



Prevention Core Competencies



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Executive Summary

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Prevention's (CSAP's) goal for this project was to strengthen the substance abuse prevention field by continuing to assist in its professionalization.

Throughout the project, there was an understanding that the Prevention Core Competencies would serve for the prevention of both substance abuse and mental health disorders. To this end, CSAP supported a three-phase work plan to advance the development of prevention core competencies:

- Phase I: Identification of prevention domains and cross-cutting principles (2007)
- Phase II: Development of substance abuse prevention core competencies and definitions (2010-11)
- Phase III: Development of knowledge, skills and abilities (KSAs) for each competency (2012-13)

In 2007, the Phase I Expert Panel identified domains and cross-cutting principles, utilizing a foundation provided by the U. S. Department of Labor (DOL) standards. Phase II of the project utilized an Expert Panel (2010-11) to develop prevention competencies and competency definitions for prevention specialists. The five domains (Assessment, Capacity Building, Planning, Implementation, and Evaluation, agreed upon during Phase II of the initiative) are congruent with the five steps of SAMHSA's Strategic Prevention Framework.

A competency model outline was also developed in Phase II. This outline was supported by the (DOL) competency model standards and augmented by reviews of state and national prevention competency materials and interviews with key stakeholders in behavioral health and prevention. Phase II Expert Panel members, a cross-section of behavioral health and prevention experts, were charged to develop a clear set of prevention competencies that define the core functions of behavioral health professionals working in prevention. They met through webinars and face-to-face meetings to craft domain and competency definitions including three to six competencies for each of the five domains. During the development of domain competencies, cross-cutting competencies (originally identified during Phase I as cross-cutting principles) were updated, defined and grouped together to avoid repeating them in each domain. These cross-cutting competencies were considered "overarching" and were not focused within an individual domain.

Phase III of this project (2012-13) focused on refining the competencies developed during Phase II and determining the KSAs appropriate for each competency. A Phase III Expert Panel was created, with significant overlap from the Phase II Expert Panel. The panel was provided with drafts of suggested KSAs developed from reviews and analysis of competencies, KSAs, tasks, and certification requirements from substance abuse prevention organizations, states, and substance abuse prevention research. Additionally, the KSAs were informed by similar research from the behavioral health field.

The final draft of the competencies and KSAs was reviewed and edited at a two-day virtual workshop with the expert panel in August 2013.

It is anticipated that the resulting prevention core competencies and KSAs developed through these efforts will offer professional direction to the prevention field, impacting staff development, career ladders and pipelines, and providing guidance for training programs and service delivery qualification. This proposed set of professional standards will become integral in job descriptions, staff qualifications, and development of transferable skills.



Competencies, KSAs, and Their Value to a Profession

Definition of Competency

A competency is the capability to apply or use a set of related knowledge, skills, and abilities (KSAs) required to successfully perform critical work functions or tasks in a defined work setting.

This definition of a competency was developed for the U.S. Department of Labor (DOL) in 2005. The DOL further clarified that “competencies often serve as the basis for skill standards that specify the level of KSAs required for success in the workplace as well as potential measurement criteria for assessing competency attainment.”¹

Beyond the definition, one can think of competencies as the state or quality of being adequately or well qualified to perform a task. A person gains proficiency in a competency through education, training, experience, and natural abilities. We can view competencies as the combination of KSAs that contribute to individual and organizational performance.

KSAs themselves are defined a little more loosely, and can be viewed in a number of different ways, all of which are applicable depending on the projected or intended usage. KSAs often include technical elements and behavioral elements. A technical KSA measures acquired knowledge and “hard” technical skills and enables the evaluation of acquired knowledge and specific technical skills. A behavioral KSA measures “soft” skills and includes the attitudes and approaches applicants take to their work, such as the ability to collaborate on team projects. A behavioral KSA thus enables the evaluation of factors related to human characteristics and skills, such as attitude, work approach, and collaborative abilities.

The Meaning of KSAs

Various organizational behavior and human resource practitioners have suggested general definitions for “knowledge,” “skills,” and “abilities.” These are summarized as follows:

Knowledge

- What a person needs to know about a particular substantive area and what an employee needs to know to do the job and achieve the objectives the job specifies. This includes information in specific content areas.

¹ *Technical Assistance Guide for Developing and Using Competency Models – One Solution for a Demand-Driven Workforce System*. Personnel Decisions Research Institutes, Inc. (PDRI) and Aguirre International, October 2005, page 4.
http://www.CareerOneStop.org/competencymodel/Info_Documents/TAG.pdf.

- A body of information needed to perform a task. For example, an analyst needs to have knowledge in the areas of strategic planning, use of the English language, research methods, assessment and treatment of behavioral and affective disorders, and human behavior and performance.
- The minimum level of education, experience and training an individual must have to be considered qualified for the position.
- Information developed or learned through experience, study or investigation.
- Information applied to performance and function history.

Skills

- Those attributes a person needs to know to perform well in a particular job.
- What skills an employee needs to possess in order to perform the tasks associated with the job and to be able to apply them to a range of situations.
- Proficiency to perform a certain task (for example, skill in using computers for data analysis; creating, manipulating and utilizing spreadsheets; and proficiency with word processing programs).
- The ability to repeatedly apply knowledge.

Abilities

- The level of competence in applying knowledge and skills.
- An underlying, enduring trait useful for performing tasks (for example, oral comprehension – the ability to listen to and understand information and ideas presented through spoken words and sentences).
- An innate potential to perform mental and physical actions or tasks.

The Value and Use of Competencies and KSAs

The competencies and KSAs developed during this project can perhaps have the most impact and can best be used in support of talent development and in developing and supporting career pathways. Using competencies and KSAs for talent development will help equip prevention staff with needed skills to ensure that they have the foundational knowledge to learn new and more complex skills in the future. Competencies and KSAs support talent development efforts by serving as a starting point for articulating and analyzing skill needs and providing a foundation for the development of human resource solutions to address those needs.

As competencies and KSAs are developed and updated, they can provide a common language to facilitate discussion of changes in skill needs and competency requirements. They can provide a resource for developing skill surveys and articulating short-term training needs within and across the prevention profession.

Competencies can also provide crucial input in assisting prevention professionals with developing career pathways. Career pathways include being able to identify the educational and experiential work-related activities that prepare workers and students for entry into—and advancement within—a designated career area, as well as providing career guidance counseling, professional development opportunities, life-long learning opportunities, and certifications and assessments. The following are suggested areas, organized by the functional categories of training, education, certification and licensure, recruitment and retention, career pathways, and management, where competencies and KSAs can be of value:

Training

- Identifying resources for developing and providing training and supporting staff development
- Accessing appropriate training and education resources
- Providing a solid basis for employee training and employee education
- Providing a framework for encouraging and improving professional development
- Acquiring training and development opportunities systematically and efficiently
- Developing training partnerships between organizations
- Bringing tailored training to employees
- Providing career guidance counseling, professional development opportunities, and life-long learning opportunities
- Identifying training maps to connect training courses to competencies and KSAs at various proficiency levels²

Education

- Enhancing educational preparation for staff
- Developing education plans linking training to competencies
- Supporting and influencing competency-based curriculum development
- Providing a framework for designing courses
- Serving as a starting point for academic and practice organizations to understand, assess, and meet training and workforce needs

Certification and Licensure

- Providing requirements for certifications and licensing
- Delineating specific requirements for staff in preparing for examinations

² Office of Human Resources, National Institutes of Health, <http://hr.od.nih.gov/workingatnih/competencies/faqs.htm>.

Recruitment and Retention

- Creating strategic recruitment, retention (reducing turnover), and succession planning strategies
- Developing standardization of job titles and positions
- Identifying workforce gaps among current staff and/or within the organizational structure of a program or system
- Identifying staff skills gaps
- Creating job descriptions that can accurately define responsibilities and expectations
- Developing job orders/announcements that will attract the interest of persons with the appropriate skill and knowledge mix



- Screening prospective employees during the hiring process, which results in better hiring decisions

Career Pathways

- Articulating the skill needs of the prevention professional to encourage talent development
- Helping ensure that prevention specialists have the foundational knowledge to learn new and more complex skills in the future
- Identifying the educational and experiential work-related activities that prepare Prevention Specialists and students for entry into and advancement within the profession
- Creating standards and requirements for career progression, with career ladders and lattices
- Providing a means to identify transferable skills within the profession
- Understanding the competencies expected in the job, the key behaviors to demonstrate, and the steps needed to increase proficiency levels
- Understanding specific training and development opportunities that will help a professional grow and strive for excellence
- Understanding the expected competencies to move into a new job, particularly for those who are interested in becoming supervisors and managers or in changing careers
- Understanding personal career developmental opportunities

Management

- Providing a framework to influence training for supervisory skills and management practices that support the development and use of appropriate staff competencies
- Distributing work more efficiently by using the knowledge of employees' proficiency levels
- Determining what type of skill sets are needed in the future, which helps support succession planning
- Discussing with employees their strengths, areas for growth, training, and developmental activities



This report marks the first time that competencies and KSAs are being described for the field of substance abuse prevention.

CSAP's Development of Prevention Competencies and KSAs

How the Competencies and KSAs Were Developed

Phase I: Identification of Prevention Domains and Cross-Cutting Principles (2007)

In 2007, CSAP selected expert panel members from national and state behavioral health and prevention organizations, competency experts, and partners who shared a common vision. In June of that year, this workgroup met to organize a framework around which prevention core competencies could be formed. The framework would help launch the development of prevention core competencies by identifying the domains that would house the future competencies and by suggesting cross-cutting principles. The workgroup reviewed several models of domains and sample competencies in order to determine a relevant prevention framework that could shape the next phase. Agreement was reached that the domains of Assessment, Capacity, Planning, Implementation, and Evaluation – the stages of CSAP's Strategic Prevention Framework – provided a strong foundation to frame the prevention competencies. The group suggested draft competencies for each of the five domains as a starting point for future development:

- Assessment – four (4) competencies
- Capacity - nine (9) competencies
- Planning - 12 competencies
- Implementation - six (6) competencies
- Evaluation - seven (7) competencies

The group also identified cross-cutting principles that “overarched” the five domains:

- Culture/diversity responsiveness
- Trans-disciplinary foundations
(Substance Abuse/Mental Health/Family Impact)
- Role of multiple systems/systems thinking
- Sustainability
- Impact on family

Phase II: Development of Prevention Core Competencies and Definitions (2010-11)

Utilizing the foundation developed in 2007, key stakeholders were asked to identify current or new initiatives and reports on prevention workforce topics, particularly competency domains and skill sets. A search went out for documents or strategies that pertained to:

- Prevention competency development models at a national, regional and/or state level
- Prevention workforce issues that may have an impact on competency or skills development
- Trends and related strategies in both prevention and non-prevention competency development
- Competency domains and skills sets from both prevention and non-prevention professions

Lessons learned and suggestions from these contacts were integrated to develop a competency model outline. A second expert panel was formed in 2010. The members were selected from among the original 2007 panel and other key contacts. Phase II members were given an overview on the development of prevention competencies using methods from the (DOL). The competencies were crafted through a series of webinars, conference calls and face-to-face meetings. Domain and competency definitions were developed for each of the five prevention domains previously agreed upon. In addition, cross-cutting competencies that were relevant to each domain were refined with definitions and grouped together. The final decisions on the list of competencies by domain reduced the Phase I suggestions from 38 competencies to 20 competencies across the five domains. In addition, the five cross-cutting principles from Phase I were modified to become six cross-cutting competencies. The number of competencies that the Phase III expert panel began to examine was:

- Assessment - four (4) competencies
- Capacity - three (3) competencies
- Planning - six (6) competencies
- Implementation - four (4) competencies
- Evaluation - three (3) competencies
- Cross-Cutting - six (6) competencies

Phase III: Development of Knowledge, Skills and Abilities (KSAs) for Each Competency (2012-13)

The last phase of the work plan was to utilize the definitions of the five domains, 20 competencies and six cross-cutting competencies in order to develop KSAs for each competency. The Phase III Expert Panel reviewed the previous work, offered advice on the latest work and publications on prevention skills and tasks, and commented on the research and analysis performed to develop the KSA recommendations. The research included review of KSAs and competencies compiled from Phases I and II, analysis of reports and publications on KSAs and competencies uncovered since the end of Phase II, and review of the state-by-state credentialing information (see Appendix B) and the recent Job Task Analysis efforts of the International Certification and Reciprocity Consortium. Of particular value during Phase III was the extensive work on core competencies for public health professionals compiled by the Council on Linkages Between Academia and Public Health Practice.³ This phase of the initiative was further informed by two other key publications:

- *Preventing Mental, Emotional, and Behavioral Disorders Among Young People—Progress and Possibilities*, developed by the Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: Research Advances and Promising Practices, published in 2009 by The National Research Council and Institute of Medicine of the National Academies, and edited by Mary Ellen O’Connell, Thomas Boat, and Kenneth E. Warner
- *Clinical Manual of Prevention in Mental Health*, edited by Michael T. Compton, M.D., M.P.H., and published in 2010 by American Psychiatric Publishing, Inc.

Additional sources of data that were consulted and that informed the development of the KSAs are presented at the end of this section.

Other Competency Initiatives in Behavioral Health

To the best of our knowledge, this report marks the first time that core competencies and KSAs are being described for the field of substance abuse prevention.

³ http://www.phf.org/programs/corecompetencies/Pages/About_the_Core_Competencies_for_Public_Health_Professionals.aspx.

The Community Anti-Drug Coalitions of America (CADCA) has identified a set of core competencies for anti-drug coalition members to implement the components of the Strategic Prevention Framework⁴, and core competencies have been described for other professional provider groups in behavioral health, further evidence that competency-based training approaches are being used more for health care professionals to guide curriculum content and to ensure accountability in these professions. The first time academic degrees were paired with competencies as a basis for certification in the addiction treatment field occurred in the early 1990s, and by 1996, specific knowledge, skills and attitudes were being articulated for each of the core competencies.⁵ The Annapolis Coalition on the Behavioral Health Workforce endorsed the identification and further development of specialty competencies in the behavioral health field; this group's report, however, stopped short of describing or endorsing any specific competencies for the profession.⁶

In the substance abuse treatment field, the benchmark document defining core competencies is the Technical Assistance Publication (TAP) 21,⁷ which was first developed in 1998, updated in 2005, and further revised in subsequent years. This resource identifies 123 competencies that are essential to the effective counseling of substance use disorders. It has been translated into several languages, widely distributed, and has become the standard upon which curricula have been built. TAP 21 identifies four foundational trans-disciplinary domains for the addictions counselor:

- Understanding addiction
- Treatment knowledge
- Professional readiness
- Application to practice

⁴ “Core Competencies That Facilitate Implementation of the SAMHSA Strategic Prevention Framework,” retrieved from www.cadca.org/files/resources/SPF-Competencies.pdf.

⁵ Hoge, M. *et al.* “Workforce Competencies in Behavioral Health: An Overview,” *Administration and Policy in Mental Health*, volume 32, numbers 5-6, May/July 2005.

⁶ Hoge, Michael A., *et al.*, *An Action Plan on Behavioral Health Workforce Development*. Cincinnati: The Annapolis Coalition on the Behavioral Health Workforce, 2007.

⁷ Center for Substance Abuse Treatment, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. Technical Assistance Publication (TAP) Series 21. HHS publication number (SMA) 08-4171. Rockville: Substance Abuse and Mental Health Services Administration, 2006.

A companion piece, TAP-21A,⁸ describes competencies for substance abuse treatment clinical supervisors. The document describes competencies across five foundation areas in clinical supervision:

- Theories, roles, and modalities of clinical supervision
- Leadership
- Supervisory alliance
- Critical thinking
- Organizational management and administration

SAMHSA has also produced and disseminated competencies for behavioral health providers (professionals who treat both mental health and substance use disorders) who specialize in treating women and girls.⁹ This set of competencies—presented as recommendations for treatment professionals—encompasses the unique physical, mental, and emotional needs of women. KSAs are described under the following subject headings:

- Sex and gender differences
- Relational approaches in working with women and girls
- Understanding trauma in women and girls
- Family-centered needs of women and girls
- Special considerations during pregnancy
- Women’s health and health care
- Collaboration and interdisciplinary skills

Elsewhere in behavioral health, SAMHSA has recognized that members of the clergy should be cognizant of substance use disorders among members of their congregations. To this end, SAMHSA released a guide that identifies broad areas of knowledge for this group of professionals.¹⁰

⁸ Center for Substance Abuse Treatment, *Competencies for Substance Abuse Treatment Clinical Supervisors*. Technical Assistance Publication (TAP) Series 21-A. HHS publication number (SMA) 12-4243. Rockville: Substance Abuse and Mental Health Services Administration, 2007.

⁹ Substance Abuse and Mental Health Services Administration, *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals*. HHS publication number (SMA) 11-4657. Rockville: Substance Abuse and Mental Health Services Administration, 2011.

¹⁰ Center for Substance Abuse Treatment, *Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members*. HHS publication number unknown. Rockville: Substance Abuse and Mental Health Services Administration, 2004.

**Substance abuse prevention core
competencies will offer professional direction
to the prevention field.**



The recommended core competencies and KSAs described in this report are presented in the context of similar— yet distinct—work performed by the International Certification and Reciprocity Consortium (IC&RC), an international clearinghouse that sets credentialing standards for multiple disciplines, including behavioral health. SAMHSA’s recent report to Congress on the behavioral health workforce¹¹ recognizes that the IC&RC provides certification for competency for prevention specialists, and that states may choose to acknowledge these standards, impose their own, or have none at all.

In May 2013, the IC&RC publicly released its latest Job Task Analysis (JTA), listing tasks (which form the basis of the questions in the certifying examination) for the revised Certified Prevention Specialist (CPS) credential. It should be emphasized that this new JTA describes a series of tasks that the credentialed Prevention Specialist would be expected to perform—an effort distinctly different from the recommended competencies/KSAs listed in this report. Where appropriate, the KSAs developed in this CSAP project incorporate some of the materials in the IC&RC JTA.

Over the past several years, there has been discussion and analysis at the federal and state levels and by various professional and certification organizations around the concept of workforce development and competencies for the field of substance abuse prevention. Many states, such as South Carolina, California, Iowa, and Washington, have delineated prevention skill sets and competencies through different structures or templates. Almost all states have identified the requirements for passing a state certification test, and the information in these state requirements were reviewed in developing the CSAP KSAs. Appendix B provides a matrix by state that was compiled and examined during this project. The matrix contains information such as:

- Whether the state is a member of IC&RC and offers Prevention Specialist Certification
- The identification of the certification board and a link to their website
- An indication of whether the state has identified other KSAs or competencies for prevention specialists
- The levels of certification
- Minimum standards for credentialing, including work experience, education, and supervision.

A handful of institutes of higher learning have begun to offer academic degrees in prevention science.

¹¹ Substance Abuse and Mental Health Services Administration. *Report to Congress on the Nation’s Substance Abuse and Mental Health Workforce Issues*, Rockville: Substance Abuse and Mental Health Services Administration, January 24, 2013.

In 2010, the University of Oklahoma’s College of Liberal Studies initiated a 33-credit hour Master in Prevention Science (MPS) degree that is offered completely online. With the introduction of this MPS degree, the prevention field has added a multidisciplinary training and education program to accompany and support the field of prevention science. Some other colleges and universities have added bachelor’s, master’s, and doctoral degrees in prevention science or closely related fields. A compendium of institutions was created by the Society for Prevention Research¹² that includes academic centers such as Emory University, Harvard University, Penn State University, University of Illinois at Chicago, University of Minnesota, University of Wisconsin at Madison, and Washington State University. The compendium, in Appendix D, includes the name of the university, the department where the program is housed, the degree(s) offered, a description of the program focus, the requirements, and contact information.

Overview of Workplace Competencies through the Department of Labor

For a number of years, the Employment and Training Administration (ETA) within DOL has been developing competencies and competency models in conjunction with experts from various industries to assist in developing the workforces of the future. Industry and occupational competency models are seen by ETA as a key resource in providing a framework for business, government, education, and other sectors to clearly articulate their workforce needs. Competency models are viewed as forming the basis on which managers, professional organizations, curriculum developers, universities and community colleges, and training providers ensure that workers have the right skills.

The prevention field has been making use of ETA’s efforts as competencies and models are developed and utilized. In one of ETA’s early technical assistance guidance papers on developing and using competencies,¹³ the agency articulated the value of using a competency model for a specific industry or occupational area. Clear competency definitions are of value to a profession because they:

- Clearly articulate their workforce needs
- Define requirements for employee success on a job and at different levels of career progression
- Increase the likelihood that qualified candidates will be hired
- Place individuals into appropriate assignments once they are hired

¹² Society for Prevention Research, <http://www.preventionresearch.org>.

¹³ *Technical Assistance Guide for Developing and Using Competency Models – One Solution for a Demand-Driven Workforce System*, Personnel Decisions Research Institute, Inc. (PDRI) and Aguirre International, October 2005, page 5, http://www.CareerOneStop.org/competencymodels/Info_Documents/TAG.pdf.

- Provide a shared understanding of what will be measured in performance appraisals
- Facilitate performance appraisal discussions
- Focus on the KSAs that have the most impact on effectiveness and productivity
- Ensure training and development efforts and investments are in line with organizational values and vision
- Guide employee development efforts
- Focus training and development efforts on areas where there are significant deficiencies
- Provide a framework for ongoing coaching and mentoring
- Identify gaps in current training offerings
- Assess preparations for handling pending retirements through succession planning

ETA has also recognized the importance of competency models to educators, trainers, and curriculum developers. The same technical assistance guidance¹⁴ referred to above indicated that the use of these competencies would enable educators and training providers to:

- Ensure that future workers have the right skills
- Select appropriate education and training programs to remedy knowledge or skill gaps
- Design and develop course and program curriculum based on emerging and declining skills within industries and occupations
- Determine which competencies are in highest demand and help students plan their courses accordingly
- Suggest relevant postsecondary education and training opportunities, including apprenticeships
- Interpret career assessment tools so that students and workers view their strengths and weaknesses and their likes and dislikes in the context of the workplace
- Reduce the course and program curriculum development time
- Eliminate redundancy across courses
- Improve instructional materials

¹⁴ *Technical Assistance Guide for Developing and Using Competency Models – One Solution for a Demand-Driven Workforce System*, Personnel Decisions Research Institute, Inc. (PDRI) and Aguirre International, October 2005, page 6, http://www.CareerOneStop.org/competencymodels/Info_Documents/TAG.pdf.

While there is a standard framework suggested by ETA to build a model, adjustments are often made to accommodate variations within a particular industry or profession. DOL has developed 21 competency models (as of August 2013), in conjunction with industry partners, utilizing the framework shown below.¹⁵

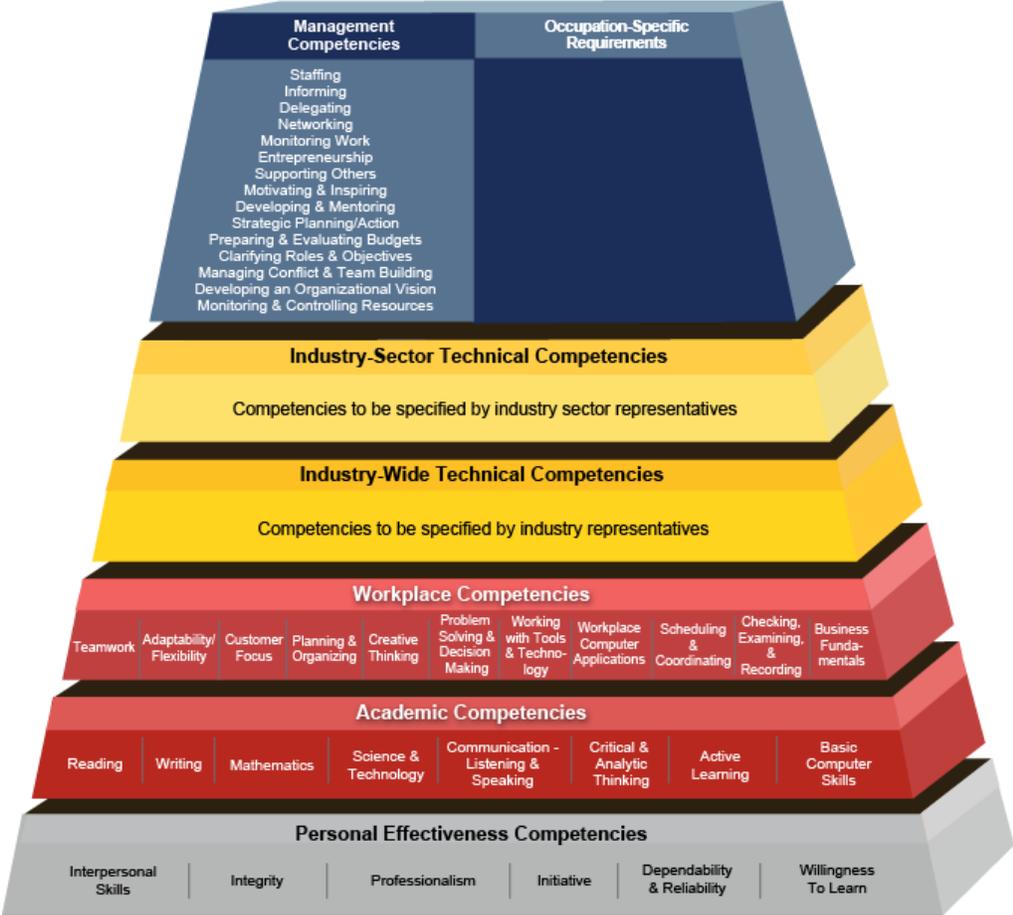


FIGURE 1 – Competency Framework Developed by the U.S. Department of Labor

This framework was incorporated into the process CSAP adapted for developing the recommended core and cross-cutting competencies described in this publication. Taken together, these recommended competencies fall within the category “Industry-Wide Technical Competencies” in the graphic above.

¹⁵ This competency model diagram was developed by the U.S. Department of Labor, Employment and Training Administration and is available at <http://www.CareerOneStop.org/competencymodel>.

Competency definitions are of value to a profession because they provide a framework for ongoing coaching and mentoring.



Overview of the Recommended Core Competencies and KSAs

The final set of competencies and KSAs was discussed and edited by the Expert Panel at a two-day virtual meeting held in August 2013. (The agenda for the meeting appears in Appendix C.) The panel reduced the number of competencies from 20 to 18. The following chart summarizes the final competencies and the number of KSAs for each.

Knowledge (K), Skills (S), and Abilities (A) Count by Competency and Domain				
	K	S	A	Total
Cross Cutting				
1. Inter-disciplinary Foundations	10	SU**	AU*	10
2. Multiple Systems	3	3	4	10
3. Family Dynamics	10	SU**	AU*	10
4. Ethical Practice	8	5	9	22
5. Basic Knowledge	14	SU**	AU*	14
6. Communication	5	7	10	22
	50	15	23	88
Assessment – Domain 1				
1. Data Gathering	4	5	4	13
2. Needs and Resource Identification	3	2	5	10
3. Problem Definition	4	8	4	16
4. Analysis	3	4	4	11
	14	19	17	50
Capacity Building – Domain 2				
1. Collaboration	5	5	3	13
2. Organizational Advocacy	4	3	2	9
3. Organizational Cultural Proficiency	5	3	5	13
	14	11	10	35
Planning – Domain 3				
1. Collaborative Planning	4	4	4	12
2. Cultural Inclusion	5	3	3	11
3. Systematic Thinking	4	7	4	15
4. Evidence-Informed Approaches	3	2	3	8
5. Facilitation	4	4	4	12
6. Strategic Planning	5	4	3	12
	25	24	21	70
Implementation – Domain 4				
1. Cultural Responsiveness	5	3	6	14
2. Collaboration	3	5	5	13
3. Change Management	3	4	6	13
	11	12	17	40
Evaluation - Domain 5				
1. Evaluation Methods	3	4	2	9
2. Data Interpretation and Use	3	3	4	10
	6	7	6	19
Totals	120	88	94	302

* AU=Ability Usage ** SU=Skill Usage

The following sections provide a detailed compilation of each KSA, organized by domain. In addition to this compilation, we present an electronic compilation of all competencies and KSAs in an Excel format. The user may peruse the data across four tabs, each of which contains a “pivot table.” The pivot table contains a data filter button for a drop-down menu of filter options enabling the viewer to customize his/her search. In addition, access to all of the data can be viewed in summary and/or expanded format.



Recommended Core Competencies: Cross–Cutting Domain

There are a number of competencies a prevention specialist needs that are important in almost all of the five Domains. In addition to the CSAP five-domain competency structure, certain competencies were viewed as “cutting across all domains.” The Expert Panel has chosen to address them separately as “cross-cutting competencies,” rather than repeating them in each domain. In referencing back to the DOL competency structure, these could be seen as foundational to the profession.

Cross-cutting competencies include:

- Inter-disciplinary Foundations (Substance Use Disorders/Mental Health)
- Role of Multiple Systems/Systems Thinking
- Family Dynamics
- Ethical Practice and Professional Responsibility
- Basic Knowledge
- Communication

Inter-disciplinary Foundations (Substance Use Disorders/Mental Health)

Definition: Awareness of the areas of knowledge that result in the development of competency in any of the addiction and mental health practice specialties. These foundational areas include:

- Understanding substance use disorders and their impact on individuals, children, families, and communities
- Prevention of mental, emotional, and behavioral (MEB) disorders
- Mental health promotion
- Treatment and recovery knowledge
- Application to practice

Knowledge

Substance Use Disorders (SUDs) - Knowledge of current issues of SUDs, including the latest DSM-V classifications. Knowledge of typology of three types of SUD prevention interventions:

- **Universal preventive interventions**, targeted to the general population that has not been identified on the basis of individual risk;
- **Selective preventive interventions**, targeted to a subgroup that has a significantly higher than average probability of developing an MEB disorder; and
- **Indicated preventive interventions**, targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing an MEB disorder.¹⁶

Effects of Substance Abuse/Substance Dependence - Knowledge that the effects of substance abuse are cumulative and significantly contribute to costly social, physical, mental, and public health problems. Knowledge that these problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Homicide
- Suicide

Mental, Emotional, and Behavioral (MEB) Disorders - Knowledge of current issues of mental, emotional, and behavioral health. Knowledge of typology of three types of MEB prevention interventions:

- **Universal preventive interventions**, targeted to the general population that has not been identified on the basis of individual risk;
- **Selective preventive interventions**, targeted to a subgroup that has a significantly higher than average probability of developing an MEB disorder; and
- **Indicated preventive interventions**, targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing an MEB disorder.

¹⁶ *Medicine Preventing Mental, Emotional, and Behavioral Disorders Among Youth People: Progress and Possibilities*. National Research Council and Institute of Medicine. The National Academies Press, 2009.

Mental Health Promotion - Knowledge and awareness that improving mental health requires policies and programs in government and business sectors, including education, labor, justice, transportation, environment, housing, and welfare, as well as specific activities in the health field relating to substance abuse prevention.

Mental Illness - Knowledge of and awareness that mental illness can influence the onset, progression, and outcome of other illnesses and often correlates with health risk behaviors, such as substance abuse, tobacco use, and physical inactivity.¹⁷

Child Development - Knowledge of critical issues in child development and infant mental health, including brain development, attachment, emergent literacy, and the developmental importance of play.

Human Growth and Development - Knowledge of theories of human growth and development and the culture, gender, language, temperament, and family influences on human growth and development.

Psychology - Knowledge of human behavior and performance; individual differences in ability, personality, and interests; learning and motivation; psychological research methods; and the assessment and treatment of behavioral and affective disorders.

Public Health - Knowledge of the public health approach to addressing mental health and mental illness, including surveillance, epidemiology, prevention research, communication, education programs, policies, and systems changes, and the importance of mental health and mental illness as factors in public health promotion and prevention programs.

Therapy and Counseling - Knowledge of principles, methods, and procedures for diagnosis, treatment, and rehabilitation of physical and mental dysfunctions, as well as for career counseling and guidance.

Note

The knowledge areas in this cross-cutting competency are used in many of the competencies in all of the other Domains. When knowledge from this competency is used in other Domains, specific skills and abilities are therefore applicable as appropriate.

¹⁷ Chapman, D.P., Perry, S.G., Strine T.W. The Vital Link Between Chronic Disease and Depressive Disorders. *Prevention of Chronic Disease* (2) 2005. <http://www.cdc.gov/pcd/issues/archive.htm>

Skills

Knowledge Usage - Ensuring components of the knowledge requirements are used as appropriate when carrying out responsibilities in the five prevention domains.

Abilities

Knowledge Usage - Ability to utilize the knowledge requirements in appropriate phases of work throughout the five prevention domains.

Role of Multiple Systems/Systems Thinking

Definition: Ability to understand how decisions influence one another within a larger context. Ability to recognize that a component part of a system will often act differently when isolated from its environment or other parts of the system. Ability to use insights into human and social systems, understandings of the linkages and interactions that comprise the systems, and comprehension of how changes in one area can and often will impact the other components.

Knowledge

Intervention Design - Knowledge of how the contexts of gender, race, poverty, history, migration, and culture are important in the design of interventions within public health and prevention programs and systems.

Synergy - Knowledge and understanding of how component parts of a system behave differently when working with other system components.

Systems Thinking - Knowledge of how to recognize system level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments.

Skills

Data Usage - Collecting, organizing, and interpreting complex prevention data from multiple system levels.

Knowledge Integration - Distinguishing, appraising, and integrating multiple sources of knowledge, including research and evidence-based knowledge and practice wisdom.

Understanding Inter-Relationships - Analyzing how inter-relationships among systems can influence the delivery of prevention services and programs, and the quality of life of people in their communities.

Abilities

Analysis - Ability to critically analyze systems of assessment, prevention, intervention, and evaluation.

Collaboration - Ability to participate with diverse stakeholders in identifying key public health values and a shared prevention vision as guiding principles for community action.

Problem Identification - Ability to identify the problems emerging from integrating internal and external systems that may affect the delivery of prevention services and programs.

Systems Impact - Ability to describe the impact of a community's social, political, and economic systems on organizational prevention practices.

Family Dynamics

Definition: Awareness and understanding of family functioning, including the impact of substance use and substance use disorders (SUDs) and mental, emotional, and behavioral (MEB) disorders on parenting and the family environment and its adverse impact on developing children from birth through adulthood. Understanding the intersection of other family, health, and social problems with both SUDs and the chronic emotional trauma the disorders impose on the family. Recognizing the importance of cultural considerations in relation to families.

Knowledge

Abuse and Neglect - Knowledge of impact of abuse, neglect, and domestic violence on family members.

Family and Substance Abuse - Knowledge and awareness of the family as a natural social system and the influence that alcohol and drugs of abuse have on the system.

Family Dynamics and Interactions - Knowledge of theories of family interaction and the differences between healthy and unhealthy family dynamics. Knowledge of how and why changes in families take place, including typical growth and development of family members, as well as family disruption and unexpected changes.

Family Effects - Knowledge of the effects on families of substance abuse and related compulsive behaviors.

Family Stressors - Knowledge of strategies to deal with stressors that may negatively affect family interaction, such as financial hardship.

Family Systems - Knowledge of specific needs and characteristics of diverse family systems, such as parents from diverse cultural, racial, ethnic, and linguistic backgrounds; same-sex parents; parents or children who have physical, emotional, or developmental disabilities; migrant, immigrant, and/or transient families; adolescent parents; and other family systems.

Nutrition and Health - Knowledge of importance of healthy diet, nutrition, and physical activity for children's and adults' health and well-being.

Parental Nurturing - Knowledge of impact and importance of parental nurturing and supervision for infant mental health and for the social and emotional development of children of all ages.

Parental Strategies - Knowledge of strategies that parents can use to encourage the development of character, ethics, and self-control.



Note

The knowledge areas in this cross-cutting competency are used in many of the competencies in all of the other Domains. When knowledge from this competency is used in other Domains, specific skills and abilities are therefore applicable as appropriate.

Skills

Knowledge Usage - Ensuring components of the knowledge requirements are used as appropriate when carrying out responsibilities in the five prevention domains.

Abilities

Knowledge Usage - Ability to utilize the knowledge requirements in appropriate phases of work throughout the five domains.

Ethical Practice and Professional Responsibility

Definition: The ability to make ethical decisions that protect individuals, children, families, and communities in relation to prevention strategies. The ability to apply ethical principles to the collection, maintenance, use, and dissemination of data and information in order to ensure non-discrimination and cultural responsiveness, professional competence, integrity, effective services, confidentiality, and ethical obligations for community and society.

The ability to seek opportunities for ongoing professional development and follow a set of guidelines and principles to ensure public safety, fiscal, and work performance accountability, and continued advocacy for professional practice.

Knowledge

Ethical Analysis - Knowledge of basic principles of ethical analysis (e.g., the Public Health Code of Ethics, human rights framework, and other moral theories) to issues of prevention and public health practice and policy.

Ethics - Knowledge of the importance of a strong personal and professional code of ethics.

Prevention Ethics - Knowledge of ethical principles in prevention planning, implementation, and evaluation.

Principles - Knowledge of legal, professional, and ethical principles.

Professional Development - Knowledge of professional development resources, including educational opportunities, credentialing requirements, and prevention-related career pathways.

Professional Standards - Knowledge of professional standards.

Resources Usage - Knowledge of responsible and ethical use of public and private funds.

Technology Ethics - Knowledge of legal and ethical principles and their applicability to the use of information technology and resources in community prevention programs.

Skills

Career Exploration - Engaging in personal reflection and self-correction to assure continual professional development and engaging in opportunities that set the stage for career-long learning.

Decision-Making - Applying strategies of ethical reasoning to arrive at principled decisions.

Professional Conduct - Supporting peers and avoiding conduct that impedes practicing the profession.

Professional Performance - Engaging in supervision and consultation to enhance professional performance.

Professional Values - Recognizing and managing personal values in a way that allows professional values to guide practice.

Abilities

Confidentiality - Ability to maintain confidentiality and integrity in the practice of the profession.

Ethical Choices and Practices - Ability to demonstrate ethical choices, values, and professional practices implicit in prevention and public health decisions.

Ethical Considerations - Ability to distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of prevention programs.

Ethical Standards - Ability to incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals.

Professional Demeanor - Ability to demonstrate professional demeanor in behavior, appearance, and communication.

Professional Growth - Ability to use individual, group, and organizational learning opportunities for personal and professional development (e.g., competency assessments; mentoring programs; learning forums at group, program, and organizational levels or conferences).

Professional Opportunities - Ability to recognize the importance of participation in professional associations locally, statewide, and nationally.

Professional Traits - Ability to be collaborative, involved with the community, versatile and flexible, willing to learn, and focused on fair solutions.

Demonstrate practical perspective, common sense, strong principles, and work ethics. Ability to practice integrity, embrace change, remain calm in conflict, understand other points of view, respect diversity, and know when to ask for help.

Professionalism - Ability to demonstrate respect; compassion; integrity in interactions with peers, community members, and other health professionals; adherence to ethical principles; and sensitivity to diverse individuals, families, and community groups.

Basic Knowledge

Definition: Have a broad understanding of the foundation and scientific basis underlying prevention theories, practices, policies, and programs, such as continuum of care (Institute of Medicine), theories of change, human development, and effective and culturally relevant, evidence-based prevention strategies.

Knowledge

Behavioral Dynamics - Knowledge and awareness of the dynamics of behavior (e.g., why substance abuse, violence, or teen pregnancy occurs). Knowledge of the impact of the processes for changing behavior and the effects of external influences on behavior.

Comprehensive Theory of Substance Abuse Prevention - Knowledge of prevention theory proposed by Alan Markwood¹⁸ contending that the merits of any particular proposed prevention policy or strategy should be judged not only on the likely results, but also on the alternatives and the comparative effects of each. The comprehensive theory connects what are called the two major routes toward substance use and substance abuse—profoundly challenged children, socially influenced teens—to factors that influence progression to other substances and to other problem behaviors and the special role of parents in preventing social influences to alcohol and other drug use.

Contextual and Systemic Dynamics - Knowledge of contextual and systemic dynamics related to prevention programs (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, and social context).

Prevention Program Basics - Knowledge of systems concepts, theories, and techniques that are foundational to the development of prevention programs.

Prevention Theories, Models, and Techniques - Demonstrated knowledge and application of prevention learning theories and models.

¹⁸ http://www.jointcommission.org/assets/1/6/comprehensive_theory_bhc.pdf

Demonstrated knowledge and application of substance abuse prevention techniques, behavior change, and population-based theories and models.

Principles - Knowledge of principles of human development, human sexuality, gender development, psychopathology, family development, and family processes (e.g., family, relational, and system dynamics).

Risk and Protective Factor Theory - Knowledge of Risk and Protective Factor Theory and influences on substance abuse, including knowledge of the relationship between protective factors and risk factors. Awareness that prevention programs need to target modifiable risk factors and strengthen identified protective factors.^{19,20} Understanding how to collect, analyze, interpret, and present epidemiologic data on empirically identified risk and protective factors and mental, emotional, and behavior problems in the community.

Substance Abuse/Dependence Studies - General knowledge of the field of substance abuse studies, including substance abuse/dependence, physiological and psychological effects of alcohol and other drugs, the disease concept of addiction, family and social dimensions of substance abuse, and the principal therapy and treatment approaches.

Theories of Substance Abuse Prevention - Knowledge of the five categories of most-cited substance abuse prevention theories.²¹

Cognitive-Affective Theories - Consideration of adolescents' beliefs about how the consequences of experimenting with specific substances contribute to their decisions to use those substances.

Social Learning Theories - Assumption that adolescents acquire their beliefs about substance use and other delinquent behaviors from their role models, friends, and parents.

Conventional Commitment and Social Attachment Theories - Assumption that the emotional attachments adolescents have with peers who use substances are the cause of substance use. The theory targets improving bonds between adolescents and positive peer groups and pro-social institutions.

Intrapersonal Theories - Examination of how adolescents' personality characteristics, emotions, and behavioral skills contribute to their substance use.

¹⁹ NIDA Notes (2002). Risk and Protective Factors in Substance Abuse Prevention, 16(6). www.drugabuse.gov/NIDA_Notes/NNVol16N6/Risk.html.

²⁰ "Developing Healthy Communities: A Risk and Protective Factor Approach to Preventing Alcohol and Other Drug Abuse," Developmental Research and Programs, Inc. Seattle, WA.

²¹ Petraitis, J., and Flay, B.R. Reviewing theories of adolescent substance use: Organizing pieces in the puzzle. *Psychological Bulletin*, 117(1): 67-86, 1995, <http://www.tanglewood.net/services/knowledgebase/84.html>.

Comprehensive Theories - Combines components from all of the other theories. These theories attempt to account for how adolescents' biology, personality, relationships with peers and parents, and culture or environment interact to cause drug use.

Note

The knowledge areas in this cross-cutting competency are used in many of the competencies in all of the other Domains. When knowledge from this competency is used in other Domains, specific skills and abilities are therefore applicable as appropriate.

Skills

Knowledge Usage - Ensuring components of the knowledge requirements are used as appropriate when carrying out responsibilities in the five prevention domains.

Abilities

Knowledge Usage - Ability to utilize the knowledge requirements in appropriate phases of work throughout the five domains.

Communication

Definition: Ability to participate in an interchange of ideas, opinions, and information using written, verbal, non-verbal, and listening techniques and provide appropriate information to different audiences, including age-appropriate and culturally relevant communications with children and youth.

Knowledge

Culture - Knowledge and awareness of roles of language, speech patterns, body language, and communication styles within culturally distinct populations, including persons with disabilities, lesbian/gay/bisexual/transgender (LGBT) and so on.

Language - Knowledge of the structure and content of language (English, Spanish, etc., as appropriate), including the meaning and spelling of words, rules of composition, and grammar, including standard syntax and sentence structure.

Messaging and Media - Knowledge of how and why media messages are constructed and for what purposes, and knowledge of how individuals and groups interpret messages differently, how values and points of view are included or excluded, and how media can influence beliefs and behaviors.

Sales and Marketing - Knowledge of principles and methods for showing, promoting, and selling ideas and concepts, including variations within culturally distinct communities.

Use of Media - Knowledge of how to use various forms of media communication and dissemination techniques and methods. This includes alternative ways to inform via written, oral, and new media. (Note: “new media” is defined as interactive forms of communication that use the Internet, including, but not limited to, tools such as social networking sites, Web-based applications, text-based messaging, mobile health applications, blogs and micro blogs, and image/video-sharing sites).

Skills

Active and Effective Listening - Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.

Managing Information - Using information accurately and creatively for the issue or problem at hand, managing the flow of information from a wide variety of sources, and organizing/reorganizing information as appropriate to get a better understanding of a problem.

Personal Qualities - Reflecting genuineness, empathy, warmth, and a capacity to respond to a range of possible situations in oral and written exchanges.

Reading Comprehension - Understanding written sentences and paragraphs in work-related documents.

Social Perceptiveness - Being aware of others’ reactions and understanding why they react as they do.

Speaking - Talking to others to convey information effectively. Expressing information to individuals or groups (public speaking), taking into account the audience and the nature of the information (e.g., technical or controversial).

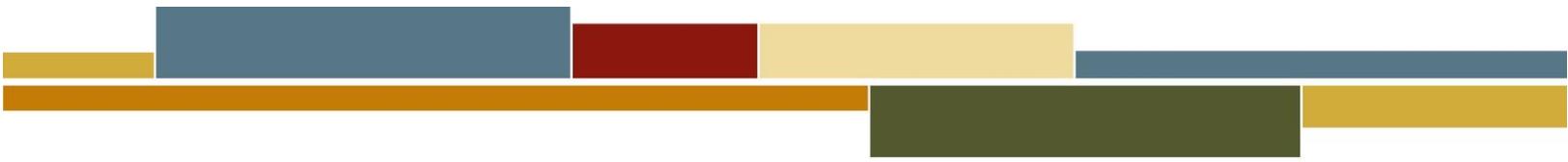
Writing and Editing - Communicating effectively in writing as appropriate for the needs of the audience.

Abilities

Communicating with Persons Outside the Organization - The ability to communicate with people outside the organization, representing the organization to the public, government, and other external sources, in person, in writing, by telephone, e-mail, or through new media.

Communicating with Supervisors, Peers, or Subordinates - The ability to provide information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, in person, or through new media.

Cultural Communication - The ability to communicate accurate information to, and on behalf of, culturally diverse populations and communities, and to interpret the implications of the evidence of problems as partners and individuals from different cultures express them.



Inductive Reasoning - The ability to combine pieces of information to form general rules or conclusions (includes finding a relationship among seemingly unrelated events).

Obtaining Information - The ability to observe, receive, and otherwise obtain information from all relevant sources.

Oral Comprehension - The ability to listen to, receive, identify, interpret, and understand information and ideas presented through verbal messages and other cues.

Oral Expression - The ability to communicate information and ideas verbally so others will understand.

Persuasion - Ability to persuade or influence others to change their minds or behavior by presenting information, thoughts, and ideas that support the alternative view.

Written Comprehension - The ability to read and understand information and ideas presented in writing. The ability to locate, understand, and interpret written information in prose and in documents such as manuals, reports, memos, letters, forms, graphs, charts, tables, calendars, schedules, signs, notices, applications, directions, and via new media.

Written Expression - The ability to communicate thoughts, information, messages, ideas, and other information in writing so others will understand, and the ability to prepare reports and documents using proper terminology.



Cross-cutting areas of knowledge for the prevention professional should include child development, psychology, and public health, among others.

Recommended Core Competencies: Assessment Domain

Domain Definition: Assessment is an ongoing process that can include regular and systematic collection, assembly, analysis, and distribution of information on the needs, resources, and community readiness of the population to be served.²²

Competencies in this Domain include:

- Data Gathering
- Needs and Resource Identification,
- Problem Definition
- Analysis

Data Gathering

Definition: Collecting needs, resources, and data in communities and systems about intervening variables, consumption, consequences that promote or compromise health, and community perceptions about why those situations exist (contributing factors).

Knowledge

Data Sources - Knowledge of sources of relevant public health data and information.

Ethical Principles - Knowledge of ethical considerations—including confidentiality and cultural awareness—in the collection, maintenance, use, and dissemination of data and information for prevention planning.

Instruments - Knowledge of appropriate methods and instruments for collecting valid and reliable quantitative and qualitative data for prevention planning.

Methodologies - Knowledge of a variety of methods to collect and utilize accurate demographic, cultural, epidemiological, usage, and consequence data for underserved groups (e.g., racial/ethnic, older adults, persons with disabilities) in the service area, and knowledge of how to use these methodologies to become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.

²² Note: This population can be on the universal population level such as a community, a selected population such as a group of children whose parents are in recovery or an indicated population such as youth risk takers. Assessment information includes data on health needs/gaps/ assets/problems (consumption and consequences), and other areas. The sharing of findings with key stakeholders enables and mobilizes coalitions and systems to work collaboratively towards building healthier communities. Adapted from The Association of Schools of Public Health. <http://www.asph.org/document.cfm?page=894>

Skills

Comprehension - Locating, understanding, and interpreting written information in prose and documents such as manuals, reports, memos, letters, forms, graphs, charts, and tables.

Data Collection - Collecting quantitative and qualitative community data.

Research - Identifying and compiling relevant information to solve a problem, including researching literature and reports through the Internet for population-based health/mental health indicators.

Use of Technology - Using information technology to collect, store, and retrieve data.

Utilizing Reference Materials - Utilizing appropriate reference material (e.g., statutes, regulations, reference books, and journals) to identify key sources of data for epidemiologic purposes.

Abilities

Attention to Detail - Ability to identify main ideas, implied meaning and details, missing information, trends, facts, and inconsistencies.

Collaboration - Ability to consult with experts in the appropriate field, such as epidemiologists, policy makers, community gatekeepers, and key leaders and stakeholders who touch the lives of those affected.

Policy Research and Analysis - Ability to gather, interpret, and analyze information relevant to specific prevention policy issues (e.g., current data and trends).

Population Analysis - Ability to assess community readiness and identify the health/mental health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and prevention; and the quality, availability, access to, and use of health/mental health services).

Needs and Resource Identification

Definition: Systematically determining the health/mental health issues, characteristics and cultural considerations, and available resources associated with a defined population, community, and/or geographic area through qualitative and quantitative methods—identifying needs, resources, and gaps.

Knowledge

Demographics - Knowledge of community demographics, history, and norms.

Methodologies - Knowledge of quantitative and qualitative methods of determining health/mental health issues, characteristics and cultural considerations, and available resources within a given population, with understanding of risks, root causes, and local conditions.

Resources - Knowledge of existing resources available to address individual, family, and community needs.

Skills

Use of Methodologies - Using qualitative and quantitative methods to identify needs, resources, and gaps related to prevention activities.

Using Public Health Sciences - Applying the basic public health sciences, including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries.

Abilities

Characteristics Identification - Ability to describe the characteristics of a population-based health/mental health problem.

Data Utilization - Ability to use state and local repositories of information on substance abuse, health, and mental health.

Gap Analysis - Ability to analyze resources and needs and identify target audiences and community resource gaps.

Monitoring - Ability to monitor health/mental health status to identify individual, family, and community health problems.

Population Analysis - Ability to define, assess, and understand the health/mental health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing access to and use of health services.

Problem Definition

Definition: Identifying and describing the problem(s), the underlying research and evidence for the problem(s) and the contributing factors. This includes the ability to develop consensus about the central issues that facilitate or impede a solution.

Knowledge

Ethical and Legal Principles - Knowledge of basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data.

Problem Analysis - Knowledge of how to clarify issues by breaking down problems into meaningful component parts for analysis.

Problem Determination - Knowledge of how to determine the nature of a problem in broader context by asking appropriate questions and reviewing documentation, and identifying the causes of social and behavioral factors that affect the health of individuals and populations.

Tools and Strategies - Knowledge of various assessment tools and strategies and how their use contributes to understanding and articulating prevention problems.

Skills

Collaboration - Working with a variety of organizations and community groups to develop mutually agreed-upon intervention goals and objectives.

Data Consolidation - Collecting, managing, and organizing data in a meaningful way for a variety of purposes and audiences.

Identifying Causes of Problems - Identifying root causes, local conditions, and key elements by pressing beyond the superficial, demonstrating sound judgment by gathering and weighing all pertinent information before making judgments or taking action, and reaching logical conclusions and making high quality decisions.

Information Synthesis - Demonstrating skills in gathering, compiling, and synthesizing information to develop prevention initiatives and educational materials for diverse populations.

Prioritization - Developing problem definitions based on using the comprehensive community assessment to help determine priorities, and identifying factors that place persons in the target audience at greater risk for the identified problem.

Problem Identification - Anticipating or recognizing the existence of a problem. Identifying the true nature of the problem by analyzing its component parts and evaluating the criticality of the situation.

Research - Using all available reference systems, including data repositories, program records, survey information, etc., to locate and obtain information relevant to the identified problem; recalling and applying previously learned information that is relevant to the problem.

Scanning - Spotting pertinent information quickly by identifying problems and root causes, and pressing beyond the superficial to identify root causes or key elements.

Abilities

Communication - Ability to describe a public health problem in terms of magnitude, person, time, and place.

Deductive Reasoning - Ability to apply general statements or premises to specific problems to produce answers that make sense.

Inductive Reasoning - Ability to combine pieces of information to form conclusions, including finding a relationship among seemingly unrelated events.

Presentation - Ability to develop written and oral presentations based on assessments and analyses for both professional and nonprofessional audiences.

Analysis

Definition: Interpreting trends and patterns in the data and deciding how to organize, classify, interrelate, compare, prioritize, and present them. This includes understanding the needs of the defined population, community and/or geographic area; reviewing the resources that are required and available; identifying gaps; and gauging the level of community readiness.

Knowledge

Categories - Knowledge of how to sort information into categories for analysis.

Public Health Indicators - Knowledge of variables that measure public health conditions.

Statistics - Knowledge of statistical methodologies, how statistical surveys are performed, and what results mean.

Skills

Data Application - Describing the prevention applications of quantitative and qualitative data.

Data Consolidation - Integrating and synthesizing information from multiple written materials. Reading and summarizing technical papers, understanding tabular and graphical presentations of data, and translating them for a non-technical audience.

Data Examination - Exploring data and determining patterns to look for relevant interventions.

Presenting - Representing results in a meaningful way to different types of professional and nonprofessional audiences, using appropriate graphics and data.

Abilities

Assessment - Ability to judge the value of information and resources, with judgments based on definite criteria.

Data Analysis and Interpretation - Ability to analyze and evaluate data and information, recognizing meaningful results, interpreting results, and presenting the results in useful and culturally competent ways to different types of audiences.

Integrity - Ability to recognize the reliability, validity, and comparability of data.

Use of Analytic Tools - Ability to apply the core functions of assessment and policy development in the analysis of prevention problems and their solutions.



Recommended Core Competencies: Capacity-Building Domain

Domain Definition: Capacity building is a long-term, continuing process that involves mobilizing human, organizational, and financial resources to promote and sustain intended outcomes.

Competencies in this Domain include:

- Collaboration
- Organizational Advocacy
- Organizational Cultural Proficiency

Collaboration

Definition: Identifying opportunities and taking action to build strategic relationships among different sectors, groups, or organizations to help achieve intended outcomes.

Knowledge

Government - Knowledge of government structures, processes, and intergovernmental relations among and between government agencies that administer for the public good at the tribal, state, local, and federal levels.

Non-Governmental Organizations - Knowledge of systems, structures, processes, and relations among and between those who administer for the public good in the private sector, including nonprofit and for-profit organizations.

Problem Solving - Knowledge of motivational strategies for collaborative problem solving, decision-making, and evaluation.

Relationships - Knowledge of the dynamic interactions among and between citizens, their governments, and other institutions.

Group Dynamics - Knowledge of group dynamics, such as different communication and interaction styles and working effectively in groups and collaborative situations.

Skills

Advocating - Creating and communicating a shared vision for a changing future, and championing data-driven, evidence-based solutions to organizational and community challenges.

Coalition Management - Identifying opportunities and taking action to build leadership and decision-making structures, develop and facilitate coalition processes, and provide feedback to coalition regarding progress made toward achieving intended outcomes.

Cooperating - Working collaboratively with diverse communities and constituencies, including researchers, practitioners, agencies and organizations, program participants, and those who contribute to or support the delivery of prevention and health/mental health services.

Influencing - Informing, impacting, and motivating individuals in community leadership positions.

Volunteer Recruitment and Retention - Utilizing community connections and partnerships to identify and recruit coalition members and community volunteers to help with prevention and promotion activities, engage volunteers in meaningful and productive activities, report about recruitment efforts, and increase cultural competence.

Abilities

Communication - Ability to articulate an achievable mission, set of core values, and vision for prevention.

Ethics - Ability to demonstrate high standards of conduct in all interactions, acting with honesty and integrity.

Information Collection and Dissemination - Ability to gather, process, and present information to different audiences in-person, through information technologies, or through media channels.

Organizational Advocacy

Definition: Increasing the partners' commitment and conceptual understanding about the importance of the prevention work to actively promote and sustain buy-in within partner organizations.

Knowledge

Community Resources - Knowledge of the local community and resources, including understanding potential allies or opponents for each program, strategy, or approach.

Local Economic and Political Conditions - Knowledge and understanding of local economic and political conditions in order to develop and present appropriate solutions and prioritize actions.

Mobilization - Knowledge of how to motivate community partners to actions.

Organizational Roles - Knowledge of the role of governmental and non-governmental organizations in the delivery of community prevention and health/mental health services (e.g., state, tribal, local, and territorial health departments; non-profit organizations; and community-based organizations).

Skills

Group Process - Using proven processes to advance community involvement (e.g., focus groups and talking circles, or mobilizing through planning partnerships).

Guidance - Offering advice, support, and technical assistance to stakeholders and community members in mobilizing for community change.

Sustainability - Participating in maintaining momentum and achieving buy-in and institutionalization of positive outcomes of the efforts that are in place.

Abilities

Community Awareness - Ability to recognize community linkages and relationships among multiple factors (or determinants) affecting prevention.

Partnerships - Ability to create, build, and maintain collaborative relationships, as well as network with other community agencies and potential partners.

Organizational Cultural Proficiency

Definition: Effective capacity building requires an understanding of how attitudes, beliefs, and behaviors are conditioned by culture and are endemic to institutions and systems.

Knowledge

Cultural Forces - Knowledge of the dynamic forces that contribute to cultural diversity (e.g., cultural norms and values, beliefs and customs, kinship and family structure, disability status, gender relationships, and socioeconomic differences).

Environment - Knowledge of how environmental conditions can impact cultural forces.

Ethics - Knowledge of community values, priorities, and principles that guide interactions across organizations and cultures.

Leadership - Knowledge of leadership practices that support collaborative efforts across culturally diverse organizations and communities.

Organizational Awareness - Knowledge of the experience and understanding found in community organizations reflecting cultural diversity involved in prevention efforts.

Skills

Ensuring Inclusion - Ensuring that those with less power are included and part of designing solutions by recognizing inequities, assessing the differential impacts of policies and actions, and recognizing differing definitions of fairness and equity.

Facilitation - Constructively managing discussions about values, roles, goals, and actions in a way that ensures full participation of all members.

Sensitivity - Being aware and accepting of diversity in an organizational environment.

Abilities

Cultural and Behavioral Understanding - Ability to recognize the role of cultural, social, and behavioral factors (e.g., historical and cultural experiences, socioeconomic backgrounds, traditions, beliefs, and practices) in the accessibility, availability, acceptability, and delivery of prevention services and programs.

Cultural Competence - Ability to interact (e.g., culturally competent communication; familiarity with cultural differences, traditions, norms, and values; empathy; acceptance; and tolerance) with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, and mental and physical capabilities).

Empathy - Ability to be considerate, empathetic, and encouraging of others.

Relationships - Ability to establish and maintain effective working relationships with individuals from diverse backgrounds and abilities, community agencies, and the general public.

Responsiveness - Ability to respond to diverse needs that are the result of cultural differences (e.g., linguistics, values, traditions, behaviors, attitudes, practices, norms).



Recommended Core Competencies: Planning Domain

Domain Definition: Effective planning involves the development of measurable goals and objectives in response to assessment of needs and assets, and identifying strategies that are based on knowledge derived from theory, evidence, and practice. Develop logic models that include realistic outcomes, and relevant policies, practices, and programs.

Competencies in this Domain include:

- Collaborative Planning
- Cultural Inclusion
- Systematic Thinking
- Evidence–Informed Approaches
- Facilitation
- Strategic Planning

Collaborative Planning

Definition: Creating strategic plans that focus human, organizational, and fiscal resources effectively and foster relationships among different sectors, groups, or organizations.

Knowledge

Collaborative Strategies - Knowledge of multiple strategies for collaboration and partnership among organizations focused on prevention and public health goals.

Community Demographics and History - Knowledge of local history and community demographics, as well as underlying cultural and political issues.

Economic and Political Concerns - Knowledge of the economic and political underpinnings and implications for broader agency and community priorities/decisions.

Social and Community Factors - Knowledge of the role of social and community factors and priorities in both the onset and solution of prevention problems.

Skills

Coalition Building - Building community ownership of prevention programs, strategies, and approaches by collaborating with stakeholders when planning prevention initiatives.

Contingency Planning - Assessing and preparing for potential obstacles and barriers, and facilitating the development of contingency plans.

Group Dynamics - Applying communication and group dynamic strategies in interactions with individuals and groups (e.g., principled negotiation, conflict resolution, active listening, risk communication, and adapted teaching methods).

Planning - Applying the results of your needs assessment process when developing a prevention strategy, program, or best practice. Applying planning tools, such as logic models, to create comprehensive plans to meet the identified needs of the community.

Abilities

Leadership - Ability to create and communicate a shared vision for a changing future, including championing solutions to organizational and community challenges and building partnerships.

Stakeholder Identification - Ability to identify key individuals and critical stakeholders in organizations, community, and media.

Strategy and Design - Ability to plan for the design, development, implementation, and evaluation of strategies to improve individual and community health.

Teamwork - Ability to demonstrate effective teamwork and cooperation skills, including collaborating with others, and prioritizing individual, organizational, and community concerns and resources for prevention programs

Cultural Inclusion

Definition: Effective planning requires the ability to ensure those affected by a problem are an integral part of devising and implementing the solution.

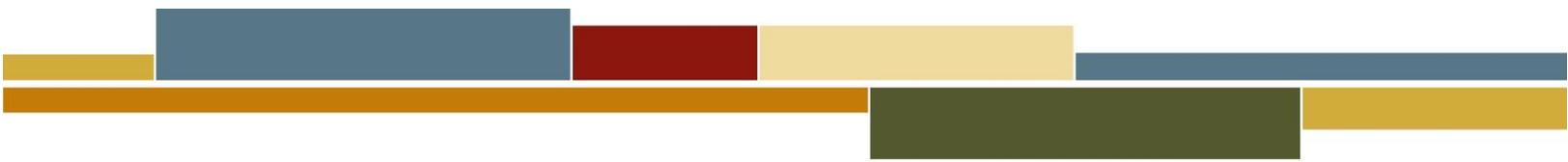
Knowledge

Community Health - Knowledge of how social, behavioral, environmental, and biological factors contribute to specific individual and community health concerns.

Community Power Structure - Knowledge of the influence of history, power, and privilege on health disparities at work in the community.

Cultural Diversity - Knowledge of the dynamic forces, such as family, faith, language, tradition, education, country of origin, etc., that contribute to cultural diversity.

Inequities and Fairness - Knowledge of differential impacts of policies and actions, differing definitions of fairness and equity, an understanding of power dynamics, and awareness that those with less power need to be a part of designing and implementing solutions.



Power Dynamics - Knowledge of the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power.

Skills

Cultural Sensitivity - Assessing the cultural competence of public and private organizations and responding respectfully and effectively to people of all backgrounds and abilities; recognizing, affirming, and valuing the worth of diverse individuals, families, and communities.

Data Collection - Soliciting community-based input from individuals and organizations (e.g., Chamber of Commerce, churches, schools, social service organizations, tribes, hospitals, government, community-based organizations, various populations served). Ensuring involvement of the people being served in the data collection process and ensuring inclusion of cultural considerations and diversity of opinions.

Planning - Developing prevention programs and strategies responsive to the diverse cultural values and traditions of the communities being served. Involving people being served in the planning process. Incorporating multicultural diversity and social justice concepts and principles into prevention planning.

Abilities

Informing - Ability to communicate with government agencies, private organizations, and communities regarding proposed programs, plans, and policies and their potential impacts on cultural institutions, organizations, and communities.

Cross-Cultural Diversity - Ability to identify and model acceptance of differences in cultural, ethnic, and religious values, perceptions, customs, and beliefs.

Cross-Cultural Interactions - Ability to identify and implement ways of communicating and establishing relationships with others from different cultural backgrounds, including developing and adapting approaches to problems that take into account cultural differences.

Systematic Thinking

Definition: Ability to accomplish work tasks by following steps in a certain order or according to a system. The ability to use a clearly defined and organized process to complete a scheduled task. (Note: systematic thinking focuses on results, while systemic thinking focuses on inter-relatedness.)

Knowledge

Barriers - Knowledge of local organizational barriers to collaboration and cooperation.

Change Theory - Knowledge and understanding of dynamics of change adaptation and barriers to adopting change and knowledge of how other communities have addressed barriers to change.

Community Resources - Knowledge of roles, responsibilities, missions, and capabilities of organizations and institutions that can impact or support prevention efforts.

Regulations - Knowledge of regulatory bodies, local ordinances, state laws, and applicable regulations that may impact local partners in prevention efforts, as well as the process by which those regulations are changed.

Skills

Conceptual Thinking - Seeing patterns and trends in behaviors or conditions and synthesizing related items.

Contingency Planning - Assessing potential obstacles and planning an alternative method to accomplish intended outcomes.

Critical Thinking - Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems.

Planning - Thinking ahead through steps from A to Z in order of importance, impact, and sequence.

Priority Setting - Setting priorities on what needs to be done and managing time accordingly.

Contextual Vision - Interpreting discrete events or information in light of larger context and significance.

Information Management - Using information accurately and creatively for the issue or problem at hand and managing the flow of information from a wide variety of sources.

Abilities

Awareness - Ability to understand key issues and their implications.

Gap Analysis - Ability to recognize important gaps in existing information.

Organizing - Ability to review information as appropriate for relevance and completeness and reorganize as needed to get a better understanding of a problem.

Learning from Past Experience - Ability to evaluate prevention efforts from reflection on prior experience.

Evidence-Informed Approaches

Definition: The identification and selection of approaches based on theory, research and experience, documented body of knowledge, or by informed experts.

Knowledge

Development and Evaluation - Knowledge of evidence-based theory and approaches in the evaluation and selection of social and behavioral science interventions.

Prevention Theory and Experts - Knowledge of theory, research, and recognized experts related to evidence-based substance abuse prevention programs and initiatives.

Resourcing Programs and Initiatives - Knowledge of evidence-based substance abuse prevention programs and initiatives and understanding of how to distinguish which funding sources apply to different efforts.

Skills

Evaluation and Decision-Making - Applying evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in prevention programs, matching available strategies to identified needs.

Implementing - Maintaining program fidelity when implementing evidence-based practices.

Abilities

Describing Evidence - Ability to apply the scientific evidence related to a prevention public health issue, concern, or intervention (e.g., tobacco use, underage drinking, mental health problems, prescription drug abuse, etc.).

Plan Development - Ability to develop a prevention plan based on research and theory that addresses individual, family, and community needs and desired outcomes.

Resource Identification - Ability to identify individual, organizational, and community assets and resources for social and behavioral health interventions.

Facilitation

Definition: Guiding group discussions and group processes by eliciting input, building a shared vision, and/or developing plans that motivate the participants to achieve agreed-upon group or individual goals.

Knowledge

Effective Listening - Knowledge of principles of effective listening (e.g., reflective listening and paraphrasing).

Facilitation - Knowledge of effective facilitation skills.

Human Relations Skills - Knowledge of human relations techniques to promote a productive, effective, and respectful working environment.

Public Speaking - Knowledge of principles of public speaking.

Skills

Active Listening - Using active, respectful listening techniques to facilitate/negotiate effectively with people listening to and communicating with each other.

Conflict Resolution - Resolving conflicts among organizations and with all appropriate parties, and identifying when conflict resolution can be used and when it cannot.

Group Process - Encouraging creativity and facilitating solving problems in groups. Ensuring outcome-based meetings and keeping groups on track and on time.

Motivation - Using praise and recognition to encourage people and reinforce commitment to the organization's planning and program goals.

Abilities

Leadership - Ability to assess a situation or issue and identify key elements, and encourage others to move forward toward a specific goal, while maintaining a credible process.

Negotiating - Ability to lead a discussion to reach a mutually satisfactory conclusion, which often involves compromise acceptable to all parties, including the ability to work across significant differences and through conflict to achieve consensus.

Persuasion/Influence - Ability to influence others and persuasively present thoughts and ideas.

Use of Language - Ability to clearly express information to individuals or groups, taking into account the audience and the nature of the information (e.g., technical or controversial).

Strategic Planning

Definition: Strategic planning is a creative and participatory process that defines the values, purpose, vision, and mission of an organization or collaborative and presents its goals, objectives, and strategies in a logic model format.

Knowledge

Administration and Management - Knowledge of management principles involved in strategic planning, resource allocation, leadership techniques, and coordination of people and resources.

Change Management - Working knowledge of change management, defined as an approach to transitioning individuals, teams, and organizations to a desired future state.²³

Data-Driven Decision Making - Knowledge of relevant data sources and how to harness information to plan, prioritize, and make key decisions.

Environmental Scanning - Knowledge of environmental scanning techniques and current state assessment techniques, such as Strengths, Weaknesses, Opportunities, Threats (SWOT) or a Balanced Scorecard, which creates a systematic framework for strategic planning.

Use of Data - Knowledge of how to identify, access, and analyze relevant community data (such as problem indicators, resources, and data that emerges through the assessment process) to inform the planning process.

Skills

Critical Thinking - Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems.

Design - Developing a strategic process for exchanging knowledge and information to achieve specific objectives.

Goal Setting - Developing priorities, goals, and measurable objectives for prevention efforts.

Planning - Implementing a strategic planning process for the design, development, implementation, and evaluation of prevention efforts that result in improving individual and community health.

Abilities

Balanced Judgment - Ability to choose the best option by assessing available alternatives, identifying the pros and cons and making a balanced, evidence-informed judgment.

Strategizing - Ability to identify collaborative and organizational needs and initiate strategies aligned to the mission, strategic direction, and values.

Systems Thinking - Ability to regularly apply systemic thinking and skills to the planning process.

²³ Kotter, J. (July 12, 2011). "Change Management vs. Change Leadership — What's the Difference?" Forbes online.



The ability to understand, interpret, and present data is an important core competency in the Evaluation Domain.

Recommended Core Competencies: Implementation Domain

Domain Definition: Implementation is focused on carrying out the various components of the prevention plan in an effective, efficient, culturally sensitive, and ethical manner, as well as identifying and overcoming any potential barriers. Stakeholders and/or organizations detail the evidence-informed programs, processes, policies, and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Competencies in this Domain include:

- Cultural Responsiveness
- Collaboration
- Change Management

Cultural Responsiveness

Definition: Recognizing, understanding, and applying evidence-informed programs, processes, policies, and practices that are sensitive to diverse cultural backgrounds.

Knowledge

Cultural Diversity - Knowledge of the history, traditions, values, beliefs, practices, and family systems of diverse groups; the impact of culture on the behaviors, attitudes, values, and health/mental health status of individuals; the help-seeking behaviors of diverse populations; and the roles of language, speech patterns, and communication styles in culturally distinct communities.

Cultural Sensitivity - Knowledge of the dynamics formed by cultural diversity (e.g., race, ethnicity, disability, gender, economics, family, faith, language, tradition, education, country of origin, etc.).

Resources - Knowledge of agencies, persons, and helping networks that can be utilized on behalf of diverse communities.

Socioeconomic Barriers - Knowledge of institutional and socioeconomic barriers that prevent people from culturally diverse groups from accessing and using public health and prevention services and programs.²⁴

Values - Knowledge of ways in which personal and professional values may conflict with or accommodate the needs of diverse groups.

²⁴ Sue, D.W. and Sue, D. Counseling the Culturally Different: Theory and Practice. New York, NY: John Wiley and Sons. 1990.

Skills

Cultural Engagement - Actively learning about culture from multiple sources, including clients, constituents, communities, organizations, and research literature to provide culturally competent prevention processes, services, and programs.

Cultural Responsiveness - Applying principles of cross-cultural communication, equity, social justice, and respect for persons.

Learning Techniques - Utilizing techniques for learning and adapting to personal and cultural patterns of individuals, families, and community groups and their impact on adherence to prescribed intervention strategies.

Abilities

Communication - Ability to use effective cross-cultural techniques in discussing recommended intervention strategies. Ability to communicate accurate information in a culturally appropriate manner to diverse communities.

Cross-Cultural Competence - Ability to identify differences in cultural, ethnic, and religious values, perceptions, customs, and beliefs. The ability to interact and establish relationships with diverse individuals and communities to produce or impact an intended prevention outcome.

Cultural Sensitivity - Ability to act with sensitivity and understanding, and develop and adapt approaches to problems that take into account cultural differences.

Interpretation - Ability to interpret the implications of situations as expressed by individuals and groups from different cultures within the community.

Personal Interaction - Ability to interact sensitively, effectively, respectfully, and professionally with persons from diverse cultural, socioeconomic, educational, and professional backgrounds, and with persons of all ages and lifestyle preferences. Ability to develop partnerships with key stakeholders from diverse populations.

Respect - Ability to accept differences in backgrounds and opinions of others, and maintain a broad view and help others do the same to accommodate and represent different perspectives.

Collaboration

Definition: Developing and using relationships with different sectors, groups, or organizations to facilitate the implementation of the selected culturally relevant evidence-informed programs, processes, policies, practices, and strategies.

Knowledge

Community Partners - Knowledge of partners and other community resources that support prevention efforts and understanding how to successfully utilize partnerships to implement programs, practices, policy, processes, and strategies.

Demographics - Knowledge of community demographics and norms.

Learning and Work Styles - Knowledge and understanding of different learning and work styles and how these translate into practices in organizational and community life.

Skills

Alliance Building - Involving other individuals, agencies, and organizations in a collective effort to achieve an objective.

Human Relations Techniques - Utilizing human relations techniques to promote effective working relationships. Using praise and recognition to sustain people and reinforce commitment to the community's prevention goals. Using effective listening and relationship building skills.

Persuasion - Using information, factual arguments, and relationships to get others to accept alternative perspectives on an issue.

Providing Guidance - Offering advice and technical assistance to stakeholders and community members in mobilizing for community change.

Resource Provider - Serving as a resource to community members and organizations regarding prevention strategies and best practices, and connecting individuals, families, and community groups to other key resources.

Abilities

Capacity Building - Ability to mobilize human, organizational, and financial resources to promote and sustain intended outcomes.

Empathy - Ability to be considerate, empathetic, and encouraging of others.

Facilitation - Ability to constructively manage discussions about values, roles, goals, and actions in a way that ensures full participation of all members.

Maximizing Knowledge - Ability to share knowledge, information, and skills to ensure collaborative success. Ability to use the full scope of knowledge, skills, and abilities of available organizations and health professionals to offer and support effective prevention efforts.

Teamwork - Ability to demonstrate effective cooperation skills, including collaborating with others and prioritizing individual, organizational, and community concerns and resources for prevention efforts.

Change Management

Definition: Making adjustments to programs, processes, policies, and practices based on new information to be consistent with resource allocation and priority setting.

Knowledge

Cultural and Organizational Diversity - Knowledge of how organizational influences—such as belief systems, attitudes, use of language, expectations, and management styles—impact or contribute to resistance to change.

Nature of Change - Knowledge of change management principles, theory, and processes and how people and organizations respond to change.

Research Methods - Knowledge of how to collect and analyze sufficient, valid, and reliable data that informs design, planning, and implementation activities and priorities to create practical and workable solutions for change.

Skills

Analytic Thinking - Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problems.

Coaching - Providing support, technical assistance, and guidance to develop and implement strategic plans, build trust, and motivate and reinforce organizational performance.

Facilitation - Constructively managing discussions about values, roles, goals, and actions in a way that ensures full participation of all members.

Problem Solving - Using motivational strategies for collaborative problem solving, decision-making, and evaluation.

Abilities

Conflict Management - Ability to remain calm and objective and facilitate others working out their differences.

Cultural Awareness - Ability to ensure that approaches and plans for change are culturally appropriate.

Overcoming Resistance - Ability to recognize points of community and organizational resistance and how to address the reasons for that resistance.

Resource Management - Ability to focus and utilize community and organizational resources to maximize results.

Stakeholder Engagement - Ability to involve the right people and organizations at the right time throughout the change process, gain commitment through consultation, and consider stakeholder impacts.



Strategic Approach - Ability to assess the impact of change and adapt approaches or take mitigating action, as necessary.



Recommended Core Competencies: Evaluation Domain

Domain Definition: Determine the reach, effectiveness, and impact of the implementation of the strategic plan and of the programs, processes, policies, and practices. Utilize appropriate evaluation methods to support improvements, sustainability, and dissemination in a continuous iterative process.

Competencies in this Domain include:

- Evaluation Methods
- Data Interpretation and Use

Evaluation Methods

Definition: Ability to understand types and limits of evaluation in order to determine systematically and objectively the effectiveness and impact of strategic plans and programs, policies, processes, and practices. Understand the resources and skill sets necessary to implement evaluation as a continuous iterative process.

Knowledge

Evaluation Methods - Knowledge of qualitative and quantitative evaluation concepts in relation to their strengths, limitations, and appropriate uses, including a broad understanding of evaluation design.

Strategies and Mechanisms - Knowledge of prevention evaluation strategies and mechanisms to monitor for effectiveness, quality, and fidelity.

Types of Evaluations - Knowledge of the purposes of various approaches to evaluating prevention efforts (e.g., logic models and formative, summative, process, outcome, and impact evaluations, etc.), as well as how to use the information for continuous improvement.

Skills

Determining Evaluator Expertise - Identifying and hiring an appropriate evaluator who is compatible with what the organization is trying to achieve.

Developing Evaluation Framework - Identifying and directing the goals of evaluation efforts, such as enhancing sustainability, and developing research questions to be investigated, often in conjunction with the evaluator.

Using Evaluation Tools - Distinguishing among different evaluation tools (e.g., community, school-based, and record surveys; interviews; program reviews; focus groups; observations, etc.) and using the appropriate tools to collect data.

Understanding Programmatic Impact - Identifying the impact of a prevention intervention.

Abilities

Methodologies - Ability to work with an evaluator to apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.

Statistical Methods - Ability to work with an evaluator to apply common statistical methods for inference.

Data Interpretation and Use

Definition: Ability to understand, confirm, analyze/interpret, and present evaluation data, and construct arguments using quantitative and qualitative information derived from the evaluation process.

Knowledge

Analysis - Knowledge of how to use evaluation results to analyze the effectiveness of prevention efforts and the performance of procedures, interventions, and programs.

Reporting Results - Knowledge of methods to present results of evaluation in a clear, concise, and meaningful manner, effectively conveying successes, issues, and opportunities.

Performance Results - Knowledge of how to use evaluation results to enhance sustainability, make improvements, and maximize impact of prevention activities.

Skills

Assessment - Assessing evaluation reports in relation to their quality, utility, and impact on prevention issues and public health.

Data Extraction - Extracting the important ideas from written words as well as graphs and tables, and identifying problems in data.

Documentation - Documenting and illustrating ideas, including creating tables and graphs.

Technology - Using information technology to access, evaluate, and interpret public health and prevention-related data.

Abilities

Communication - Ability to communicate evaluation results to professional and nonprofessional audiences.

Data Translation - Ability to work with an evaluator to interpret and translate evaluation report information into performance improvement action steps.



Interpretation - Ability to explain how evaluation findings can be used, interpret results of statistical analyses, and draw appropriate conclusions from evaluation data.

Strategic Process - Ability to describe steps and procedures used in the evaluation process.

Almost all states have identified the requirements for passing a state certification test in prevention.





Appendix A: Prevention Credentialing, By State

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
Alabama	X	Alabama Alcohol & Drug Abuse Association www.aadaa.us		Associate Prevention Specialist (APS)	2,000 hrs. or 240 direct service hrs.	High School Diploma/GED; 75 hrs. SA (50% in prevention); 4 hrs. HIV/AIDS, 6 hrs. Ethics, 4 hrs. Disruptive Audience Behavior	Supervisor evaluation/ 2 recommendations; must be supervised by a state certified CPS or CPM	Signed code of ethics, releases		Reside or work in AL at least 51% of time
				Certified Prevention Specialist (CPS)	4,000 in prevention; 100 in substance abuse	BA in related field; 4 hrs. HIV/AIDS, 6 hrs. Ethics, 4 hrs. Disruptive Audience Behavior	Supervisor evaluation/ 3 recommendations	IC&RC certification prevention professional exam	Reside or work in AL at least 51% of time	
				Certified Prevention Manager (CPM)	4,000 in prevention; 100 in substance abuse	BA in related field; 4 hrs. HIV/AIDS, 6 hrs. Ethics, 4 hrs. Disruptive Audience Behavior	3 yrs. managerial/ supervisory experience in substance abuse prevention; Supervisor evaluation/ 3 recommendations	IC&RC certification prevention professional exam	Reside or work in AL at least 51% of time	
Alaska		Alaska Commission for Behavioral Health Certification http://www.akcertification.org/		State offers certifications for tech, counselor, clinical, and administrative positions in chemical dependency and behavioral health; however there is no state-certified prevention specialist position.						
Arizona	X	Arizona Board for		IC&RC says that both AZ						

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
		Certification for Addiction Counselors www.abcac.net ; Native American Connections http://www.nativeconnections.org/certification/		boards have a CPS certified position; however, it is not listed on the certification board's website. Website only lists credentials for Advanced Addictions professionals, Clinical Supervisors, and CCJP						
Arkansas	X	Arkansas Prevention Certification Board www.arkprevention.org	Domain "sub-functions" within each of the 5 IC&RC performance domains http://www.arkprevention.org/cert_performance.html	Certified Prevention Specialist (CPS)	2,000	High School Diploma/GED	120	IC&RC certification prevention professional exam	Every 2 years, with 40 prevention-related workshop hours	100 prevention-specific workshop hours
				Certified Prevention Consultant (CPC)	6,000	BA in Human Services	120	IC&RC certification prevention professional exam	Every 2 years, with 40 prevention-related workshop hours	150 prevention-specific workshop hours
California	X	California Certification Board of Alcohol & Drug Abuse Counselors www.caadac.org	Offers core functions of the CCPS – (See pgs. 3-4) https://www.caadac.org/site_media/media/attachments/flattpages_flatpage/99/cps_rev_11-2008.pdf	California Certified Prevention Specialist (CCPS)	2,000 hrs.; 120 practicum hrs. in 5 performance domains	100 hrs. approved prevention training; 6 hrs. prevention-specific ethics education	3 letters of reference	IC&RC certification prevention professional exam	40 hrs. approved education acquired during each 2-year re-certification period	
Colorado	X	Colorado Association of Alcohol and Drug Service Providers (aka The Colorado Providers Association) http://coreinteractiv		Certified Prevention Specialist (CPS)	2,000 hrs. ATOD prevention work experience	100 hrs. prevention-specific education	120 hrs. specific to the domains	IC&RC Written Prevention Specialist Examination	40 hrs. continuing education every two years	

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
		e.com/CAADSP/vision.html (Link to PS Certification information - http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251607787175)								
Connecticut	X	Connecticut Certification Board www.ctcertboard.org	See p. 2 for definition of prevention specialist; p. 17 for a domain qualifications checklist; and p. 19 for CT Cert. Board CPPR form http://www.ctcertboard.org/files/CPPAapplicationJuly2011.pdf	Associate Prevention Professional (APP)	36 hrs. prevention specific training	N/A	N/A	N/A	N/A	The APP position was created for individuals who are ready to work toward becoming a CPP
				Certified Prevention Professional (CPP)	2,000 hrs. ATOD prevention work experience	100 hrs. prevention specific education	120 hrs. specific to five prevention domains	IC&RC Written Prevention Specialist Examination	40 hrs. prevention specific education each recertification period (every 2 yrs.)	
Delaware	X	Delaware Certification Board (DCB) www.delawarecertificationboard.org		Certified Prevention Specialist (CPS)	2,000 hrs. (at least 51% time providing ATOD prevention services);	BA; 100 hrs. addiction-related education; 50 hr. specific to prevention; 6hr. specific to prevention ethics	120 hr. on-the-job supervisions specific to the prevention domains; minimum 10 hrs. in each domain	IC&RC Written Prevention Specialist Examination	40 hrs. DCB-approved education; 20hr. specific to prevention; 3hr. specific to professional ethics	Applicant must be employed in an ATOD prevention position at the time the application is submitted
Florida	X	Florida Certification Board www.flcertificationboard.org	See pgs. 8, 28 http://www.flcertificationboard.org/upload_documents/PreventionApplication	Certified Prevention Specialist (CPS)	2,000 hrs. prevention-related service experience	High School Diploma/ GED; 100 training hrs. with minimum 8 hours per	120 hrs.; minimum of 8 hrs. per performance domain	<ul style="list-style-type: none"> ▪ Pass written exam ▪ IC&RC Prevention Exam (only if reciprocity is desired) 	10 "continuing education units" (CEUs) annually	Entry-level prevention certification. CPS is also the reciprocal

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
			.pdf			performance domain and 6 hrs. prevention ethics				credential for those coming into Florida through the IC&RC.
				Certified Prevention Professional (CPS)	Either: BA in a prevention related field; 6,000 hrs. prevention-related experience Or: BA in unrelated field; 18 college credit hrs. in related topics; 6,000 hrs. prevention-related experience	See <i>work experience</i> ; 130 hrs. prevention related education/training in last 10 yrs.	180 hrs; must include minimum 20 hrs. per performance domain	<ul style="list-style-type: none"> ▪ CPP Exam ▪ IC&RC Prevention Exam (only if reciprocity is desired) 	20 “continuing education units” (CEUs) annually	Credential is for those who possess advanced prevention-related competency. A CPP can provide services across the spectrum of targeted behaviors, including but not limited to: addictions, delinquency, teen pregnancy, suicide and drop-out prevention.
Georgia	X	Prevention Credentialing Consortium of Georgia www.pcc-ga.org/	See “Application Manual” http://www.pcc-ga.org/default.asp?id=HKKGD	Prevention Apprentice (PA) <i>(Not eligible for IC&RC reciprocity)</i>	N/A	24 hrs. Core Prevention Training Curriculum approved by PCCG within 2 yrs. application	Letter of recommendation	N/A	Certificate issues for 2 yrs., can be recertified once; 100 hrs. paid or volunteer experience in planning or delivering prevention services; 18 contact hrs. prevention-specific training	

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
				Certified Preventionist <i>(Not eligible for IC&RC reciprocity)</i>	2,000 hrs. paid or volunteer work planning or delivering prevention services	High School Diploma/GED (requirement waived if previously certified as PA); 100 contact hrs. prevention training, with 24 hrs. in core prevention curriculum, 50 hrs. ATOD prevention, 10 hrs. per prevention domain	Two letters of recommendation	Oral interview to demonstrate knowledge and skills in domains and core functions of prevention	40 hrs. continuing education every 2 yrs., including 2 hrs. prevention ethics	
				Internationally Certified Prevention Specialist (ICPS)	4,000 yrs. planning or delivering prevention services (no more than 500 hrs. volunteer experience)	BA in approved subject area; 150 hrs. prevention-specific training, including 24 hrs. core curriculum, 50 hrs. ATOD prevention with 10 hrs. in each prevention domain	120 hrs. verified supervision related to 5 prevention domains, with at least 12 supervised hrs. per domain; 2 letters of recommendation	IC&RC Written Prevention Specialist Examination	40 hrs. continuing education every 2 yrs., including 2 hrs. prevention ethics	
Hawaii	X	Hawaii Alcohol and Drug Abuse Division, Department of Health http://hawaii.gov/health/substance-abuse/prevention-treatment/adcert.ht	See p. 4 http://hawaii.gov/health/substance-abuse/prevention-treatment/CPSdocs/workexpverif.pdf	Certified Prevention Specialist (CPS)	2,000 hrs. preceptor-supervised ATOD work	High School diploma; 100 hrs. prevention-specific education: 50hrs ATOD, 6hrs. prevention ethics	Preceptor feedback on two examples of applicant's work; 120 of 2,000 work hrs. must be supervised by preceptor specific to IC&RC prevention domains (minimum	IC&RC Written Prevention Specialist Examination	40 hrs. continuing education during current 2-yr. certification, 6 hrs. specific to prevention ethics	

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
		m					10hrs. per domain)			
Idaho	X	Idaho Board of Alcoholism/Drug Counselor's Certification http://ibadcc.org/	***See Section II – definitions and descriptions of specific skill sets needed for certification (supervisor requirements, core functions of substance abuse counselor, performance domains) http://ibadcc.org/10rev/application/cps/CPS%20Manual_051112.pdf	Certified Prevention Specialist (CPS)	2,000 work experience	High school diploma; 210 education hours – 100hrs. specific to alcohol/drug prevention, 50 hrs. tobacco/other drug training, 10 hrs. in each performance domain, 6hr. ethics training	Work experience hrs. must be reviewed and verified by a CPS; 3 letters of reference directly related to the applicant's professional knowledge and skills required	IC&RC Written Prevention Specialist Examination	20 hrs. continuing education annually; must include 2hrs. ethics training	
Illinois	X	Illinois Certification Board http://iaodapca.org/	See p. 12 of "Model" document http://www.iaodapca.org/?page_id=503	Certified Alcohol and Other Drug Abuse Preventionist (CADP)	Either: 2,000 hrs. paid ATODA qualified work experience in past four yrs Or: ATODA prevention volunteer experience under supervision of IAODAPCA certified ATOD professional in past four years	High School/ GED; 100 hrs. prevention training/education – 50 hrs. ATODA specific, 6 hrs. prevention ethics, 44 hrs. in performance domains	120 hrs. supervised practical experience	ATODA Prevention Written Examination	40 continuing education units within 2 year certification period – minimum 15 CEUs specific to ATOD abuse/dependency, minimum 25 CEUs specific to prevention domains (6hrs. ethics)	
				Certified Senior Alcohol and Other Drug Abuse Preventionist (CSADP)	Either: 8,000 hrs. paid ATODA qualified work in past 7yrs. Or: ATODA prevention volunteer experience under supervision of	High School/ GED; 150 hrs. prevention training/education – 75 hrs. ATODA specific, 6	240 hrs. supervised practical experience	ATODA Prevention Written Examination	40 continuing education units within 2 year certification period – minimum 15 CEUs specific to ATOD abuse/dependency,	

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
					IAODAPCA certified ATOD professional in past seven years	hrs. prevention ethics, 59 hrs. in performance domains, 10 hrs. planning and evaluation			minimum 25 CEUs specific to prevention domains (6hrs. ethics)	
Indiana	X	Indiana Counselors Association of Alcohol and Drug Abuse www.icaada.org		Certified Prevention Specialist (CPS)	2,000 hrs. ATOD prevention work experience	100 hrs. prevention specific educations, 50 hrs. must be ATOD specific	120 hrs. specific to prevention domains, with minimum 10 supervised hour per domain	IC&RC Written Prevention Specialist Examination	40 hours of continuing education earned every two years	
Iowa	X	Iowa Board of Certification (IBC) www.iowabc.org	IC&RC performance domains included on p. 6-7 http://www.iowabc.org/PDFs/cps_Handbook.pdf	Certified Prevention Specialist (CPS)	2,000 hrs. supervised experience in prevention performance domains; 120 hrs. specific to IC&RC domains, with min. 10 hrs. each	BA or AAD with 35 hr. prevention training or high school diploma/GED with 48 hr. prevention training; 100 hrs. prevention specific education; including completion of IBC "Substance Abuse Prevention Specialist Training"; 6 hr. prevention ethics, 6 hr. special populations, 3 hr. racial/ethnic, 50 hr. ATOD	See <i>work experience</i>	IC&RC Written Prevention Specialist Examination	40 relevant continuing education hrs. every two years, including 3 hr. in ethics	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
Kansas	X	Kansas Coalition of Prevention Programs & Services, Inc. www.kansasfamily.com		Level I Certified Prevention Technician (CPT)	2,000 hr. paid or volunteer prevention experience in past 8 yrs.	High School Diploma/GED; 60 hrs. continuing education/training contact hrs. in prevention, 6 hr. prevention ethics in past 2 yrs.	120 hrs. practicum, 24 hr. per prevention domain (practicum hrs. can be put toward prevention work experience); 3 letters recommendation	N/A	1,000 hrs. paid or volunteer prevention experience; 40 hrs. continuing education/training contact hrs., 20 hrs. in SA, 6 hr. prevention ethics	
				Level II Certified Prevention Specialist (CPS)	3,500 hrs. prevention experience in past 8 yrs.; 3,200 of hrs. must be paid, supervised work	High School Diploma/GED; 150 hrs. continuing education/training contact hrs. in prevention, 6 hr. prevention ethics in past 2 yrs., 50 hrs. ATOD,	120 hrs. supervised practicum, 24 hr. per prevention domain (practicum hrs. can be put toward prevention work experience); 3 letters recommendation	IC&RC Written Prevention Specialist Examination	1,000 hrs. paid or volunteer prevention experience; 40 hrs. continuing education/training contact hrs., 20 hrs. in SA, 6 hr. prevention ethics	
				Level III Certified Prevention Professional (CPP)	3,500 hrs. prevention experience in past 8 yrs.; 3,200 of hrs. must be paid, supervised work	BA/BS; 150 hrs. continuing education/training contact hrs. in prevention, 6 hr. prevention ethics in past 2 yrs., 50 hrs. ATOD,	120 hrs. supervised practicum, 24 hr. per prevention domain (practicum hrs. can be put toward prevention work experience); 3 letters recommendation	IC&RC Written Prevention Specialist Examination	1,000 hrs. paid or volunteer prevention experience; 40 hrs. continuing education/training contact hrs., 20 hrs. in SA, 6 hr. prevention ethics	
Kentucky	X	Kentucky Certification Board of Prevention Professionals www.kyprevention.org	See "Competencies of a Prevention Specialist" section http://kyprevention.org/media/REVISED%20MANUAL%20CHANGES%20July%202011%20(Repair	Certified Prevention Specialist (CPS)	2,000 hrs. ATOD prevention work	BA; 150 hrs. training in past 10 yrs., including 6 hr. prevention ethics, 2 hr. HIV/AIDS	120 hrs. supervision by CPS	IC&RC Written Prevention Specialist Examination	40 hrs. continuing education specific to ATOD prevention every 2 yrs. (can include workshops/courses/seminars, teaching/training,	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other	
			d).pdf List of IC&RC domains/associated skills http://kyprevention.org/media/Prevention%20domains%5B1%5D.pdf							professional reading, writing, ATOD board service, supervision of CPS candidate).	
Louisiana	X	Louisiana Association of Substance Abuse Counselors and Trainers www.lasact.org ; Addictive Disorder Regulatory Authority (ADRA) http://www.la-adra.org/	See p. 10 – IC&RC domains, p.14 for necessary attributes http://www.la-adra.org/images/Docs/Complete%20LP,%20CPP,%20RPP%20Application.pdf	Registered Prevention Professional (RPP)	6,000 hrs. supervised work in providing prevention services; of these hrs. 120 hrs. practicum in 5 prevention domains, with at least 10 hr. per domain	High School/GED; 100 hrs. approved education hrs., 50 SA specific, 6 hr. prevention ethics, 30 hr. from National Prevention Training	Work experience must be supervised by a qualified professional	Demonstrates competence in addiction counseling by passing the written examination prescribed by the ADRA	48 hrs. education directly applicable to prevention, 6 hrs. in prevention ethics	At least 21 years of age; has not been a substance abuser or compulsive gambler for at least 2 yrs.	
				Certified Prevention Professional (CPP)	4,000 hrs. supervised work in providing prevention services; of these hrs. 120 hrs. practicum in 5 prevention domains, with at least 10 hr. per domain	BA; 100 hrs. approved education hrs., 50 SA specific, 6 hr. prevention ethics, 30 hr. from National Prevention Training	Work experience must be supervised by a qualified professional	Demonstrates competence in addiction counseling by passing the written examination prescribed by the ADRA	48 hrs. education directly applicable to prevention, 6 hrs. in prevention ethics	At least 21 years of age; has not been a substance abuser or compulsive gambler for at least 2 yrs.	
				Licensed Prevention Professional (LPP)	2,000 hrs. supervised work in providing prevention services; of these hrs. 120 hrs. practicum in 5 prevention domains, with at least 10 hr. per domain	MA or Ph.D.; 100 hrs. approved education hrs., 50 SA specific, 6 hr. prevention ethics, 30 hr. from National Prevention Training	Work experience must be supervised by a qualified professional	Demonstrates competence in addiction counseling by passing the written examination prescribed by the ADRA	48 hrs. education directly applicable to prevention, 6 hrs. in prevention ethics	At least 21 years of age; has not been a substance abuser or compulsive gambler for at least 2 yrs.	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
Maine		No mention of any prevention/addictions credentialing in Maine – http://www.maine.gov/dhhs/samhs/osa/prevention/provider/workdev.htm (State does not support IC&RC)								
Maryland	X	Maryland Association of Prevention Professionals and Advocates www.mappamd.org	See pgs. 2-5 for “Prevention Strategies” and Prevention Domains, and pgs. 12-13 for “Prevention Certification Requirements” http://www.mappamd.org/files/Certification_Application_Procedures3.pdf	Associate Prevention Specialist (APS)	2,000 hrs. related to ATOD prevention	High School Diploma/GED; 60 hrs. practicum in 5 performance domains	50 verified contact hrs. prevention specific training, with 20 hrs. ATOD specific, 6 hrs. prevention ethics; 3 letters of reference	N/A	20 continuing education hrs. every 2 yrs.	
				Certified Prevention Specialist (CPS)	2,000 hrs. related to ATOD prevention	Either: Associates Degree with 18 credits in behavioral sciences, health or human services, or education Or: High School Diploma/GED and 2 additional yrs. experience; 120 hrs. practicum in 5 performance domains, with min. 10 hrs. in each	100 verified contact hrs. prevention specific training, with 50 hrs. ATOD specific, 6 hrs. prevention ethics; 3 letters of reference	IC&RC Written Prevention Specialist Examination	40 continuing education hrs. every 2 yrs.	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
				Certified Prevention Professional (CPP)	4,000 hrs. related to ATOD prevention	BA with 30 credits in behavioral sciences, health or human services, or education; 120 hrs. practicum in 5 performance domains, with min. 10 hrs. in each	200 verified contact hrs. prevention specific training, with 50 hrs. ATOD specific, 6 hrs. prevention ethics; 3 letters of reference	IC&RC Written Prevention Specialist Examination	40 continuing education hrs. every 2 yrs.	
Massachusetts		Massachusetts Board of Substance Abuse Counselor Certification http://www.mbsacc.org/								
Michigan	X	Michigan Certification Board for Addiction Professionals www.mcbap.com	IC&RC prevention domains http://www.mcbap.com/cpsr_manual_ppd_it.pdf	Certified Prevention Specialist (CPS)	2,000 hrs. providing ATOD prevention services at a Michigan state licensed substance abuse prevention program	120 contact hrs., including 80 hrs. ATOD prevention specific, 6 hrs. face-to-face MCBAP-approved prevention ethics training	120 hrs. direct supervised ATOD prevention related to performance domains, minimum 10 hrs. per domain	IC&RC Prevention Specialist written examination	40 hrs. approved education training every 2 yrs.	
Minnesota	X	Minnesota Certification Board www.mcboard.org	See "IC&RC Prevention Performance Domains and Job Tasks" – p. 49 http://www.mcboard.org/node/4 (<i>Certified Prevention Professional</i>)	Certified Prevention Professional (CPP)		Substance Abuse Prevention Specialist (SAPS) Course			40 hrs. continuing education every 3 yrs., related to performance domains	
				Certified Prevention Professional Advanced (CPPA)	2,000 hrs. providing ATOD prevention services at a MN licensed substance abuse prevention	SAPS Course; 40 hrs. education in ATOD prevention within performance		IC&RC Prevention Specialist written examination	40 hrs. continuing education training every 2 yrs.	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
			<i>Advanced (CPPA) & Certified Prevention Professional Reciprocal (CPPR)</i>		program	domains, 12 hr. specific to ATOD prevention, 6 hr. ethics				
				Certified Prevention Professional Reciprocal (CPPR)	2,000 hrs. providing ATOD prevention services at a MN licensed substance abuse prevention program	SAPS Course; 100 hrs. education in ATOD prevention within performance domains, 50 hr. specific to ATOD prevention, 6 hr. ethics	120 hrs. direct supervision performing ATOD functions related to prevention domains	IC&RC Prevention Specialist written examination	40 hrs. continuing education training every 2 yrs.	
Mississippi	X	Mississippi Association of Addiction Professionals www.msaap.net		Associate Prevention Specialist (APS) <i>(non-IC&RC reciprocal level)</i>	2,000 hrs. work specific to prevention domains	High School Diploma/GED; 75 hrs. prevention education/training, 50% specific to ATOD, 6 hrs. prevention ethics, 6 hrs. HIV/AIDS, 4 hrs. Disruptive Audience Behavior	One year supervision by CPS or CPM (see <i>work experience</i>)		20 hrs. continuing education every 2 yrs. related to prevention domains, including 2 hrs. prevention ethics, 2 hrs. HIV/AIDS	
				Certified Prevention Specialist (CPS)	4,000 hrs. work specific to prevention domains	BA; 150 hrs. prevention education/training, 50% specific to ATOD, 6 hrs. prevention ethics, 6 hrs. HIV/AIDS, 4 hrs. Disruptive Audience Behavior	120 hrs. specific to each prevention domain, with a minimum of 10 hrs. per domain	IC&RC Prevention Specialist written examination	40 hrs. continuing education every 2 yrs. related to prevention domains, including 2 hrs. prevention ethics, 2 hrs. HIV/AIDS	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
				Certified Prevention Specialist Manager (CPM)	4,000 hrs. work specific to prevention domains; 6,000 hrs. managerial/supervisory ATOD prevention work experience	BA; 150 hrs. prevention education/training, 50% specific to ATOD, 6 hrs. prevention ethics, 6 hrs. HIV/AIDS, 4 hrs. Disruptive Audience Behavior	120 hrs. specific to each prevention domain, with a minimum of 10 hrs. per domain	IC&RC Prevention Specialist written examination	40 hrs. continuing education every 2 yrs. related to prevention domains, including 2 hrs. prevention ethics, 2 hrs. HIV/AIDS	
Missouri	X	Missouri Substance Abuse Professional Credentialing Board www.msapcb.com	See p. 20, about performance domains http://www.msapcb.com/crpsapp.html	Certified Reciprocal Prevention Specialist (CRPS)	See <i>Education</i>	Missouri Substance Abuse Prevention Specialist Training (SAPST); High School/GED and 4,000 hrs. prevention work experience in last 10 yrs. Or: BA and 2,000 hrs. prevention work experience in last 10 yrs.; 100 contact hrs. related to prevention domains, including 6 hrs. ethics, 50 hrs. ATOD prevention	300 hrs. supervised practicum in 5 prevention domains, with a minimum 10 hrs. per domain	IC&RC Prevention Specialist written examination	40 hrs. every 2 yrs.	
Montana		Montana Prevention Resource Center (no credentialing advertised)								

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
		http://prevention.mt.gov/ (State does not support IC&RC)								
Nebraska		Nebraska Department of Health and Human Services, DPH, Licensure Unit http://dhhs.ne.gov/publichealth/Pages/crl_crlindex.aspx								
Nevada		Nevada Board of Examiners for Alcohol, Drug, and Gambling Counselors http://www.alcohol.state.nv.us/ <i>(State offers alcohol and drug abuse credentialing, not through IC&RC)</i> (State does not support IC&RC)								
New Hampshire	X	New Hampshire Prevention Certification Board www.nhpreventcert.org	http://nhpreventcert.org/certifications/ (bottom of page); descriptions of required education in "CPS Manual Revised 03-26-12" http://nhpreventcert.org/certifications/	Certified Prevention Specialist (CPS)	2,000 documented hrs. ATOD prevention in performance domains	BA, 120 hrs. formal instruction, 50 hrs. specific to ATOD, 15 hrs. cultural competency, 43 hrs. prevention practice and theory, 6 hrs.	120 hrs. of supervision, minimum of 10 hr. per prevention domain (supervision by individual whose primary job description included SAP)	IC&RC Prevention Specialist written examination	40 hr. continuing education every 2 yrs., 6 hrs. ethics	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
						HIV/AIDS, 6 hrs. prevention ethics Or: If no BA, employer/supervisor must sign forms documenting an additional 2,000 hrs. experience and supervision hrs, and additional 120 hrs. training (as delineated above)				
New Jersey	X	Addiction Professionals Certification Board of New Jersey www.certbd.com		Certified Prevention Specialist (CPS)	4,000 full-time work experience in one of the IC&RC prevention domains; 120 hr. Practicum completed within 2 years of application date	BA in a Human Services related field; 120 hrs. pre-approved coursework	Supervisor must validate that a minimum of 1hr. direct supervision was provided for each 10 hr. block of required experience in prevention domains	IC&RC Prevention Specialist Certification Exam	50 hrs. prevention-related education every 2 years	
New Mexico	X	New Mexico Credentialing Board for Behavioral Health Professionals www.nmcbbhp.org	New Mexico offers prevention domain competencies for each of the 3 certification levels CPI - http://www.nmcbbhp.org/uploads/cpi_application.pdf CPS/SCPS - http://www.nmcbbhp.org	Certified Prevention Intern (CPI) <i>(Not eligible for IC&RC Reciprocity)</i>	1,000 hrs. ATOD prevention work within past 3 yrs.	50 hrs. prevention specific education, 18 hrs. ATOD specific, 6 hrs. prevention ethics	60 hrs. specific to prevention domains	N/A	N/A	
				Certified Prevention Specialist (CPS)	2,000 hrs. ATOD prevention work experience	100 hrs. prevention specific education, 50	120 hrs. specific to prevention domains, minimum 10 hrs. per domain	IC&RC Prevention Specialist Certification Exam	40 hrs. continuing education every 2 yrs., 6 hrs. prevention ethics	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
			hp.org/uploads/ps_application.pdf			hrs. ATOD specific, 6 hrs. prevention ethics within 5 years of application				
				Senior Certified Prevention Specialist (SCPS)	10,000 hrs. ATOD experience	120 hrs. prevention specific education, 50 hrs. ATOD specific, 6 hrs. prevention ethics within 5 years of application	144 hrs. specific to prevention domains, minimum 16 hrs. per domain	<i>(Pre-requisite of PS credential requires passing IC&RC Prevention Specialist Certification Exam)</i>	40 hrs. continuing education every 2 yrs., 6 hrs. prevention ethics, 6 hrs. leadership management or supervisory skills	Prerequisite – applicant must maintain a PS credential at IC&RC reciprocal level
New York	X	New York State Office of Alcoholism and Substance Abuse Services www.oasas.ny.gov	See “performance domains” and “Education and Training” section http://www.oasas.ny.gov/sqa/credentialing/CPPCPSreq.cfm	Certified Prevention Specialist (CPS)	2,000 hrs. supervised experience in prevention services	High School Diploma/GED; must demonstrate certain competencies as listed on website; 100 hrs. education/training, 50 related to substance abuse and cultural competence, 38 hrs. prevention, 12 hrs. ethics and professional development	120 hrs. supervised practical training in performance domains, min. 10 hrs. in each domain; 12 hrs. must have been face-to-face with a Qualified Prevention Supervisor	IC&RC Prevention Specialist Certification Exam	60 hrs. continuing education every 3 yrs.; most recent supervisor or program director must complete an “Evaluation of Competency and Ethical Conduct”	Three individuals with direct knowledge of prevention work experience for a minimum of 6 months must complete an “Evaluation of Competency and Ethical Conduct”

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
				Certified Prevention Professional (CPP)	4,000 hrs. supervised experience in prevention services Or: MA in approved Human Services field and 2,000 hrs. experience	BA; must demonstrate certain competencies as listed on website; 250 hrs. education/training, 85 related to substance abuse and cultural competence, 60 hrs. prevention, 45 hrs. ethics and professional development, 60 hrs. prevention principles and services continuum	120 hrs. supervised practical training in performance domains, min. 10 hrs. in each domain; 12 hrs. must have been face-to-face with a Qualified Prevention Supervisor	IC&RC Prevention Specialist Certification Exam	60 hrs. continuing education every 3 yrs.; most recent supervisor or program director must complete an "Evaluation of Competency and Ethical Conduct"	Three individuals with direct knowledge of prevention work experience for a minimum of 6 months must complete an "Evaluation of Competency and Ethical Conduct"
North Carolina	X	North Carolina Substance Abuse Professional Practice Board www.ncsappb.org		Certified Substance Abuse Prevention Consultant (CSAPC)	6,000 hrs. full time experience in prevention Or: 4,000 hrs. and BA in human services field, documented and supervised by an individual with 3 yrs. experience (CCS, CSI, CSAPC)	See <i>Work Experience</i> ; 270 hrs. board-approved training/education, with 170 in prevention, 100 in substance abuse, 6 in HIV/AIDS, 3 in prevention ethics, and 11 in IC&RC performance domains	300 board-approved practicum hrs. documented by a CCS, CSI or CSAPC; evaluations from supervisor, two other colleagues/co-workers	IC&RC Prevention Specialist Certification Exam	60 hrs. continuing education every 2 yrs.	
North Dakota		(State does not support IC&RC)								

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
Ohio	X	Ohio Chemical Dependency Professionals Board www.ocdp.ohio.gov	See Prevention Specific Education Areas http://www.ocdp.ohio.gov/forms/OCPSITot.pdf	Ohio Certified Prevention Specialist I (OCPS I)	6,000 hrs. AOD prevention related paid or volunteer experience (must devote at least 8hrs. per week to planning/delivering AOD prevention services) Or: 4,000 hrs. and Associates Degree Or: 2,000 hrs. and BA or higher in behavioral science	See <i>Work Experience</i> ; 180 hrs. prevention related training in specified foundations and domains	120 hrs. practical experience in five performance domains	IC&RC Prevention Specialist Certification Exam	40 hrs. field-related continuing education every 2 yrs.	Ohio offers "Registered Applicant" program for those beginning prevention credentialing process http://www.ocdp.ohio.gov/forms/RA%20Application%20Total.pdf
				Ohio Certified Prevention Specialist II (OCPS II)	6,000 hrs. AOD prevention related paid work (at least 20 hrs. per week devoted to planning, coordinating, delivering AOD prevention services) Or: 4,000 hrs. and MA/PhD in behavioral science	BA in behavioral science; 270 hrs. prevention related training in specified foundations and domains	120 hrs. practical experience in five performance domains	IC&RC Prevention Specialist Certification Exam	40 hrs. field-related continuing education every 2 yrs.	
Oklahoma	X	Oklahoma Drug and Alcohol Professional Counselor Certification Board http://corpsok.com/odap/		Certified Prevention Specialist (CPS)	2,000 hrs. with major focus in prevention and community activities	AA or BA; 150 hrs. prevention education/works hops, including 100 hrs. prevention, 50 hrs. ATOD, 6 hrs. ethics	120 hrs. supervised practicum in prevention, specific to prevention domains with min. 10 hrs. per domain; 3 letters recommendation from Prevention Program prevention specialist peers	IC&RC Prevention Specialist Certification Exam		

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
Oregon	X	Addiction Counselor Certification Board of Oregon http://www.acco.com/	See p. 2 for performance domains; p. 3 for breakdown of 150 required prevention hrs. http://www.acco.com/general_images/pdf_files/prevention.pdf	Certified Prevention Specialist (CPS)	See <i>Supervision category</i>	150 hrs. prevention education	2,000 Supervised experience hrs. in IC&RC prevention domains; 120 hrs. experiential learning and evaluation by qualified prevention supervisor	IC&RC Prevention Specialist Certification Exam	40 hrs. prevention continuing education every 2 years	Letter verifying a minimum of 2 years of sobriety time for those who are recovering from chemical dependence.
Pennsylvania	X	Pennsylvania Certification Board www.pacertboard.org		Associate Prevention Specialist I (APS I)	2,000 hrs. providing ATOD prevention services or supervisor of this, must currently be employed in ATOD position	High School Diploma/GED; 50 hrs. relevant education, 25 hrs. prevention specific	100 hrs. direct supervision specific to prevention domains	N/A	Certification lasts 1 yr., can be renewed or upgraded to APS II	
				Associate Prevention Specialist II (APS II)	4,000 hrs. providing ATOD prevention services or supervisor of this, must currently be employed in ATOD position	High School Diploma/GED; 100 hrs. relevant education, 50 hrs. prevention specific	200 hrs. direct supervision specific to prevention domains	N/A	40 hrs. approved education every 2 yrs., including 20 hrs. prevention, 3 hrs. ethics	
				Certified Prevention Specialist (CPS)	4,000 hrs. providing ATOD prevention services Or: 6,000 hrs. if degree not in a behavioral health science; must be currently employed in ATOD position	BA; 150 hrs. relevant to addictions field, 75 hrs. prevention specific, 6 hrs. ethics, 6 hrs. communicable diseases	300 hrs. direct supervision specific to prevention domains, with min. 10 hrs. per domain	IC&RC Prevention Specialist Certification Exam	40 hrs. approved education every 2 yrs., including 20 hrs. prevention, 3 hrs. ethics	
Rhode Island	X	Rhode Island Board for the Certification of Chemical	See Supervisor's evaluation form http://www.ribccdp.org	Associate Prevention Specialist (APS)	200 hrs. paid or volunteer (if supervised)	High School Diploma/GED; 48 hrs. education	Supervisor evaluation	N/A	20 hrs. approved education including 5 hrs. substance	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
		Dependency Professionals www.ribccdp.com	.com/files/RIBCCDP_CPS_Application2.pdf		prevention work experience	relevant to prevention domains, including 12 ATOD, 6hrs. per domain, 6 hrs. ethics			abuse specific after 2 yrs.; All APS's must upgrade to CPS within 3 yrs. of being awarded the APS certification	
				Certified Prevention Specialist (CPS)	2,000 hrs. paid or volunteer (if directly supervised) work in five prevention domains; must be employed in prevention position at time of application	High School Diploma/GED; 175 hrs. education relevant to prevention domains, including 50 ATOD, 25 hrs. per domain, 6 hrs. communicable diseases, 6 hr. confidentiality, 6 hrs. ethics	120 hrs. with min. 10 per domain; Supervisor must have a MA in Health or Human Services with documented training; supervisor evaluation	IC&RC Prevention Specialist Certification Exam	40 hrs. continuing education, including 30 hrs. in prevention	
				Certified Prevention Specialist Supervisor (CPSS)	8,000 hrs. paid or volunteer (if directly supervised) work in five prevention domains; must be employed in prevention position at time of application	High School Diploma/GED; 436 hrs. education relevant to prevention domains, including 50 ATOD, 70 hrs. per domain, 6 hrs. communicable diseases, 6 hr. confidentiality, 6 hrs. ethics, 12 hrs. fiscal	300 hrs. with min. 20 per domain; Supervisor must have a MA in Health or Human Services with documented training; supervisor evaluation	IC&RC Prevention Specialist Certification Exam	40 hrs. continuing education, including 30 hrs. in prevention	

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					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
						management, 12 hrs. program management, 12 hrs. staff management				
South Carolina	X	South Carolina Association of Prevention Professionals and Advocates http://www.scappaoonline.org/		Certified Prevention Specialist	2,000 hrs. paid or volunteer ATOD prevention	BA preferred; 150 hrs. training in performance domains, including 6 hrs. ethics, 50 hrs. ATOD specific	120 hrs. work with approved mentor in prevention core areas	<ul style="list-style-type: none"> IC&RC Prevention Specialist Certification Exam Oral exam conducted by the SCAPPA Certification Review Committee 	50 hrs. SCAPPA-approved continuing education every 2 yrs.	
				Certified Senior Prevention Specialist	10,000 hrs. ATOD prevention, 6,000 of which must be paid	BA preferred; 300 hrs. training in performance domains, including 6 hrs. ethics, 100 hrs. ATOD specific	200 hrs. work with approved mentor in prevention core areas, or serving as a mentor	IC&RC Prevention Specialist Certification Exam	50 hrs. SCAPPA-approved continuing education every 2 yrs.	
South Dakota	X	Certification Board for Alcohol and Drug Professionals www.state.sd.us/dhs	See pgs. 8-9 for Domains/skills http://dss.sd.gov/bbehavioralhealthservices/licensingboards/docs/PDF%20-%20Standards%20Manual%202009%20revised%20090309.pdf	Prevention Specialist Trainee (PST)		BA from accredited college	Supervised by a CPS; minimum of 8 contact hours of supervision each month			PST has 5 years to completed the required coursework outlined in CPS standards
				Certified Prevention Specialist (CPS)	750 hrs. supervised practical training hors, with a minimum of 50 hrs. in each performance domain	BA from accredited college with 15 semester hrs. in specialized prevention education courses; three professional references	Supervisor recommendation with indication that applicant meets competencies in prevention domains	IC&RC Prevention Specialist Certification Exam	40 continuing professional training hrs. every 2 yrs.	

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
Tennessee	X	Tennessee Certification Board www.tncertification.org	See section on "competence" and "domains" in manual http://www.tncertification.org/guidelines/test/	Certified Prevention Specialist I (CPS I)	2,000 hrs. paid or paid/volunteer in planning, delivering, supervising, or evaluating prevention services	High School Diploma/GED; 100 hrs. prevention specific training, including 28 hrs. core curriculum, 50 hrs. ATOD prevention, with min. 10 hrs per domain	120 hrs. verified supervision related to 5 prevention domains, with at least 10 hrs. per domain; letter of recommendation from supervisor or volunteer coordinator	IC&RC Prevention Specialist Certification Exam	40 hrs. approved training contact hrs. every 2 yrs.	
				Certified Prevention Specialist II (CPS II)	4,000 hrs. paid or paid/volunteer in planning, delivering, supervising, or evaluating prevention services	BA; 200 hrs. prevention specific training Or: 120 hrs. training if degree is in a prevention related field, including 28 hrs. core curriculum, 50 hrs. ATOD prevention, with min. 10 hrs. per domain	240 hrs. verified supervision related to 5 prevention domains, with at least 20 hrs. per domain; letter of recommendation from supervisor or volunteer coordinator	IC&RC Prevention Specialist Certification Exam		
Texas	X	Texas Certification Board of Addiction Professionals www.tcbap.org	See p. 3 http://www.tcbap.org/associations/5070/files/APS%20designation%20application.pdf	Associate Prevention Specialist (APS) <i>(Not eligible for IC&RC reciprocity)</i>	3,000 hrs. substance abuse prevention work experience	High School Diploma/GED; 100 hrs. education/training, with 50 prevention specific, 6 hr. prevention ethics, 50 hrs. ATOD specific	120 hrs. documented practicum, min. 10 hrs. per prevention domain; supervisor competency evaluation	N/A	40 hrs. continuing education in prevention domains every 2 yrs.	Texas additionally offers credentialing for a Certified Prevention Specialist Intern (CPS-I) http://www.tcbap.org/associations/5070/files/CPSInternApplication

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
										.pdf
				Certified Prevention Specialist (CPS)	2,000 hrs. ATOD prevention work	100 hrs. education/training, with 6 hrs. prevention ethics, 50 hrs. ATOD specific	120 hrs. documented practicum, min. 10 hrs. per prevention domain; supervisor competency evaluation	IC&RC Prevention Specialist Certification Exam	40 hrs. continuing education in prevention domains, ATOD every 2 yrs.	
Utah	X	Association of Utah Substance Abuse Professionals http://www.ausap.org/		Prevention Specialist	2,000 hrs. ATOD prevention work	100 hrs. prevention specific education, including 50 hrs. ATOD, 6 hrs. prevention ethics	120 hrs. supervision specific to domains, with 10 hrs. per domain	IC&RC Prevention Specialist Certification Exam	40 hrs. continuing education every 2 yrs.	
Vermont		Vermont Alcohol and Drug Abuse Certification Board www.vtcertificationboard.org (Offers IC&RC credentials for alcohol/drug counselor, clinical supervisor)								
Virginia	X	Substance Abuse Certification Alliance of Virginia www.sacava.org	See "Chapter 2" http://www.sacava.org/feb2012/new%20applications/PS%20Compliance%20Review%20Documentation021012.doc	Prevention Specialist	2,000 hrs. ATOD prevention experience	100 hrs. prevention specific education, including 50 hrs. ATOD specific, 6 hrs. prevention ethics	120 hrs. specific to prevention domains, with min. 10 hrs. per domain	IC&RC Prevention Specialist Certification Exam	40 hrs. continuing education every 2 yrs.	

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
Washington	X	Prevention Specialist Certification Board of Washington http://www.pscbw.com	See Prevention Domains Supervisor Checklist http://www.pscbw.com/layouts/WordViewer.aspx?id=/Documents/PSCBW%20CPP%20Application%20Packet%207-25-2012%20Revision%20protected.docx&Source=http%3A%2F%2Fwww%2Epscwb%2Ecom%2FDocuments%2FForms%2FAllItems%2Easpx&DefaultItemOpen=1	Associate Prevention Professional (APP) <i>(Not eligible for IC&RC reciprocity)</i>	500 hrs. ATOD prevention		Verification of 70 contact hrs. of prevention education/training, including 35 hrs. ATOD, 35 hrs. prevention	N/A	Issued for 2 yr. period, can be renewed once.	
				Certified Prevention Professional (CPP)	2,000 hrs. ATOD prevention	150 hrs. education/training, including 14 hrs. ATOD, 50 hrs. ATOD prevention, 10 hrs. risk factors, 70 hrs. general prevention, 6 hrs. ethics	Verification of 120 hrs. practicum in prevention performance domains, min. 10 hrs. per domain	IC&RC Prevention Specialist Certification Exam	40 hrs. continuing education every 2 yrs., including 20 hrs. prevention, 20 hrs. ATOD prevention	
Washington, DC	X	District of Columbia Addiction Professional Consortium http://www.dcaddictionprofessional.org/		Certified Prevention Specialist (CPS)	2,000 hrs. ATOD prevention related experience	AA Degree or 3 yrs. ATOD prevention experience; 100 hrs. prevention specific training; 60 hrs. in prevention performance domains	Verification of 120 hrs. practicum in prevention performance domains	IC&RC Prevention Specialist Certification Exam	40 hrs. continuing education every 2 years	
				Certified Prevention Professional (CPP)	2,000 hrs. or 2 yrs. AOD prevention	BA or 4 yrs. Managerial experience; 100 hrs. prevention education	120 hrs. supervision	IC&RC Prevention Specialist Certification Exam	40 hrs. continuing education	

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
West Virginia	X	West Virginia Certification Board for Addiction and Prevention Professionals www.wvcbapp.org	See list of competencies, KSAs pgs. 6-10 in PS "Manual" http://www.wvcbapp.org/Content.aspx?Topic=Resources	Prevention Specialist I (PSI)	2,000 hrs. paid or volunteer work with 8 hrs./wk. devoted to planning or delivering prevention services	4-yr. degree in community, health, education, or related field; 180 hrs. prevention education/training including 70 hrs. performance domains, 50 hrs. ATOD, 6 hrs. prevention ethics	150 hrs. supervised practical experience, min. 10 hrs. per performance domain	IC&RC Prevention Specialist Certification Exam	40 continuing education hrs., with 6 hrs. addiction specific every 2 yrs.	
				Prevention Specialist II (PSII)	4,000 hrs. paid prevention work	BA in community, health, education, or related field; 270 hrs. prevention education/training including 105 hrs. performance domains	300 hrs. supervised practical experience, min. 20 hrs. per performance domain	IC&RC Prevention Specialist Certification Exam	40 continuing education hrs., with 6 hrs. addiction specific every 2 yrs.	
Wisconsin	X	Wisconsin Department of Safety and Professional Services http://drl.wi.gov	Prevention domains http://dsps.wi.gov/Default.aspx?Page=4e0b235e-5d3a-4f03-b6a3-fd708d4c7f93	Prevention Specialist	2,000 hrs. as "prevention specialist in training" (http://dsps.wi.gov/Default.aspx?Page=9acf87b9-3851-4760-9fba-a56f419fdeaa), with min. 100 hrs. per prevention domain	240 hrs. education/training in prevention domains, with 50 hrs. ATOD, 6 hrs. ethics	120 hrs. supervised practicum in prevention domains, with min. 10 hrs. per domain (included in 240 education/training hrs.)	<ul style="list-style-type: none"> Online open-book examination on the Wisconsin Statutes and Administrative Code IC&RC Prevention Specialist Certification Exam 	40 hrs. continuing education every 2 yrs.	State offers "Prevention Specialist In Training" program – see <i>Work Experience</i> section
Wyoming		(State does not support IC&RC)	Johnson County CRC advertises							

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
		Wyoming Dept. of health selected Community Resource Center of Johnson County as the "Prevention Management Organization" that will serve as the fiscal agent responsible for community-based prevention efforts	"Wyoming Community Prevention Professional job description" http://www.johnsoncountycrc.org/ (Also advertised on health dept. website - http://www.health.wyo.gov/mhsa/prevention/faqs.html#1)							
Puerto Rico	X (Prevention Specialist is only listed as an available credential in one section of the Spanish version of the site. The credential may no longer be offered)	Certification Board for Professionals in Addiction and Alcoholism of Puerto Rico www.jcpaapr.org		Certified Prevention Specialist (Especialista en Prevención)	2,000 hrs. supervised prevention work in last 5 yrs.	BA or Associates degree in human conduct, social sciences or arts; 100 hrs. education/training in prevention, with 50 hrs. ATOD, 6 hrs. prevention ethics, 6 hrs. blood exposure safety	See <i>Work Experience</i> ; 3 references	IC&RC Prevention Specialist Certification Exam		
Northern Mariana Islands		N/A								
US Virgin Islands		N/A								
American Samoa		N/A								

State	State is a Member of International Credentialing and Reciprocity Consortium (IC & RC); and Offers Prevention Specialist Certification	Certification Board	Has the State Identified Other KSAs or Competencies for Prevention Specialists?	Levels of Certification	Minimum Standards for Credentialing					
					Work Experience (hrs.)	Education	Supervision (hrs.)	Examination	Recertification Requirements	Other
Guam	X (Listed as an IC&RC member, but was unable to locate the certification board website or information about credentialing)	Pacific Substance Abuse Mental Health Certification Board								





Appendix B: Expert Panels

Expert Panel Members, 2010-11

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Competency models form the basis on which managers, professional organizations, curriculum developers, universities and community colleges, and training providers ensure that workers have the right skills.

Appendix C: Agenda for Final Expert Panel Meeting

CENTER FOR SUBSTANCE ABUSE PREVENTION

**KSAs for Prevention Core Competencies
Final Meeting of the Expert Panel**

A G E N D A

NOTE: Please sign in to WebEx 10 minutes prior to the meeting's official start time. Refer to the separate sign-in instructions.

MONDAY AUGUST 5, 2013 (all times are Eastern Standard)

11:00 AM	Welcome & introductions CSAP staff, Expert Panel members, contractor staff
11:10 AM	A quick review of rules of etiquette for this virtual meeting Steve Kornblatt
11:20 AM	Cross-cutting competencies: knowledge, skills, abilities All participants, moderated by Steve Kornblatt
12:50 PM	Break
1:30 PM	Assessment-related competencies: knowledge, skills, abilities All participants, moderated by Steve Kornblatt
3:00 PM	Break
3:20 PM	Capacity-related competencies: knowledge, skills, abilities All participants, moderated by Steve Kornblatt
4:50 PM	Day's wrap-up Steve Kornblatt
5:00 PM	Adjourn

TUESDAY AUGUST 6, 2013 (all times are Eastern Standard)

- | | |
|-----------------------------|---|
| 11:00 AM | Brief recap and reflection on Day 1
All participants, moderated by Steve Kornblatt |
| 11:10 AM | Planning-related competencies: knowledge, skills, abilities
All participants, moderated by Steve Kornblatt |
| 12:40 PM | Break |
| 1:20 PM
abilities | Implementation-related competencies: knowledge, skills,
All participants, moderated by Steve Kornblatt |
| 2:50 PM | Break |
| 3:10 PM | Evaluation-related competencies: knowledge, skills, abilities
All participants, moderated by Steve Kornblatt |
| 4:40 PM | Synopsis and expected next steps |
| 5:00 PM | Adjourn |

Thank you for your expertise and participation!

Appendix D: Current Degree Programs Offered in Substance Abuse Prevention Science

Institution	Department	Degree(s) Offered	Areas of Focus	Requirements	Contact Information
Emory University Atlanta, GA	Rollins School of Public Health, Career M.P.H. Program	Distance learning-based M.P.H. in Prevention Science	Emphasizes the development and assessment of community- or population-based interventions	42 credit hours 7 semesters for full-time students Distance-based with 2 in-person weekends each semester	(404) 727-8711 cmph@emory.edu http://www.sph.emory.edu/cmph
Harvard University Cambridge, MA	Graduate School of Education, Prevention Science and Practice Program	Ed.M.	Training in the practical application of contemporary research on risk, resilience, and prevention programming for children and adolescents in both school and non-school settings How intervention and prevention practice, counseling, program development, consultation, leadership and research reduce the impact of risk	One year program requiring 32 credit hours	Karen Bottari, Program Coordinator, bottarka@gse.harvard.edu (617) 495-4954 http://www.gse.harvard.edu/academics/masters/psp/contact.html

Institution	Department	Degree(s) Offered	Areas of Focus	Requirements	Contact Information
Penn State University University Park, PA	College of Health and Human Development, Department of Human Development and Family Studies	Ph.D. with specialization in intervention and prevention	Training in intervention research, science of designing, implementing, and evaluating a broad array of approaches for improving the quality of life for individuals, families, and communities	3 required courses in substantive areas (lifespan development, family studies, intervention research), 6 courses in research methods and statistics, 4 courses in specialization area, professional development seminar	Eva Lefkowitz <i>Exl20@psu.edu</i> (814) 863-7005 <i>http://www.hhdev.psu.edu/hdfs/research/areas</i>
University of Illinois at Chicago Chicago, IL	Department of Psychology, Division of Community and Prevention Research	Ph.D. in psychology with a minor in community and prevention research	Training in the theories and innovation research methods of community and prevention research in preparation for research-based careers in academic or other institutions	In addition to the Ph.D. requirements, completion of 3 foundation and elective courses, participation in a 1 year seminar	Edison Trickett, Division Chair (312) 996-2144 <i>trickett@uic.edu</i> <i>http://portal.psych.uic.edu</i>
University of Minnesota Minneapolis/St. Paul, MN	Institute of Child Development, Prevention Science Program	M.A. or Ph.D. with minors in Prevention Science	Focuses on approaches and strategies that occur prior to the manifestation of serious problems; highlights the development, dissemination and utilization of knowledge for policy and practice	Ph.D.: 13 credit hours in required courses and 9 elective hours, plus 1 credit capstone course M.A.: 9 credit hours in required courses and 6 elective hours Courses from multiple fields	(612) 625-9778 <i>prevsci@umn.edu</i> <i>http://www.cehd.umn.edu</i>

Institution	Department	Degree(s) Offered	Areas of Focus	Requirements	Contact Information
University of Oklahoma Norman, OK	College of Liberal Studies	Masters in Prevention Science	International Certification and Reciprocity Consortium's Certified Prevention Specialist (CPS)	33 hour online program	(405) 325-3266 clsinfo@ou.edu http://www.ou.edu/content/cls
University of Southern California Los Angeles, CA	Keck School of Medicine, Department of Preventive Medicine	B.S. and Ph.D. in Health Behavior Research	Training in health promotion and disease prevention with interdisciplinary training in communications, psychology, preventive medicine, biostatistics, public health, epidemiology	Ph.D.: 60 units of core and elective courses	Marny Barovich barovich@usc.edu (323) 442-8299 http://phdhr.usc.edu
University of Wisconsin Madison, WI	School of Nursing and School of Social Work Department of Educational Psychology, Department of Human Development and Family Studies	Ph.D. Minor, certificate in Prevention Science	Programs to prevent the development of problematic outcomes and to promote optimal functioning in individuals or groups across the lifespan Implementation and evaluation of preventive interventions in family, school and community settings Methodological and statistical techniques in prevention and intervention research	Minor (10 credits): 3 credit seminar in Prevention Science plus practicum; 1 credit Prevention Science capstone seminar; 6 credit hours in other coursework Certificate: all of the above plus 6 additional credits	Craig Albers, Dept. of Educational Psychology caalbers@wisc.edu OR Susan Riesch, Chair (Nursing) skriesch@wisc.edu (608) 263-5169 http://www.preventionscience.wisc.edu/

Institution	Department	Degree(s) Offered	Areas of Focus	Requirements	Contact Information
Washington State University Pullman, WA	Department of Human Development	Ph.D. in Prevention Science	This program is available to students who have completed a bachelor's or master's degree in a prevention science-related discipline or have significant prevention science experience	72 course + dissertation credit hours 9 required courses in human development, research methods, program development/evaluation Elective courses in developmental science, quantitative methods, social policy	Thomas Power, Graduate Coordinator, Dept. of Human Development (509) 335-8439 <i>tompower@wsu.edu</i> <i>http://hd.wsu.edu/gradstudies/</i>



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