimental to the profession or to the public. IBC's Code of Ethics is based upon the NAPPA Registry Code of Ethical Conduct for Prevention Specialists.

Specific Principles

Principle 1: Non-discrimination. A prevention specialist shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or physical, medical or mental disability. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

Principle 2: Competency. A prevention specialist shall observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery, and discharge professional responsibility to the best of his or her ability. Competence is derived from a synthesis of education and experience. It begins with the mastery of a body of knowledge and skill competencies. The maintenance of competence requires a commitment to learning and professional improvement that must continue throughout the professional's life.

- a. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- b. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which her or she is responsible.
- c. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed.
- d. Ideally prevention specialists should be supervised by Certified Prevention Specialists. When this is not available, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.
- e. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to appropriate funding or regulatory bodies or to the public.
- f. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment for himself or herself.

Principle 3: Integrity. To maintain and broaden public confidence, prevention specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It *cannot* accommodate deceit or subordination of principle.

- a. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.

- b. Prevention specialists should not misrepresent either directly or by implication professional qualifications or affiliations.
- c. Where there is evidence of impairment in a colleague or a service recipient, a prevention specialist should be supportive of assistance or treatment.
- d. A prevention specialist should not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading.

Principle 4: Nature of Services. Practices shall do no harm to service recipients. Services provided by prevention specialists shall be respectful and non-exploitive.

- a. Services should be provided in a way which preserves the protective factors inherent in each culture and individual.
- b. Prevention specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.
- c. Where there is suspicion of abuse of children or vulnerable adults, the prevention specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

Principle 5: Confidentiality. Confidential information acquired during service delivery shall be safe guarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Prevention specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty.

Principle 6: Ethical Obligations for Community and Society. According to their consciences, prevention specialists should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention specialists to educate the general public and policy makers. Prevention specialists should adopt a personal and professional stance that promotes health.

Subscription to Code of Ethics

The applicant must subscribe to the Iowa Board of Certification's Code of Ethics for Prevention Specialists and so indicate by completing Form 02-PS99.

1. Investigation and Hearing Procedures

Investigation of Allegations. The Committee on Ethics and Appeals, upon receipt of an official complaint or upon its own motion pursuant to other evidence received by the Board of the Committee, shall review and investigate alleged acts or omissions which the committee believes constitute cause for discipline.

- a. The voluntary surrendering of certification will not excuse a certified prevention specialist from being investigated or disciplined for an ethics violation.

- b. The chairperson of the Committee on Ethics and Appeals, or a committee or staff member designated by the chairperson, shall investigate the allegations of the complaint by contacting the party or parties involved and obtaining information in any other appropriate manner which will provide documentation upon which a decision for order of hearing may be based.
- c. Both the respondent and the complainant shall be furnished with information concerning the investigation of the complaint and shall be given the opportunity to informally present a position concerning the allegations of the complaint. This position may be submitted either in writing or through personal conference with the committee investigator.
- d. The identity of the complainant shall be revealed to the respondent unless circumstances govern the identity remain undisclosed. The Committee on Ethics and Appeals will determine the special circumstances.
- e. The committee investigator shall make a written report to the Committee on Ethics and Appeals as to whether there is probable cause for a disciplinary hearing.
- f. The Committee on Ethics and Appeals shall review the report of the investigator and make a determination to either:
 - Recommend to the President of the Board that a disciplinary hearing be held;
 - Provide a written response to the respondent and complainant explaining that no probable cause was found to recommend a disciplinary hearing; or
 - Remand the matter to the investigator in order to obtain additional evidence sufficient upon which to base a decision.
- g. Upon receipt of an internal complaint, any Board or committee member may make a recommendation for an internal investigation. The investigation shall follow the procedures (A-D) listed above. The investigator shall submit a written report to the Board. The Board will then determine a dismissal of the internal complaint or any disciplinary sanctions.

Order for Hearing. Upon recommendation of the Committee on Ethics and Appeals, the President shall issue an order fixing a time and a place for an ethics hearing and shall appoint a hearing panel for the proceeding.

- a. The hearing panel shall be comprised of three directors of the Board, excluding the President and any other member having a conflict of interest in the matter. At least one of the three members of the hearing panel shall be certified.
- b. A written notice shall be sent by certified mail to both the complainant and the respondent at least ten days prior to the hearing.
- c. The notice of the hearing shall state:
 - The date, time, and location of the hearing;
 - The respondent may, at his or her expense, be represented by legal counsel at the hearing; and
 - The rules by which the hearing shall be governed.

Conduct of Hearing. The hearing shall be conducted in compliance with the following rules:

- a. The hearing shall be conducted by the Vice President for Quality Improvement, an impartial administrative law judge, attorney, or other person designated by the Vice President for Quality Improvement.
- b. The chairperson of the Committee on Ethics and Appeals, or a representative designated by the Committee on Ethics and Appeals, shall present information regarding the complaint before the hearing panel. The complainant and the respondent shall be allowed the opportunity to participate in the hearing. Witnesses will be called when appropriate. However, witnesses shall only be present in the hearing during their testimony.
- c. The hearing panel shall not be bound by common law or statutory rules of evidence, and may consider all evidence having probative value.
- d. No discovery shall be permitted and no access to Board files shall be allowed by either the complainant or the respondent.
- e. There shall be no contact prior to the hearing between either the complainant or the respondent and any member of the hearing panel or director of the Board for the purpose of discussing the complaint. The Executive Director may act as a source of general information.
- f. The members of the hearing panel shall have the right to ask questions to obtain the information necessary to make an accurate determination of the facts of the case.
- g. The decision of the hearing panel shall be based solely upon the testimony and information presented at the hearing.
- h. The hearing shall be closed to the public, unless otherwise specified in the original notice. Board members and committee members who are not serving in an official capacity during the hearing shall not be present unless both the complainant and the respondent agree to such circumstances.
- i. A member of the IBC staff shall be responsible for record keeping at the hearing.
- j. The hearing shall be audio taped.

Failure by Respondent to Appear. If a respondent, upon whom proper notice of hearing has been served, fails to appear either in person or represented by counsel at the hearing, the respondent shall be bound by the results of the hearing to the same extent as if the respondent had been present.

Right to Waive Hearing. At any time during the ethics investigation process, a respondent has the right to waive an ethics hearing. In so doing, the respondent accepts the allegations of an ethics violation(s) as correct. At its next scheduled regular meeting, the Board shall determine any disciplinary sanctions, the decision of the Board shall be final.

Deliberation of the Hearing Panel. Once the chairperson of the Committee on Ethics and Appeals or a representative designee has presented the case

information, the complainant and the respondent have had an opportunity to speak, and the hearing panel has asked any questions, the hearing panel will meet alone to discuss the facts. The complainant, respondent, chairperson of the Committee on Ethics and Appeals or a representative designee, witnesses, and other parties involved will remain in the area in the event the hearing panel needs additional clarification. A member of the IBC staff is permitted to be present during deliberation, although he or she cannot participate in the discussion.

Decision of the Hearing Panel. The hearing panel shall make the determination regarding violation and disciplinary sanctions.

The hearing panel shall submit a written report to the IBC office which shall include:

- a. A concise statement of the findings of fact;
- b. A conclusion as to whether the specific Principles have been violated, and if so, which Principles; and
- c. If the hearing panel concludes that a violation has occurred, the disciplinary sanction to be imposed.

Method of Discipline. The Board may impose the following disciplinary sanctions:

- a. Revocation;
- b. Suspension of certification or application privileges until further order of the Board or for a specified period of time;
- c. Reprimand; or
- d. Other sanctions which may be deemed appropriate by the Board.

Discretion of the Board. The following factors may be considered by the Board in determining the nature and severity of the disciplinary sanction to be imposed:

- a. The relative seriousness of the violation as it relates to assuring the citizens of this state a high standard of professional service and care;
- b. The facts of the particular violation;
- c. Any extenuating circumstances or other counter-vailing considerations;
- d. The number of complaints;
- e. The seriousness of prior violations or complaints;
- f. Whether remedial action has previously been taken; or
- g. Other factors which may reflect upon the competency, ethical standards and professional conduct of the individual.

Announcement of Decision. At its next scheduled regular meeting, the Board shall be notified of the hearing panel's decision. The decision and the official hearing panel report shall be sent by certified mail to both the respondent and the complainant and include information on how an appeal may be requested. Each director of the Board shall also receive a copy of the decision.

Confidentiality. At no time prior to the release of the decision by the hearing panel shall any portion or the whole thereof of any action be made public or be distributed to any persons other than the directors of the Board, its Committee on Ethics and Appeals, and its staff.

Publication of Decisions. The decision in any disciplinary proceeding shall be published in whatever manner deemed appropriate by the Board. The employer, if any, shall be notified by certified mail of the final decision of the Board if a violation was found. IBC will report a disciplinary action against certified professionals to the Iowa Department of Public Health-Division of Substance Abuse and Health Promotion.

Reinstatement. An individual who has received a sanction for suspension of certification or of application privileges for certification may apply to the Board for reinstatement in accordance with the terms and conditions of the order of sanction.

- a. If the order of sanction did not establish terms and conditions for reinstatement, an initial application for reinstatement may not be made until one year has lapsed from the date of the Board's final decision.
- b. A request for reinstatement shall be initiated by the respondent. A letter of application for reinstatement shall present facts which, if established, will be sufficient to enable the Board to determine that the basis for sanction no longer exists.

Possible Consideration Following Revocation. It is recognized that there may be mitigating circumstances which could warrant granting permission to apply for certification following revocation.

- a. Permission to apply for certification following revocation may be considered only after two years have lapsed from the date of the Board's final decision.
- b. Permission to seek certification following revocation is granted solely within the discretion of the Board.

Notice of Right to Appeal. The respondent has the right to appeal the hearing panel's decision. The hearing panel shall provide notice to the respondent that he or she may file an appeal of the hearing panel's decision.

Filing of Appeal. Appeals must be postmarked or personally delivered to IBC within thirty (30) days of receiving the certified notice of the hearing panel's decision. Appeals shall be addressed to:

Iowa Board of Certification
3850 Merle Hay Rd., Ste. 303
Des Moines, IA 50310-1324

Administrative Fee for Appeals. A non-refundable administrative fee must be submitted to IBC with the party's written appeal.

Content of Appeal. The appeal shall contain the following information.

- a. Name, address, and telephone number of appealing party;
- b. A written statement of the reasons supporting the appealing party's dissatisfaction with the hearing panel's decision;
- c. A statement of the relief desired by the appealing party;
- d. Copies of all relevant documents;
- e. Signature of the appealing party.

Review and Adjudication of Appeal. The directors of the Board, excluding any member having a conflict of interest in the matter, will review the case within seventy-five (75) days of receipt of the request for appeal. The original hearing panel members may participate in the review with at least one member representing the hearing panel's decision.

The Board shall make the determination to do one of the following.

- a. Uphold the decision of the hearing panel;
- b. Overturn or otherwise alter the decision of the hearing panel; or
- c. Recommend a new hearing.

Final Decision. If no request for an appeal is made within the required time frame stated above, the decision of the hearing panel shall be final. Once the appeal process is completed, the decision of the Board shall be final.

HOW TO RECERTIFY AS A PREVENTON SPECIALIST

How to Apply

An application for recertification shall include the following:

1. Completion of Form 12-PS, "Application for Recertification" (found on web site)
2. Submission of approved "Verification of Professional Development" form (Form 11-PS) totaling at least 40 clock hours and meeting all recertification criteria (found on web site).
3. Submission of the recertification fee and late penalty fee (\$100.00 if not postmarked by the expiration date), if applicable.

Professional Development Requirements

Certified Prevention Specialists must obtain 40 clock hours of continuing education during the two-year certification period to qualify for recertification, and must meet the following criteria:

- Six (6) clock hours must be a combination of Alcohol and Drug Specific and Special Populations
- Three (3) clock hours must be in ethics (moral conduct as described in the IBC Code of Ethics)

No more than 20 clock hours may be earned through distance learning.

There is a \$10.00 CEU approval fee per workshop which is either not IBC approved or is obtained via distance learning which must be submitted to IBC at the time of recertification.

Up to 10 hours of credit may be obtained for in-service trainings which have been IBC-approved.

To receive college credit for clock hours a minimum grade of "C" is required. One semester hour equal fifteen (15) clock hours. One quarter hour equals ten (10) clock hours.

The required forty (40) clock hours may be obtained through a combination of pertinent courses, workshops and/or seminars. Accredited home study courses may be included.

Category A – Attending Formal Trainings

A minimum of 25 clock hours must be obtained through a combination of pertinent courses, workshops and/or seminars. Accredited home-study courses may be included.

Prevention Specialists will be assessed \$10.00 per submitted workshop that has not been IBC approved (see definition). The fee is not charged for college courses submitted for IBC credit. IBC approved training is listed on our web site at www.iowabc.org.

Category B – Teaching Other Professionals

A maximum of 15 clock hours may be obtained in this category. The number of hours awarded will be equal to the number of hours spent in actual teaching time. For repeated workshop presentations offered by a Prevention Specialist as the presenter, a maximum of 15 clock hours may be received per certification period.

Category C – Participatory Learning Experiences/Community Involvement

Prior approval is recommended. A maximum of 15 clock hours may be obtained in this category which includes documented credit for direct participation (i.e. public speaking or volunteering in a professional capacity) with substance abuse or community boards, committees, or task forces. Volunteering as a parent, such as a teacher's assistant or Cub Scout leader, DOES NOT qualify for credit.

The intent of this category is to encourage Prevention Specialists to participate in the community in a professional capacity to promote the profession and the welfare of the public.

General Guidelines for Recertification

- A. The content of all courses on continuing education must be relevant to the IC&RC Prevention Specialist Domains as listed in the Handbook.
- B. The following is an example of continuing education that will NOT receive IBC credit:
 - 1. Parenting or other programs that are designed for lay people
 - 2. Living skills
 - 3. Orientation programs, meaning a specific series of activities designed to familiarize employees with the policies and procedures of an institution
- C. Professional Development clock hours exclude non-program time such as coffee breaks, social hours, time allocated for meals, etc.
- D. The 40 clock hours must be obtained within each certification period. Credit obtained prior to the date of submission of the last certification or recertification packet will not be accepted toward recertification.
- E. Professional Development clock hours are not cumulative. Therefore, additional hours earned during one certification period will not be accepted for the next period.

- F. One approved college or university semester hour credit is the equivalent of 15 clock hours, and one approved college or university quarter hour credit is the equivalent of 10 clock hours.
- G. One cannot repeat an identical Professional Development course within his or her recertification period.
- H. The minimum acceptable unit of credit for any single experience is one clock hour.
- I. Prevention Specialists may submit Form 11-PS, "Verification of Professional Development" upon completion of any activity for which Professional Development credit is desired, or may submit the form at the time of recertification. It may also be to the Prevention Specialists advantage to seek information from the IBC office about whether a particular activity may qualify for credit prior to attendance or participation.
- J. It is the responsibility of each Prevention Specialist to maintain records of his/her Professional Development credit. IBC does not keep records of a Prevention Specialist's credits.

Late Penalties

- 1. All applications for recertification must be postmarked on or before the date of expiration. A 45-day grace period following the certification expiration date is allowed, during which time the late fee will be due. If the Application for Recertification is not postmarked on or before the 45th day of the grace period, the certification shall expire.
- 2. During the probationary period of the certification, the Prevention Specialist may choose to do one of the following:
 - a. Activate the certification by submitted the required documentation of Professional Development, the recertification fee and a late penalty fee of \$100.00;
 - b. Apply for voluntary inactive status, if applicable; or
 - c. Allow the certification to lapse. Certification will lapse on the 46th day. If certification is allowed to lapse, the Prevention Specialist may again apply for certification whenever he or she believes that the criteria can be met. At that time, the Prevention Specialist may purchase a new Application Handbook and begin the application process anew.

Continuing Education Definitions

Alcohol & Drug Specific: The history, uses, trends and pharmacology of stimulants, depressants, psychotherapeutic drugs, alcohol, tobacco and various other substances as well as the psychological and social aspects of substance abuse.

CEU: Literally means a “continuing education unit” and is synonymous with “clock hour.”

Clock Hour: Sixty minutes of participation in an organized learning experience.

Continuing Education: The variety of forms of learning experiences including, but not limited to, lectures, conferences, academic studies, institutes, workshops, extension studies, and home study programs undertaken by applicants.

Distance Learning: Education that is obtained via internet, home study programs, videos, or other means in which the Prevention Specialist works independently from an instructor and classroom.

Ethics: Moral and ethical conduct as described in the IBC Code of Ethics.

IBC-Approved: When a sponsor submits workshop materials to IBC demonstrating that a workshop has relevant content and requesting IBC CEUs for all participants.

In-Service Training: The education and training which occurs within the applicant’s agency, *only for* agency staff and conducted *only by* agency staff.

Relevant Content: Content relevant to the development and maintenance of current competency in the delivery of alcohol and drug prevention. Such course content may include but is not limited to, the Prevention Domains as defined in the Handbook.

Special Populations: Substance abuse training in working with recipients from various populations who are unique in their needs. The groups that are protected from discrimination (such as age, race, creed, gender, economic status) as well as sexual orientation and the criminal justice population will be considered Special Populations.

Sponsor: An organization or presenter seeking IBC hours for all participants at a specific workshop.

Voluntary Inactive Status

The Iowa Board of Certification will grant inactive certification status under the following circumstances:

1. Behavior-Medical problems
2. Maternity, paternity or family
3. Education
4. Military service
5. Other valid reasons

Inactive certification status is intended for the Certified Prevention Specialist who is currently not working as a prevention specialist, yet plans to someday return to the prevention field.

Instructions. IBC certified individuals desiring inactive certification status shall send a letter of request to the IBC office which will include:

1. Current home address and telephone number.
2. Reason for request.
3. Final date of employment in the prevention field.
4. Anticipated date of return to employment in the prevention field.
5. Non-refundable enrollment fee.

At the next scheduled regular IBC Board meeting, the request for inactive certification status will be considered. The applicant will be notified of the Board's decision within two weeks of the Board meeting.

Fees. The following fees must be remitted in order to obtain inactive certification status and reactivation of certification:

1. The enrollment fee of \$25.00.
2. The fee for inactive certification status is \$60.00 annually. To maintain certification status, the fee shall be due annually on the inactive certification status expiration date.
3. The reactivation of certification fee is the same fee as for recertification..

Rights, Limitations and Responsibilities

1. While on inactive certification status, an individual shall continue to receive all bulletins, newsletters and other communications from IBC.
2. Inactive individuals are expected to subscribe to any of the aspects of the IBC Code of Ethics which are applicable during the period of inactive certification status.
3. The inactive individual may not use the initials of a certified prevention specialist .
4. Individuals on inactive status are not eligible for reciprocity.
5. The inactive individual must notify IBC immediately upon returning to work in the prevention field. Failure to notify the Board within thirty (30) days of returning to prevention employment will constitute a violation of the IBC Code of Ethics and will result in referral to the Board's Ethics and Appeals

Committee for investigation, in accordance with the procedures outlined in the Code of Ethics.

Reactivation. Individuals requesting reactivation of their certification status will send a letter of request to the IBC office which will include:

1. Current home address and telephone number.
2. Description of change of circumstances allowing active participation in the field.
3. Name and address of employing agency and position held, if applicable.
4. Submission of 40 clock hours of continuing education documented on Form 11-PS, "Verification of Professional Development." At least 20 of the 40 clock hours must have been earned within the past two years. A minimum of six (6) clock hours must be obtained in Alcohol and Drug Specific, six (6) in Special Populations, and three (3) in Ethics.
5. The non-refundable recertification fee.

At the next scheduled regular IBC Board meeting, the request for reactivation of certification will be considered. The applicant will be notified of the Board's decision within two weeks of the Board meeting. The date the Board approves the reactivation will be the beginning date of the two-year certification period.

RECIPROCITY

Iowa prevention specialists who are certified at the reciprocal level (those who have taken and passed the IC&RC written exam) may apply for reciprocity to any certification board that is a member of the prevention credential with the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC).

The reciprocity fee is made payable to the IC&RC. Applications for reciprocity can be found on IBC's web site, and shall be sent directly to the IBC.

Application forms for reciprocity may also be obtained from the IC&RC web site (www.icrcaoda.org).

Prevention boards that are currently members of the IC&RC are listed on their website, at www.icrcaoda.org.

Applicants for reciprocity should seek guidance on the process from the state in which they are credentialed. To obtain more information, please contact the IBC office.

CHECKLIST

Application for Certified Prevention Specialist

The completed application sent to the Iowa Board of Certification needs to include the following:

- ___ 1. Form 01-PS “Applicant Information”
- ___ 2. Form 02-PS “Assurances and Release”
- ___ 3. Form 03-PS “Professional Experience”
(One form and job description for each relevant position)
- ___ 4. Form 04-PS “Education Clock Hour Documentation”
- ___ 5. Form 05-PS “Professional Responsibility Clock Hour Documentation”
(One form for each workshop, training, class, etc.)
 - ___ Substance Abuse Prevention Specialist Training
 - ___ 6 hours Special Populations
 - ___ 6 hours Prevention Ethics
 - ___ 50 hours ATOD Specific
 - ___ Prevention Related Training
- ___ 6. Form 06-PS “Education Resume”
- ___ 7. Form 07-PS “Applicant Statement”
- | ___ 8. Original college transcript sent directly to IBC from institution
(If applicable)

FULL DESCRIPTION OF PERFORMANCE DOMAINS

IC&RC standards fall into five Performance Domains, each containing a series of tasks related to the role of the prevention specialist. Each task is further defined by a set of knowledge and skill areas that a prevention specialist must have and practice in order to effectively perform his/her job. In order to assist you, not only in the certification process, but in more thoroughly understanding your role as a prevention specialist, the IC&RC Performance Domains are listed below.

Performance Domain I – Planning and Evaluation

Tasks, Knowledge, and Skill Statements for Domain I

- A. Assess community needs by collecting the most current local data through systematic assessment methods in order to provide relevant data for the planning process.

Knowledge of:

- Needs assessment models
- Needs assessment procedures
- Data sources
- Systematic data collection methods
- Evaluation systems and methods
- Community resources
- Current prevention and theory
- State and Federal confidentiality laws

Skill in:

- Verbal and communication skills
- Computer operation
- Group facilitation
- Accessing data
- Managing and disseminating information

- B. Develop a prevention plan by facilitating a planning process that considers the findings of the needs assessment in order to prioritize needs and guide program selection.

Knowledge of:

- Data analysis methods
- Planning processes
- Current prevention research and theory
- Community organization processes
- Community resources
- Cultural characteristics of communication
- Conceptual frameworks of the continuum of ATOD services, e.g., Institute of Medicine

Skill in:

- Group facilitation
- Developing and implementing written, electronic, and/or oral communication
- Analyzing data
- Prioritizing needs
- Formulating goal statements
- Formulating measurable outcomes

- C. Select strategies by reviewing professional literature for effective programs and practices in order to meet the needs of the target population.

Knowledge of:

- Current, research-based prevention programs and practices
- Current ATOD prevention theory and practice
- Evaluation methods and procedures
- Cultural characteristics of communities
- Word processing and database software

Skill in:

- Accessing and analyzing ATOD literature
- Conducting literature searches
- Using word processing and database software

- D. Apply sound prevention theory and practice by adapting or developing programs in order to meet the identified needs of the target population.

Knowledge of:

- Current prevention research and theory
- Current prevention ATOD theory and practice
- Cultural characteristics of the community
- Components of effective prevention programming (NIDA red book)

Skill in:

- Recognizing when program adaptation is necessary
- Group facilitation skills
- Setting up, organizing, and managing meetings
- Managing and disseminating information
- Developing and implementing written, electronic, and/or oral communication

- E. Identify financial sources through networking, workshops, and research in order to fund prevention projects.

Knowledge of:

- Local, state, and federal community funding resources
- Research procedures
- Information management systems, e.g., word processing, database software and spreadsheets

Skill in:

- Identifying potential funding sources (prospecting)
- Using word processing and database software

- F. Review evaluation options through consultation and research in order to determine an appropriate evaluation method.

Knowledge of:

- Sampling techniques
- Prevention evaluation and design
- Prevention theory and practice
- Evaluation instruments
- How to select culturally sensitive instruments

Skill in:

- Developing and implementing written, electronic, and/or oral communications
- Accessing and reviewing evaluation designs

- G. Conduct evaluation activities of the prevention program using the selected measurement tools to determine program effectiveness.

Knowledge of:

- ATOD prevention research and theory

- Steps of conducting an evaluation
- Systematic data collection methods
- Information management systems, e.g., word processing, database and spreadsheets

Skill in:

- Collecting data
- Analyzing data
- Managing data
- Reporting data
- Developing and implementing written, electronic, and/or oral communication

- H. Document project activities and outcomes using an appropriate reporting system in order to demonstrate accountability.

Knowledge of:

- Information management systems
- Systematic data collection methods

Skill in:

- Developing and implementing written, electronic, and/or oral communication

- I. Refine the prevention program by reviewing and incorporating finding of the evaluation in order to enhance program effectiveness.

Knowledge of:

- ATOD prevention theory
- Data collection and analytic methods

Skill in:

- Interpreting the data
- Developing and implementing written, electronic, and/or oral communication
- Report writing
- Applying the finding of the evaluation to the improvement of the program

Performance Domain II – Education and Skill Development

Tasks and Knowledge and Skill Statements for Domain II

- A. Tailor education and skill development activities by gathering information about the knowledge and skill levels of the intended audience in order to maximize program effectiveness.

Knowledge of:

- Interview techniques
- Differences in special populations and cultures
- Human growth and development

Skill in:

- Assessing the training needs of the recipient
- Gathering relevant information regarding the audience and service delivery environment
- Interviewing potential training participants (e.g., questioning, active listening)

- B. Connect prevention theory and practice by using current research and program models in order to prepare effective education and skill development activities.

Knowledge of:

- Historical perspectives of the prevention of ATOD abuse and related problems
- Theoretical approaches to the prevention of ATOD abuse and related problems

- Current prevention program models
- Current research in the prevention of ATOD abuse and related problems

Skill in:

- Examining prevention history, theory, current research, and program models
- Synthesizing the implications of prevention history, current research, and program models
- Adapting the concepts and content of prevention history, theory, current research, and program models

- C. Maintain fidelity when replicating research-based prevention programs by implementing them faithfully or making only adaptations that do not compromise the program integrity in order to ensure program effectiveness.

Knowledge of:

- Research-based prevention programs
- When to adapt
- Program effectiveness
- Adaptive processes
- Professional and personal courtesy

Skill in:

- Research

- D. Deliver culturally competent education and training by working with representatives from the intended audience to identify appropriate content, methods, resources, materials, and evaluation tools.

Knowledge of:

- The culture (i.e. history, traditions, values, family systems) of intended audience or community
- Impact of the culture on behavior, attitudes and values
- Role of language, speech and communication styles in culturally distinct communities
- Impact of social service policies of cultured groups
- Appropriate resources (agencies, persons, informal/formal helping networks, research) that can be utilized by the intended audience
- Power relationships within the community, agency or institution and their impact on the intended audience
- Cultural and population appropriate materials and curricula

Skill in:

- Learning the cultures of intended audiences
- Communicating accurate information on behalf of culture groups and their community
- Discussing racial and cultural differences and issues
- Responding to culturally-based cues
- Assessing the sensitivity of an individual participant to cultural differences
- Identifying materials appropriate of the intended audience
- Using interviewing techniques reflective of the professionals understanding of the role of language in the intended audiences' culture
- Utilizing the concepts of empowerment within the intended audience or community
- Creating material appropriate for intended audience
- Adapting materials to increase their appropriateness

- E. Conduct education and skills development activities by employing appropriate training techniques in order to address the educational needs of the intended audience.

Knowledge of:

- Group dynamics
- Learning styles
- Human growth, development and behavior

- Special populations, cultures and local norms and attitudes
- Developing and implementing written, electronic, and/or oral communication
- Presentation methods
- Group facilitation
- Leadership styles
- Conflict resolution

Skill in:

- Designing a training event, including agenda flow, activity selection, training methods and use of audio visual aids
- Establishing and maintaining rapport and leadership with groups
- Presenting to audiences of various sizes and demographics
- Using and designing audio visual aids
- Facilitating group discussions and activities
- Modeling communication skills: active listening, reflection, summarizing, etc.
- Giving clear instructions
- Observing group and individual behavior
- Identifying and addressing disruptive behavior patterns within groups
- Eliciting feedback to ensure understanding of information provided
- Creating and modifying activities

- F. Educate consumers by providing accurate, relevant, and appropriate information about ATOD abuse and related problems in order to encourage healthy lifestyles.

Knowledge of:

- Effects of ATOD use/abuse on the human body
- Effects of ATOD use/abuse on society
- Similarities/differences in ATOD use among various cultures
- ATOD health related issues (e.g., AIDS, pregnancy, STI's)
- ATOD risk factor
- ATOD protective factor
- Drug resistance and healthy lifestyle components (e.g., stress management, parenting, anger management, decision making)
- Learning styles
- Research regarding the causes of ATOD use/abuse/dependency
- Disease concepts of alcoholism and other drug dependencies
- The continuum of care for alcoholism and other drug dependencies
- Aftercare and recovery issues (e.g., 12-step programs)

Skill in:

- Gathering current ATOD information
- Group facilitation
- Teaching developmentally appropriate ATOD information
- Teaching methods of stress reduction
- Teaching methods of anger management
- Teaching methods of conflict resolution
- Teaching parenting techniques
- Teaching models for decision making
- Identifying problems related to ATOD abuse
- Using various teaching styles
- Identifying and population appropriate training materials related to ATOD abuse and healthy lifestyle
- Identifying appropriate training evaluation tools

- G. Disseminate appropriate information by identifying, adapting, or creating prevention materials in order to respond to requests for prevention information and prepare for education and training activities.

Knowledge of:

- Resources to attain materials and information relevant to the intended audience
- Prevention history, theory, practice, and current research
- Current, accurate ATOD information
- Cultural and population appropriate materials and curricula
- Copyright issues
- Electronic and print media

Skill in:

- Identifying accurate, research-based materials and curricula
- Identifying materials appropriate for the intended audience
- Adapting materials to increase their appropriateness
- Creating materials appropriate for the intended audience
- Accessing resources for materials and curricula
- Using electronic and print technology
- Assembling graphic presentation materials
- Disseminating materials

- H. Provide prevention information to professionals in related fields through appropriate means to increase their understanding of prevention and ATOD-related problems.

Knowledge of:

- Locating sources of quality information
- Skills and services provided by other related professionals
- Oral, written, and electronic methods of communication
- Networking with other professionals
- Interagency dynamics
- Collaborating with other professionals
- Follow-up evaluation techniques related to content and process
- Policies, procedures, legal and programmatic limitations of related professions
- Federal and state confidentiality requirements
- Professional terminology
- Pharmacology addiction
- Continuum of care

Skill in:

- Accessing various sources of quality information
- Organizing prevention concepts and content in ways to maximize learning
- Selecting the appropriate prevention concepts and content
- Consulting pre and post learning assessments
- Networking with professionals in related fields
- Advocating for prevention among professionals in related fields
- Demonstrating the command of various educational methods and materials
- Developing and implementing written, electronic and/or oral communication
- Collaborating
- Clarifying prevention terminology
- Observing and responding to feedback from other professionals

Performance Domain III – Community Organization

Tasks and Knowledge and Skill Statements for Domain III

- A. Define the community by identifying its demographic characteristics and core values for the purpose of providing appropriate prevention services.

Knowledge of:

- Community demographics
- Formal and informal power systems

- Community institutions
- Cultural norms
- Sources for community statistics and information
- Information gathering techniques

Skill in:

- Gathering quantitative and qualitative information
- Interviewing
- Communication and active listening
- Organizing data and other information
- Observation
- Group facilitation
- Cultural sensitivity

- B. Identify key community members using informal and formal processes in order to determine community readiness and ensure diverse participation.

Knowledge of:

- Formal and informal power systems
- Community institutions
- Strategies for identifying key community leaders
- Characteristics of indigenous leaders
- Cultural norms
- Intra-community organization and communication patterns
- Community acknowledgment and readiness

Skill in:

- Communication and active listening
- Interviewing
- Cultural sensitivity
- Identifying sources of leadership
- Observation
- Determining informal leadership

- C. Engage community leaders by including them in the planning process in order to foster participation and ownership in achieving prevention goals.

Knowledge of:

- Strategic planning processes
- Consensus building
- Conflict resolution
- Group dynamics
- Cultural diversity
- Facilitation techniques
- Networking, coordination, and collaboration

Skill in:

- Facilitation
- Organizing
- Engagement
- Conflict resolution
- Consensus building
- Collaboration
- Coaching and motivating
- Fostering community ownership

- D. Identify prevention needs and resources within the community by collecting relevant information in order to provide a foundation for a sound and culturally appropriate plan.

Knowledge of:

- Prevention history, theory, and best current practice
- Cultural norms
- Existing ATOD and other prevention resources
- Risk and protective factor theory
- Needs assessment techniques
- Prioritization techniques

Skill in:

- Applying prevention theory to practice
- Cultural sensitivity
- Gathering and organizing information
- Group facilitation
- Communication and active listening
- Applying various needs assessment techniques
- Interviewing
- Observation
- Identifying gaps in service
- Identifying human and financial resources

- E. Develop a prevention plan in accordance with appropriate prevention theory by collaborating with community members to achieve the identified goals.

Knowledge of:

- Conceptual framework for the continuum of prevention services (universal, selected, indicated)
- Strategic planning process
- Organization and prioritization of information
- Group process (consensus building, facilitation, conflict resolution)
- Components of comprehensive prevention programs
- State and local ATOD and other prevention plans
- Cultural diversity
- Collaboration and coordination strategies

Skill in:

- Applying prevention theory to practice
- Identifying and building on community assets
- Organizing and prioritizing information
- Designing and implementing strategic plans
- Cultural competence
- Collaborating and coordinating
- Consensus building
- Conflict resolution

- F. Support the community by providing technical assistance in order to implement a plan for achieving prevention goals.

Knowledge of:

- Local norms and attitudes
- Strengths and skills of the community
- Human and financial resources
- Prevention theory and best practices
- Networking
- Collaboration
- Communication and active listening
- Training techniques
- Group facilitation

- Presentation and consultation strategies
- Group dynamics

Skill in:

- Determining local norms and attitudes
- Assessing and developing community assets
- Coordinating services
- Organizing and working with volunteers
- Applying prevention theory to practice
- Networking and collaboration
- Communication
- Training and group facilitation

- G. Develop the capacity of the community through ongoing mentoring and training to sustain positive change resulting from the prevention project.

Knowledge of:

- Evaluation process in relation to program goals and community needs
- Program implementation, review, and revision
- Assessment of program impact through process and outcome evaluation
- Mentoring techniques
- Training techniques
- Recognition of emerging community leadership
- Collaborating and networking
- Community readiness

Skill in:

- Evaluating program process, outcomes, and impact
- Implementing, reviewing, and revising programs
- Mentoring and training
- Identifying emerging community leaders
- Collaborating and networking
- Transferring or transitioning programs to community ownership

Performance Domain IV – Public and Organizational Policy

Tasks and Knowledge and Skill Statements for Domain IV

- A. Identify policy makers using formal and informal processes in order to influence prevention policies and cultural and social norms.

Knowledge of:

- Informal and formal power structures and their policies
- Who policy makers are and how to access them
- Cultural, social, and organizational norms

Skill in:

- Interviewing
- Developing and implementing written, electronic, and/or oral communication
- Organization of information
- Advocacy
- Cultural competency

- B. Plan policy initiatives working in collaboration with appropriate community groups and other organizations in order to implement policy change.

Knowledge of:

- Planning process
- Collaboration and networking
- Organizational development

- Structure and function of organizational and political systems
- Methods of initiating policy change
- Cultural and social norms
- Oral and written communication techniques/theory

Skill in:

- Planning
- Collaborating and networking
- Accessing information on organizational and political systems
- Initiating political change
- Cultural competency
- Developing and implementing written, electronic, and/or oral communication

- C. Gain the support of decision makers by informing them about effective prevention practice in order to influence policy development.

Knowledge of:

- Formal and informal decision makers
- Effective prevention practice
- Decision making process
- Policy development
- Political context and implementation

Skill in:

- Public relations
- Communication
- Evaluating current prevention programs
- Data collection and interpretation

- D. Establish working relationships with media by serving as a credible resource in order to develop public support for effective prevention policy.

Knowledge of:

- Existing media sources, target audiences, and contact persons
- Current ATOD information
- Current prevention services and activities

Skill in:

- Identifying and accessing existing media
- Developing relationships with appropriate media personnel
- Developing and implementing written, electronic, and/or oral communication, e.g., PSA's, press releases, news releases

- E. Promote advocacy for prevention by conducting prevention awareness campaigns to strengthen public and organizational policy and norms.

Knowledge of:

- Local issues
- Current ATOD policies/norms
- Cultural characteristics of the community
- Components of an effective awareness campaign

Skill in:

- Conducting awareness campaigns
- Developing an awareness campaign
- Accessing the media
- Involving the media

Performance Domain V – Professional Growth and Responsibility

Tasks and Knowledge and Skill Statements for Domain V

- A. Attain knowledge of current research-based prevention theory and practice by participating in appropriate educational opportunities and reviewing current literature in order to provide effective prevention services.

Knowledge of:

- Research-based risk and resiliency factors
- Research-based ATOD information and disease concepts of chemical dependency
- Basic pharmacology
- Research-based HIV/AIDS information
- Sexuality and human development
- Research-based sexually transmitted disease information
- At-risk behavior in adolescent males and females
- Research-based suicide risk factors and prevention information
- Research-based Fetal Alcohol Syndrome/Fetal Alcohol and Drug effects information
- Research-based violence prevention information
- Conceptual frameworks and theory for prevention (e.g., Institute of Medicine, 6 CSAP Prevention Strategies)
- Prevention strategies and programs (parent, community, peers, community)
- Educational and community resources
- Prevention language and terminology
- Research publications and where to find them

Skill in:

- Extensive reading and writing competency
- Research
- Computer literacy

- B. Model collaboration by networking with colleagues, other professionals, individuals, and community organizations to ensure effective prevention services.

Knowledge of:

- Personal and professional courtesy
- Group dynamics
- Political process (formal and informal)
- Professional organizations and associations

Skill in:

- Social behavior
- Listening techniques
- Using empathy
- Diplomacy
- Group techniques
- Group facilitation
- Conflict resolution
- Cooperation

- C. Practice ethical behavior by adhering to legal and professional standards to protect the consumer and promote the integrity of the profession.

Knowledge of:

- State and federal confidentiality laws
- Recipient rights
- State and federal program codes of conduct
- Pertinent rules and regulations

Skill in:

- Reading and comprehension
- Interpretation process

D. Recognize existing community norms through awareness of culture, lifestyle, and other factors in order to ensure sensitivity to the unique needs of the community.

Knowledge of:

- Impacted and identified cultures and subcultures
- Political climate
- Community history and development
- Impacted and identified lifestyles
- Impacted and identified religions
- Grassroots networking (formal and informal)

Skill in:

- Research
- Observation
- Political awareness
- Listening
- Self-evaluation

E. Develop cultural competence through education, training, guided practice, and life experience to ensure inclusion of diverse populations to the community.

Knowledge of:

- Self (including limitations)
- Culture
- Spirituality
- Community history and development
- Life experience unique to the community
- Professional, personal, and community resources

Skill in:

- Self assessment
- Self monitoring personal and professional roles