



CANDIDATE GUIDE

for the

IC&RC Prevention Specialist

Examination

Based on the 2013 Prevention Specialist Job Analysis

©2008 International Certification and Reciprocity Consortium. All rights reserved. No part of this document may be reproduced in any form without written authorization from IC&RC.

T: +1 717.540.4457 • F: +1 717.773.4483 • InternationalCredentialing.org

Leading the World in Credentialing Prevention, Substance Use Treatment & Recovery Professionals

Table of Contents

Purpose of the Candidate Guide	3
Professional Testing Company	3
Examination Development.....	3
Exam Eligibility Requirements and Registration	4
Exam Administration	4
Examination Dates	4
Rescheduling, Cancelling, and Missed Exams	5
Examination Rules and Security.....	6
Special Accommodations	7
Scoring of Exams	7
Appeals, Examination Grievances, Test Disclosure, and Retakes	9
Examination Content.....	11
Sample Questions	33
Examination Reference List.....	37
About IC&RC.....	37

Purpose of the Candidate Guide

The IC&RC Prevention Specialist Examination is the first examination to test knowledge and skills about the provision of prevention services on an international level. It has been developed by IC&RC through the cooperation of its Member Boards and their strong desire to have an exam that is based on current practice in the field.

The purpose of this Candidate Guide is to provide you with guidance for the IC&RC examination process. By providing you with background information on examination development, administration, and content; your preparation for the IC&RC Prevention Specialist Examination can be enhanced.

Professional Testing Company

It is the policy of IC&RC to administer valid, reliable, legally defensible, and psychometrically sound examinations. To assist in this process, IC&RC has contracted with Schroeder Measurement Technologies (SMT) to develop, administer, and score all examinations.

SMT is an established, full-service, international testing company. SMT serves the needs of licensing and credentialing agencies with a wide range of test development and administration services.

Examinations are administered through a division of SMT called ISO-Quality Testing, Inc. (IQT). IQT provides secure, user-friendly, high-quality, examination administration around the world.

You can find out more information at their websites: www.smttest.com and isoqualitytesting.com

Examination Development

The development of a valid examination begins with a clear and concise definition of the tasks, knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, IC&RC works with Subject Matter Experts (SMEs) in the field to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the actual provision of services in the field.

Examination questions are written by certified individuals or those otherwise deemed as SMEs in the field. SMEs are trained in item writing best practices and assisted by IC&RC's professional testing company when writing questions. All examination questions are written in a multiple choice format with four response options. One of these options represents the **BEST** response and credit is granted only for selection of this response.

Exam Eligibility Requirements and Registration

IC&RC examinations are administered exclusively by IC&RC Member Boards. Eligibility requirements and registration processes are determined by your Member Board. Candidates interested in taking an IC&RC examination must do so through an IC&RC Member Board. Contact your local board for information. Contact information for all IC&RC Member Boards can be found at our website www.internationalcredentialing.org.

Exam Administration

Examinations are administered via paper and pencil and Computer Based Testing (CBT). Not all forms of administration are offered by all IC&RC Member Boards. Please consult your local board in order to determine your testing options.

Candidates taking CBT examinations will be required to test at a designated IQT center. On the day of testing, candidates are required to bring a valid, government issued photo ID and their Candidate Admission Letter to the testing center. Candidates are highly encouraged to read the Candidate Admission Letter in its entirety to be aware of all IQT testing policies and procedures.

A list of all IQT testing centers can be found at this link:
<http://www.isoqualitytesting.com/mlocations.aspx> or by calling IQT toll free at +1-866-773-1114.

CBT exams begin with a brief tutorial and end with a brief survey. Extra time is allotted to complete the tutorial and survey. A demonstration of the CBT examination format can be found at <https://www.iqttesting.com/Default.aspx?Function=SampleExam&Exam=8>.

Examination Dates

Paper and Pencil Examinations are administered four times a year in March, June, September, and December. Please consult your IC&RC Member Board for the exact date, time, and location of the examination administrations in your area, as well as registration information. The examination will be given only on the date and time posted by an IC&RC Member Board.

Computer Based Testing (CBT) is offered on-demand based on the availability of your desired testing center. Once you have met the eligibility requirements of your IC&RC Member Board to sit for the examination, your IC&RC Member Board will pre-register you for the examination through IC&RC's on-line test database. You will receive an e-mail with further instructions on scheduling your exam date, time, and location.

Rescheduling, Cancelling, and Missed Exams

Paper and Pencil Exams:

Paper and Pencil Examinations are only administered four times a year. If an emergency arises, and you are unable to take the examination as scheduled, you should contact your IC&RC Member Board as soon as possible to see if rescheduling is possible before the close of the administration window. If you are unable to reschedule within the designated administration window, you will not be able to test until the next paper and pencil administration date.

Computer Based Exams:

CBT exams can only be cancelled or rescheduled **5 days or more PRIOR** to your scheduled examination date. Cancelling or rescheduling an exam is done directly through IQT's website at www.iqttesting.com.

Complete instructions for cancelling or rescheduling an examination are listed below. For technical assistance, please contact IQT at (866) 773-1114 (toll free).

1. Visit www.iqttesting.com.
2. Select "**Exam Registration.**"
3. Log in using the username and password provided to you in your pre-registration email. If you forgot your password, click the "forgot password" link and it will be emailed to you.
4. Select "**IC&RC**" from the organization dropdown menu and click the "**Next**" button.
5. To reschedule an exam, click "**edit.**" This will cancel your current exam date and prompt you to immediately select a new date.
6. To cancel an exam, click "**cancel.**" Once your exam is cancelled, you can log on to www.iqttesting.com at a later date to select a new examination date. Please note, your designated testing window to take the exam will remain the same.
7. An email confirmation will be automatically sent to you when you cancel or reschedule your examination.

You will be required to pay a rescheduling or cancellation fee to IQT before you are able to reschedule or cancel your exam. Acceptable forms of payment are Visa, Master Card or American Express.

You are **unable** to reschedule or cancel an examination **less than 5 days PRIOR** to your scheduled examination. Exceptions are made only for the following four reasons: jury duty, death in immediate family¹ within **14 calendar days** of the examination date, illness or medical

¹ The **immediate family** is a defined group of relations, used in rules or laws to determine which members of a person's [family](#) are affected by those rules. It includes a person's parents, spouses, siblings and children.

complication within **14 calendar days** prior to the examination date **OR** the scheduled examination date, and military deployment.

If one of these four reasons prevents you from testing, you must contact IQT directly and provide sufficient documentation of the event that has occurred. Documentation must be submitted to IQT within **14 calendar days** of your missed examination. There will be no additional fee incurred under these circumstances. IQT can be reached toll free at +1-866-773-1114.

If you fail to show up for your examination at the scheduled time, do not have the proper identification, or your Candidate Admission Letter, you will not be permitted to sit for your exam. You will be considered a “No-Show”, your examination fees will be forfeited, and you will be required to re-register and pay all fees to your IC&RC Member Board prior to sitting for the exam. Candidates who miss their scheduled examinations must reschedule with their IC&RC Member Board.

Examination Rules and Security

Failure to follow candidate instructions or conduct that results in violation of security or disruption of the administration of an examination may result in dismissal from the examination, voided examination scores, and forfeiture of examination fees.

Examples of misconduct include, but are not limited to:

- Writing on anything other than the authorized scratch paper provided at the administration site
- Looking at other candidate's examination
- Discussing examination content before, during, or after administration orally, electronically or in writing with any person or entity
- Copying or removing examination information from the testing area
- Use of cellphones or other electronic devices

Candidates may not attend the examination only to review or audit test materials. No unauthorized persons will be admitted into the testing area. All examination content is strictly confidential. Candidates may only communicate about the examination, using appropriate forms provided within the examination delivery system.

No books, papers, or other reference materials may be taken into the examination room. An area will be provided for storage of such materials.

No questions concerning the content of the examination may be asked during the examination period. The candidate should listen carefully to the directions given by the Proctor and read the examination directions carefully.

Special Accommodations

Individuals with disabilities and/or religious obligations that require modifications in test administration may request specific procedure changes, in writing, to the relevant IC&RC Member Board. With the written request, the candidate must provide official documentation of the accommodation requested. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**. Candidates should contact their IC&RC Member Board to inquire about other necessary documentation. Contact information for all IC&RC Member Boards can be found on our website www.internationalcredentialing.org.

The IC&RC Member Board will offer appropriate modifications to its procedures when documentation supports the need. All requests for special accommodations must be submitted to your IC&RC Member Board **prior** to scheduling your examination. You will receive further information on scheduling your examination with accommodations once your board has reviewed and approved the accommodation request.

Scoring of Exams

Receiving Scores:

All scores are reported to the designated IC&RC Member Board for distribution. IC&RC does **not** have the authority to release scores. This process takes approximately four to six weeks for paper and pencil exams and two to three weeks for CBT exams. Preliminary computer based exam scores are provided to candidates immediately following completion of the exam. Candidates seeking their official scores should contact their IC&RC Member Board. Contact information for all IC&RC Member Boards can be found on our website www.internationalcredentialing.org.

Reporting Scores:

Scores are reported on a scale ranging from 200-800 with a 500 passing. The minimum scaled passing score is 500 for all examinations. Candidates are provided with official score letters that report a final scaled score and the percentages of items answered correctly in each content domain.

Scaled Scores:

Scaled scores are created when the number of questions answered correctly is mathematically transformed so that the passing score equals 500 on a scale starting at 200 and ending at 800.

This transformation is very similar to converting inches to centimeters. For example, a 10 inch ribbon is also 25.4 centimeters long. The length of the ribbon has not been changed, only the units of measurement to describe its length.

The use of scaled scores allows for direct comparison of exam scores from one form of the examination to another. For security purposes, IC&RC keeps multiple forms of each examination in circulation at all times. Candidates are randomly assigned a form. The use of scaled scores allows IC&RC to report scores for every form of an examination using the same scale of 200-800 with a 500 passing.

The use of scaled scores does not influence whether a candidate passes or fails an examination. The passing of an IC&RC examination is always incumbent on achieving the minimum passing score as it is determined in the process below.

Determining a Passing Score:

Passing scores for IC&RC exams are not based on a percentage of questions answered correctly. Instead, IC&RC uses a Modified Angoff Study to determine a cut score for each examination. The Angoff method uses a systematic and documented approach to establish accurate, reliable, and legally defensible pass/fail scores.

Cut scores are determined by a panel of Subject Matter Experts (SMEs) that are working in and have demonstrated expertise in the field. SMEs work with our professional testing company to discuss the specific knowledge, skills, and abilities needed to demonstrate minimum competence.

The SMEs evaluate and rate the difficulty of each question. These ratings are then combined to determine the final cut score for the exam. The final cut score is subsequently transformed to an equivalent scaled score. All examination questions are weighted equally.

Use of Multiple Exam Forms:

For every IC&RC exam, there are multiple forms of the same examination. Each form will use different questions but test the same content. Examination forms are updated and replaced on a continuous basis to ensure the security and integrity of the examination.

The use of multiple forms for the same exam will not make it easier or more difficult for candidates to pass one form of the examination. IC&RC's testing company uses statistical data

on each test question to evaluate the difficulty of each examination form. The examinations are constructed in order to minimize variations in difficulty from one form to another. The passing scores for each examination form are adjusted accordingly to account for any differences in form difficulty.

Use of Pretesting Items:

On each IC&RC exam, there are unweighted items that do not influence final scores. Unweighted items are also called pretest items. Pretest items are not identified on exams and appear randomly on all exam forms. Pretest items do not influence final scores or pass/fail status. IC&RC uses pretest items to pilot newly written questions to ensure item quality prior to its addition to an examination as a weighted question.

Pretesting provides verification that the items are relevant to competency, measure proficiency and helps ensure the quality of future examinations. Pretest items do not influence a candidate's score and protect candidates against poorly-performing items.

Failing Scores:

Candidates who do not pass their examination are provided with percentages of correctly answered items in each content domain to better focus future study efforts. For security reasons, candidates will not be provided with their raw score (total number of questions answered correctly), total percentage of questions answered correctly, or a copy of the examination to review.

It is important to note that because the number of questions contained within each domain of the examination varies, adding or averaging the percentage correct scores in each domain will NOT be an accurate reflection of a candidate's overall examination score.

Appeals, Examination Grievances, Test Disclosure, and Retakes

Appeals:

All examination scores are final. Examination scores cannot be appealed. Candidates may request a second verification of their examination score within 30 calendar days of taking their exam. To initiate this process, complete the Hand Score Request Form found at www.internationalcredentialing.org and return it to IC&RC.

IC&RC's testing company will hand score the examination against the master key and send the results directly to candidates. There is a fee for this service.

Examination Grievances:

Candidates who believe an unusual event or condition related to the administration of their examination caused a significant adverse effect on their performance during their examination may submit a grievance regarding the exam administration to IC&RC for investigation.

Grievances must be submitted to IC&RC within **14 calendar days** of the examination. Grievance statements must be submitted in writing, dated, and signed. Grievance statements must be accompanied by the **IC&RC Exam Administration Grievance Form** found at www.internationalcredentialing.org. Information to include in the grievance statement should include, but is not limited to:

- Title of exam
- Examination date
- Name and location of testing center
- Name of proctor on duty (if known)
- Detailed explanation of the situation
- Impact the situation had on exam performance

IC&RC will then investigate the specifics of the testing situation. When warranted, candidates will be offered a free retake. An exam grievance will not challenge the design or content of an examination nor overturn a failing score. There is a fee for this service. Candidates that are offered free retakes will be refunded their grievance fee.

Test Disclosure:

Candidates should be aware that IC&RC exam security and item banking procedures do not permit candidates access to exam questions, answer keys, or other secure materials related to the examination. Candidates that have questions or comments about a specific examination question should request a **Comment Form** from their examination proctor during a paper and pencil exam or click the **Comment On This Question** button for CBT exams. Candidate comments will be reviewed by IC&RC for consideration. Candidates will not be contacted regarding their comments.

Retakes:

Candidates interested in retaking an exam must wait 60 days after their original exam. Effective May 1, 2017, candidates needing to retake an examination must wait 90 days after the original test date. However, some IC&RC Member Boards have chosen to implement the 90-day waiting period prior to May 1, 2017. To schedule a retake and clarify the mandatory waiting period, candidates should contact their local IC&RC Member Board. Contact information for all IC&RC Member Boards can be found on our website www.internationalcredentialing.org.

The mandatory waiting period cannot be waived under any circumstances.

In addition, effective May 1, 2017, after four consecutive failed attempts, IC&RC Member Boards must require candidates to take remedial actions before a subsequent four testing attempts. The required remedial actions are at the discretion of the board, so candidates who fall into this category are urged to contact their IC&RC Member Board for details. A directory of Member Boards can be found on our website www.internationalcredentialing.org.

Examination Content

The **2013 Prevention Specialist Job Analysis** identified **six** performance domains for the IC&RC Prevention Specialist Examination:

Domain	Weight on Exam
1. Planning and Evaluation	30%
2. Prevention Education and Service Delivery	15%
3. Communication	13%
4. Community Organization	15%
5. Public Policy and Environmental Change	12%
6. Professional Growth and Responsibility	15%

Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is the outline of the tasks that fall under each domain.

Domain 1: Planning and Evaluation

Task 1 Determine the level of community readiness for change.

Knowledge of:

- 1 information gathering and data analysis techniques
- 2 stages of community readiness

Skill In:

- 1 collecting, organizing, and interpreting data
- 2 assessing and building community resources and readiness
- 3 identifying and engaging key stakeholders

Task 2 Identify appropriate methods to gather relevant data for prevention planning.

Knowledge of:

- 1 information gathering and data analysis techniques
- 2 prevention program evaluation instruments/models
- 3 validity and reliability of evaluation instruments/models

Skill In:

- 1 collecting, organizing, and interpreting data

- 2 assessing and building community resources and readiness

Task 3 Identify existing resources available to address the community needs.

Knowledge of:

- 1 information gathering and data analysis techniques
- 2 financial, human, and organizational resources

Skill In:

- 1 assessing and building community resources and readiness
- 2 collecting, organizing, and interpreting data
- 3 capacity building
- 4 community engagement

Task 4 Identify gaps in resources based on the assessment of community conditions.

Knowledge of:

- 1 logic models as a planning and evaluation tool
- 2 information gathering and data analysis techniques
- 3 financial, human, and organizational resources

Skill In:

- 1 assessing and building community resources and readiness
- 2 collecting, organizing, and interpreting data

Task 5 Identify the target audience.

Knowledge of:

- 1 continuum of care
- 2 Risk and Protective Factor Theory and other theories relevant to prevention
- 3 community characteristics

Skill In:

- 1 collecting, organizing, and interpreting data
- 2 cultural responsiveness

Task 6 Identify factors that place persons in the target audience at greater risk for the identified problem.

Knowledge of:

- 1 continuum of care
- 2 Risk and Protective Factor Theory and other theories relevant to prevention
- 3 community characteristics

Skill In:

- 1 information gathering and data analysis
- 2 cultural responsiveness

Task 7 Identify factors that provide protection or resilience for the target audience.

Knowledge of:

- 1 continuum of care
- 2 Risk and Protective Factor Theory and other theories relevant to prevention
- 3 community characteristics

Skill In:

- 1 information gathering and data analysis
- 2 cultural responsiveness

Task 8 Determine priorities based on comprehensive community assessment.

Knowledge of:

- 1 strategies to build community capacity
- 2 logic models as a planning and evaluation tool
- 3 Theory of Change concepts
- 4 problem prioritization strategies

Skill In:

- 1 collecting, organizing, and interpreting data

Task 9 Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.

Knowledge of:

- 1 logic models as a planning and evaluation tool
- 2 Risk and Protective Factor Theory and other theories relevant to prevention
- 3 evidence-based prevention interventions in behavioral health
- 4 components of effective prevention program planning
- 5 community characteristics

Skill In:

- 1 developing and implementing effective, outcome focused prevention programming
- 2 interpreting and applying prevention program evaluation activities
- 3 collecting, organizing, and interpreting data

Task 10 Select prevention strategies, programs, and best practices to meet the identified needs of the community.

Knowledge of:

- 1 Risk and Protective Factor Theory and other theories relevant to prevention
- 2 strategies to build community capacity
- 3 problem prioritization strategies
- 4 evidence-based prevention interventions in behavioral health
- 5 components of effective prevention program planning
- 6 community characteristics

Skill In:

- 1 implementing effective, outcome focused prevention programming
- 2 collecting, organizing, and interpreting data
- 3 cultural responsiveness

Task 11 Implement a strategic planning process that results in the development and implementation of a quality strategic plan.

Knowledge of:

- 1 assessment, capacity building, planning, implementation, and evaluation methods
- 2 sustainability strategies
- 3 cultural diversity

Skill In:

- 1 conducting activities consistent with strategic prevention planning models
- 2 implementing effective, outcome focused prevention programming
- 3 cultural responsiveness

Task 12 Identify appropriate prevention program evaluation strategies.

Knowledge of:

- 1 components of effective prevention program planning
- 2 prevention program evaluation instruments/models
- 3 validity and reliability of evaluation instruments/models

Skill In:

- 1 implementing effective, outcome focused prevention programming
- 2 collecting, organizing, and interpreting data
- 3 interpreting and applying prevention program evaluation findings

Task 13 Administer surveys/pre/posttests at work plan activities.

Knowledge of:

- 1 information gathering and data analysis techniques
- 2 prevention program evaluation instruments/models
- 3 validity and reliability of evaluation instruments/models

Skill In:

- 1 collecting, organizing, and interpreting data

Task 14 Conduct evaluation activities to document program fidelity.

Knowledge of:

- 1 information gathering and data analysis techniques

Skill In:

- 1 collecting, organizing, and interpreting data

Task 15 Collect evaluation documentation for process and outcome measures.

Knowledge of:

- 1 information gathering and data analysis techniques
- 2 prevention program evaluation instruments/models
- 3 validity and reliability of evaluation instruments/models

Skill In:

- 1 collecting, organizing, and interpreting data

Task 16 Evaluate activities and identify opportunities to improve outcomes.

Knowledge of:

- 1 guidelines for program adaptation
- 2 prevention program evaluation instruments/models
- 3 information gathering and data analysis techniques

Skill In:

- 1 collecting, organizing, and interpreting data
- 2 interpreting and applying prevention program evaluation findings

Task 17 Utilize evaluation to enhance sustainability of prevention activities.

Knowledge of:

- 1 strategies needed to build community capacity
- 2 evidence-based prevention interventions in behavioral health
- 3 sustainability strategies
- 4 validity and reliability of evaluation instruments/models

Skill In:

- 1 interpreting and applying prevention program evaluation findings
- 2 collecting, organizing, and interpreting data

Task 18 Provide applicable workgroups with prevention information and other support to meet prevention outcomes.

Knowledge of:

- 1 financial, human, and organizational resources
- 2 strategies to build community capacity
- 3 logic models as planning and evaluation tools
- 4 Risk and Protective Factor Theory and other theories relevant to prevention

Skill In:

- 1 conducting strategic planning activities
- 2 collecting, organizing, and interpreting data

Task 19 Incorporate cultural responsiveness into all planning and evaluation activities.

Knowledge of:

- 1 guidelines for program adaptation
- 2 components of effective prevention program planning
- 3 prevention program evaluation instruments/models
- 4 validity and reliability of evaluation instruments/models

Skill In:

- 1 selecting culturally relevant evaluation instruments/models
- 2 interpreting and applying prevention program evaluation findings

Task 20 Prepare and maintain reports, records, and documents pertaining to funding sources.

Knowledge of:

- 1 financial, human, and organizational resources
- 2 information gathering and data analysis techniques
- 3 best practices in documentation

Skill In:

- 1 collecting, organizing, and interpreting data
- 2 interpreting and applying prevention program evaluation findings

Domain 2: Prevention Education and Service Delivery

Task 1 Coordinate prevention activities.

Knowledge of:

- 1 group processes
- 2 training and group facilitation techniques
- 3 interagency dynamics and/or power relationships
- 4 prevention program best practices and models
- 5 target audience
- 6 financial, human, and organizational resources
- 7 appropriate evaluation instruments and delivery
- 8 culturally appropriate materials for the target audience

Skill In:

- 1 effective written and interpersonal communication
- 2 facilitating group processes
- 3 working within existing organizational and community structures
- 4 working with diverse populations
- 5 following a work plan

Task 2 Implement prevention education and skill development activities appropriate for the target audience.

Knowledge of:

- 1 cultural diversity
- 2 prevention program best practices
- 3 learning styles, instructional strategies, and presentation methods
- 4 Risk and Protective Factor Theory and other theories relevant to prevention
- 5 guidelines for program adaptation
- 6 training and group facilitation techniques
- 7 culturally appropriate materials for the target audience

Skill In:

- 1 demonstrating cultural competence and sensitivity
- 2 obtaining copyright permission prior to implementing copyrighted materials/content
- 3 effective written and interpersonal communication
- 4 facilitating group processes
- 5 working with diverse populations

Task 3 Provide prevention education and skill development programs that contain accurate, relevant, and timely content.

Knowledge of:

- 1 information gathering techniques and data sources
- 2 training evaluation models, instruments, and processes
- 3 cultural diversity
- 4 prevention program best practices
- 5 learning styles, instructional strategies, and presentation methods
- 6 Risk and Protective Factor Theory and other theories relevant to prevention
- 7 guidelines for program adaptation
- 8 training and group facilitation techniques

9 current behavioral health trends and research

Skill In:

- 1 collecting, organizing, and interpreting data
- 2 synthesizing prevention theories and models
- 3 interpreting evaluation data and revising programming as necessary
- 4 demonstrating cultural competence and sensitivity
- 5 obtaining copyright permission prior to implementing copyrighted materials/content
- 6 effective written and interpersonal communication
- 7 facilitating group processes
- 8 working with diverse populations
- 9 working within the context of the organizational culture

Task 4 Maintain program fidelity when implementing evidence-based practices.

Knowledge of:

- 1 principles and guidelines of fidelity and adaptation
- 2 prevention intervention protocols

Skill In:

- 1 modifying and implementing instructional materials
- 2 maintaining core components when modifying evidence-based programs

Task 5 Serve as a resource to community members and organizations regarding prevention strategies and best practices.

Knowledge of:

- 1 policies, procedures, and legal/programmatic limitations that guide the practice of related professions
- 2 current evidence-based strategies and best practices
- 3 prevention resources for instructional programming
- 4 current behavioral health trends and research
- 5 Risk and Protective Factor Theory and other theories relevant to prevention
- 6 assessment, capacity building, planning, implementation, and evaluation methods

Skill In:

- 1 implementing evidence-based practices
- 2 networking and outreach to community stakeholders
- 3 providing technical assistance
- 4 effective written and interpersonal communication

Domain 3: Communication

Task 1 Promote programs, services, and activities, and maintain good public relations.

Knowledge of:

- 1 policies, procedures, regulations, and ethical codes that guide interactions with the media and public
- 2 learning styles, instructional strategies, and presentation methods
- 3 cultural diversity and social justice

- 4 media literacy and advocacy
- 5 effective communication methods
- 6 behavioral health promotion
- 7 current behavioral health trends
- 8 media outlets

Skill In:

- 1 developing, modifying, and implementing culturally appropriate materials
- 2 developing and implementing media strategies
- 3 identifying target audience
- 4 advocacy and public health promotion
- 5 effective written and interpersonal communication
- 6 utilizing media outlets
- 7 evaluating effectiveness of media campaign

Task 2

Participate in public awareness campaigns and projects relating to health promotion across continuum of care.

Knowledge of:

- 1 public health models
- 2 information gathering and data analysis techniques
- 3 logic models as planning and evaluation tools
- 4 continuum of care
- 5 community engagement
- 6 behavioral health promotion
- 7 shared risk and protective factors between physical health, substance use, and other behavioral health disorders
- 8 prevention interventions to reduce the factors between physical health disorders such as depression, substance use, and conduct disorders
- 9 current behavioral health trends and research
- 10 local, state, and national behavioral health systems and their strategic goals
- 11 policies, procedures, regulations, and ethical codes that guide interactions with the media and public
- 12 media and advocacy resources
- 13 copyright laws and reference procedures

Skill In:

- 1 identifying target populations
- 2 identifying change agents
- 3 collaboration
- 4 networking
- 5 advocacy and public health promotion
- 6 integrating behavioral and physical health
- 7 effective written and interpersonal communication
- 8 cultural responsiveness

- 9 conducting evaluation methods

Task 3 Identify marketing techniques for prevention programs.

Knowledge of:

- 1 effective marketing strategies
- 2 cultural diversity
- 3 target audience
- 4 media literacy and advocacy
- 5 communication models
- 6 financial, human, and organizational resources
- 7 current trends in media marketing

Skill In:

- 1 collecting, organizing, and interpreting data
- 2 effective written and interpersonal communication
- 3 facilitating focus groups
- 4 engaging the media
- 5 building sustainable relationships and alliances
- 6 creative processes
- 7 involving target audience in all stages of the marketing campaign
- 8 planning a media campaign

Task 4 Apply principles of effective listening.

Knowledge of:

- 1 principles of ethics
- 2 rules/laws related to mandated reporting
- 3 target audience
- 4 interviewing techniques

Skill In:

- 1 effective written and interpersonal communication
- 2 demonstrating cultural competence and sensitivity
- 3 active listening

Task 5 Apply principles of public speaking.

Knowledge of:

- 1 audience characteristics
- 2 culturally appropriate materials for the target audience
- 3 subject matter
- 4 desired outcomes

Skill In:

- 1 effective written and interpersonal communication
- 2 researching topic materials
- 3 organizing presentation logically
- 4 story telling

- 5 leading discussion
- 6 handling unexpected issues
- 7 seeking and utilizing feedback
- 8 identifying appropriate visual aids
- 9 utilizing technological resources in presentation delivery
- 10 building rapport

Task 6 Employ effective facilitation skills.

Knowledge of:

- 1 audience characteristics
- 2 learning styles, instructional strategies, and presentation methods
- 3 subject matter
- 4 meeting agenda
- 5 communication models

Skills in:

- 1 modeling appropriate behaviors and communication skills
- 2 ensuring outcome-based decisions
- 3 creating comfortable environments
- 4 encouraging participation
- 5 preventing and managing conflict
- 6 listening and observation
- 7 facilitating group processes
- 8 ensuring quality decisions
- 9 time management

Task 7 Communicate effectively with various audiences.

Knowledge of:

- 1 group processes
- 2 training and group facilitation techniques
- 3 learning styles, instructional strategies, and presentation methods
- 4 subject matter
- 5 interagency dynamics and/or power relationships
- 6 federal and local confidentiality laws
- 7 audience characteristics
- 8 communication models

Skills In:

- 1 effective written and interpersonal communication
- 2 facilitating group processes
- 3 working within existing community structures and norms
- 4 demonstrating cultural competence and sensitivity
- 5 synthesizing prevention theory and models
- 6 active listening

- 7 seeking and utilizing feedback

Task 8 Demonstrate interpersonal communication competency.

Knowledge of:

- 1 basic communication theories
- 2 learning styles, instructional strategies, and presentation methods

Skill In:

- 1 effective written and interpersonal communication
- 2 networking and outreach to community partners
- 3 facilitating group processes
- 4 cultural competence and sensitivity
- 5 active listening

Domain 4: Community Organization

Task 1 Identify the community demographics and norms.

Knowledge of:

- 1 information gathering techniques and data analysis techniques
- 2 basic terms in epidemiology

Skill In:

- 1 collecting, organizing, and interpreting data
- 2 effective written and interpersonal communication

Task 2 Identify a diverse group of stakeholders to include in prevention programming activities.

Knowledge of:

- 1 cultural diversity
- 2 strategies for engaging community members
- 3 community characteristics
- 4 community sector representatives

Skill In:

- 1 implementing capacity-building strategies among diverse groups
- 2 demonstrating cultural competence and sensitivity
- 3 identifying current and emerging community leaders

Task 3 Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.

Knowledge of:

- 1 capacity-building strategies
- 2 engagement strategies
- 3 effective written and interpersonal communication
- 4 role of community ownership

Skill In:

- 1 identifying current and emerging community leaders
- 2 facilitating group processes

- 3 providing community training
- 4 working with existing organizational and community structures
- 5 fostering shared leadership

Task 4 Offer guidance to stakeholders and community members in mobilizing for community change.

Knowledge of:

- 1 training and group facilitation techniques
- 2 level of community readiness
- 3 assessment, capacity building, planning, implementation, and evaluation methods
- 4 intercommunity organizational structures and patterns of communication
- 5 strategies for moving leaders to higher levels of readiness
- 6 advocacy strategies

Skill In:

- 1 transferring ownership of prevention programs to the community
- 2 increasing level of involvement of local and state organizations and cultural groups
- 3 training, mentoring, and organizing community groups, volunteers, and other stakeholders
- 4 effective written and interpersonal communication

Task 5 Participate in creating and sustaining community-based coalitions.

Knowledge of:

- 1 group processes
- 2 cultural diversity
- 3 identifying current and emerging community leaders
- 4 intercommunity organizational structures and patterns of communication
- 5 interagency dynamics and/or power relationships
- 6 financial, human, and organizational resources
- 7 strategies for engaging community members
- 8 assessment, capacity building, planning, implementation, and evaluation methods

Skill In:

- 1 training, mentoring, and organizing community groups and volunteers
- 2 facilitating group processes
- 3 effective written and interpersonal communication
- 4 cultural responsiveness
- 5 conducting strategic planning activities

Task 6 Develop or assist in developing content and materials for meetings and other related activities.

Knowledge of:

- 1 prevention principles
- 2 evidence-based practices
- 3 Risk and Protective Factor Theory and other theories relevant to prevention
- 4 prevention program evaluation instruments/models

- 5 logic models as a planning tool
- 6 current behavioral health trends and research
- 7 learning styles, instructional strategies, and presentation methods
- 8 resources for education, training, and professional development related to prevention
- 9 culturally appropriate materials for the target audience

Skill In:

- 1 effective written and interpersonal communication
- 2 collecting, organizing, and analyzing data
- 3 developing, modifying, and implementing materials for the target audience

Task 7 Develop strategic alliances with other service providers within the community.

Knowledge of:

- 1 group processes
- 2 cultural diversity
- 3 intercommunity organizational structures and patterns of communication
- 4 interagency dynamics and/or power relationships
- 5 financial, human, and organizational resources

Skill In:

- 1 negotiation
- 2 effective written and interpersonal communication
- 3 networking and outreach to community partners
- 4 building sustainable relationships and alliances
- 5 demonstrating cultural competence and sensitivity

Task 8 Develop collaborative agreements with other service providers within the community.

Knowledge of:

- 1 intercommunity organizational structures and patterns of communication
- 2 policies, procedures, and legal/programmatic limitations that guide the practice of related professions
- 3 key leaders of other services providers
- 4 interagency dynamics and/or power relationships
- 5 elements of formal agreements

Skill In:

- 1 working within existing community structures and norms
- 2 building sustainable relationships and alliances
- 3 effective written and interpersonal communication

Task 9 Participate in behavioral health planning and activities.

Knowledge of:

- 1 local, state, and national behavioral health systems and their strategic goals
- 2 community planning
- 3 current behavioral health trends and research

- 4 continuum of care
- 5 shared risk and protective factors between physical health, substance use, and other behavioral health disorders
- 6 prevention interventions to reduce the incidence of behavioral health disorders such as depression, substance use, and conduct disorders
- 7 behavioral health promotion

Skill In:

- 1 collaboration
- 2 integrating behavioral health and physical health
- 3 networking
- 4 advocacy and public health promotion
- 5 training, mentoring, and organizing community groups and volunteers
- 6 facilitating group processes
- 7 effective written and interpersonal communication
- 8 cultural responsiveness

Domain 5: Public Policy and Environmental Change

Task 1 Provide resources, training, and consultation to promote environmental change.

Knowledge of:

- 1 group processes
- 2 political processes
- 3 environmental change strategies
- 4 information gathering techniques and data sources
- 5 evidence-based prevention policies
- 6 community characteristics
- 7 theory of change
- 8 financial, human, and organizational resources
- 9 learning styles, instructional strategies, and presentation methods
- 10 socioecological systems theories
- 11 public health model

Skill In:

- 1 facilitating groups
- 2 collecting, organizing, and analyzing data
- 3 communicating prevention policies to decision makers
- 4 working within local political systems
- 5 implementing environmental change strategies
- 6 effective written and interpersonal communication
- 7 advocacy in public health promotion and prevention
- 8 public speaking
- 9 training, mentoring, and organizing community groups and volunteers
- 10 providing technical assistance

Task 2 Participate in enforcement initiatives to affect environmental change.

Knowledge of:

- 1 political processes
- 2 environmental change strategies
- 3 information gathering techniques and data sources
- 4 community norms and other characteristics
- 5 theory of change
- 6 financial, human, and organizational resources
- 7 law enforcement and regulatory agencies
- 8 socioecological systems theories
- 9 interagency dynamics and/or power relationships

Skill In:

- 1 collecting, organizing, and analyzing data
- 2 developing and implementing social marketing strategies
- 3 working with political, judicial, and law enforcement systems
- 4 effective written and interpersonal communication
- 5 advocacy in public health promotion and prevention
- 6 public speaking

Task 3 Participate in public policy development to affect environmental change.

Knowledge of:

- 1 political processes
- 2 environmental change strategies
- 3 information gathering techniques and data sources
- 4 community norms and other characteristics
- 5 theory of change
- 6 financial, human, and organizational resources
- 7 socioecological systems theories
- 8 interagency dynamics and/or power relationships
- 9 community characteristics
- 10 public health model
- 11 current behavioral health trends and research

Skill In:

- 1 collecting, organizing, and analyzing data
- 2 developing and implementing social marketing strategies
- 3 working with political, judicial, and law enforcement systems
- 4 effective written and interpersonal communication
- 5 advocacy in public health promotion and prevention
- 6 public speaking
- 7 technical assistance
- 8 resource sharing

- 9 networking and outreach to policy makers

Task 4 Use media strategies to support policy change efforts in the community.

Knowledge of:

- 1 political processes
- 2 media advocacy and outlets
- 3 environmental change strategies
- 4 information gathering techniques and data sources
- 5 financial, human, and organizational resources
- 6 socioecological systems theories
- 7 interagency dynamics and/or power relationships
- 8 community norms and other characteristics
- 9 current behavioral health trends and research

Skill In:

- 1 collecting, organizing, and analyzing data
- 2 developing and implementing social marketing strategies
- 3 working within local political systems
- 4 implementing environmental change strategies
- 5 effective written and interpersonal communication
- 6 advocacy in public health promotion and prevention
- 7 public speaking
- 8 engaging the media
- 9 cultural competence and sensitivity

Task 5 Collaborate with various community groups to develop and strengthen effective policies supporting prevention

Knowledge of:

- 1 group processes
- 2 environmental change strategies
- 3 information gathering techniques and data sources
- 4 evidence-based prevention policies
- 5 training, mentoring, and organizing community groups and volunteers
- 6 community characteristics
- 7 financial, human, and organizational resources
- 8 cultural competence and sensitivity
- 9 interagency dynamics and/or power relationships

Skill In:

- 1 facilitating groups
- 2 collecting, organizing, and analyzing data
- 3 implementing environmental change strategies
- 4 effective written and interpersonal communication
- 5 advocacy in public health promotion and prevention
- 6 cultural competence and sensitivity

- 7 networking and outreach to community stakeholders

Task 6 Advocate to bring about policy and/or environmental change.

Knowledge of:

- 1 political processes
- 2 information gathering techniques and data sources
- 3 evidence-based environmental strategies
- 4 theory of change
- 5 community norms and other characteristics
- 6 financial, human, and organizational resources
- 7 current behavioral health trends and research
- 8 media outlets and resources
- 9 the difference between lobbying and advocacy

Skill In:

- 1 facilitating groups
- 2 collecting, organizing, and analyzing data
- 3 developing and implementing social marketing strategies
- 4 communicating prevention policies to decision makers
- 5 working within local political systems
- 6 implementing environmental change strategies
- 7 effective written and interpersonal communication
- 8 advocacy in public health promotion and prevention
- 9 public speaking
- 10 identifying and engaging change agents and policy makers
- 11 negotiating
- 12 networking and outreach to community stakeholders

Domain 6: Professional Growth and Responsibility

Task 1 Demonstrate knowledge of current prevention theory and practice.

Knowledge of:

- 1 assessment, capacity building, planning, implementation, and evaluation methods
- 2 components of effective prevention program planning
- 3 continuum of care
- 4 cultural diversity
- 5 current behavioral health trends and research
- 6 current evidence-based prevention interventions in behavioral health
- 7 financial, human, and organizational resources
- 8 group processes
- 9 guidelines for program fidelity and adaptation
- 10 personal biases, beliefs, limitations, and cultural assumptions
- 11 professional associations and organizations related to behavioral health
- 12 professional codes of conduct/ethics related to the prevention profession

- 13 public health model
- 14 Risk and Protective Factor Theory and other theories related to prevention
- 15 shared risk and protective factors between physical health, substance use, and other behavioral health disorders
- 16 sustainability strategies
- 17 the process of addiction, its effect on the brain, developmental processes and family systems
- 18 theory of change

Skill In:

- 1 applying current prevention theory and evidence-based practice to prevention work
- 2 conducting comprehensive strategic planning activities
- 3 demonstrating cultural competence and sensitivity
- 4 effective written and interpersonal communication
- 5 facilitating group processes
- 6 following a work plan
- 7 maintaining fidelity when adapting evidence-based programs
- 8 working collaboratively within the public health system

Task 2 Adhere to all legal, professional, and ethical principles.

Knowledge of:

- 1 principles of ethics
- 2 professional codes of conduct/ethics related to the prevention profession
- 3 advocacy guidelines
- 4 basic budget requirements set by funders
- 5 federal and local confidentiality laws
- 6 laws related to the reporting of abuse and neglect
- 7 personal biases, beliefs, limitations, and cultural assumptions
- 8 policies, procedures, and legal/programmatic limitations that guide the practice of related professions
- 9 recipient rights and informed consent
- 10 copyright laws and reference procedures

Skill In:

- 1 applying current prevention theory and evidence-based practice to prevention work
- 2 applying federal and local mandates regarding confidentiality and reporting of suspected abuse and neglect of service recipients
- 3 demonstrating cultural competence and sensitivity
- 4 demonstrating ethical decision-making in prevention work
- 5 demonstrating personal use of strategies for healthy living
- 6 obtaining informed consent of participants
- 7 continuing professional development through education, self-evaluation, supervision, and consultation to maintain competence and enhance professional effectiveness

- 8 implementing strategies to ensure the safety of program participants

Task 3 Demonstrate cultural responsiveness as a prevention professional.

Knowledge of:

- 1 creative and adaptive uses of community resources
- 2 cultural characteristics that influence attitudes, behaviors, and perceptions that relate to substance use and mental health
- 3 culturally appropriate materials for the target audience
- 4 personal biases, beliefs, limitations, and cultural assumptions
- 5 professional codes of conduct/ethics related to the prevention profession
- 6 health disparities that impact diverse communities
- 7 importance of diverse representation in planning

Skill In:

- 1 active listening
- 2 modeling cultural competence and sensitivity
- 3 developing, modifying, and implementing culturally appropriate materials
- 4 effective written and interpersonal communication and facilitation skills
- 5 encouraging multiple perspectives
- 6 networking and relationship building
- 7 working with diverse populations
- 8 working within existing organizational and community structures

Task 4 Demonstrate self-care consistent with prevention messages.

Knowledge of:

- 1 organization and community resources that support health and well-being
- 2 healthy living strategies
- 3 personal biases, beliefs, limitations, and cultural assumptions
- 4 professional codes of conduct/ethics related to the prevention profession
- 5 resources for education, training, and professional development related to prevention
- 6 conflict resolution strategies

Skill In:

- 1 demonstrating personal use of strategies for healthy living
- 2 modeling appropriate behaviors and communication skills
- 3 preventing and managing conflict
- 4 seeking and utilizing feedback from peers
- 5 recognizing personal limitations and seeking assistance when needed

Task 5 Recognize importance of participation in professional associations locally, statewide, and nationally.

Knowledge of:

- 1 advocacy strategies
- 2 current behavioral health systems of care
- 3 elements of formal agreements

- 4 financial, human, and organizational resources
- 5 organizational dynamics and characteristics
- 6 interagency dynamics and/or power relationships
- 7 local, state, and national stakeholders
- 8 local, state, and national behavioral health systems and their strategic goals
- 9 policies, procedures, and legal/programmatic processes that guide the practice of related professions
- 10 professional associations and organizations related to behavioral health
- 11 working within the context of the organizational culture
- 12 intercommunity organizational structures and patterns of communication

Skill In:

- 1 public health advocacy
- 2 training, mentoring, and organizing community groups and volunteers
- 3 working collaboratively within the public health system
- 4 working within local political systems
- 5 effective written and interpersonal communication and facilitation
- 6 networking and relationship building

Task 6 Demonstrate responsible and ethical use of public and private funds.

Knowledge of:

- 1 advocacy strategies
- 2 basic budget requirements/guidelines set by funders and organizational policy
- 3 regulations and practices regarding ethical fundraising
- 4 professional codes of conduct/ethics related to the prevention profession
- 5 elements of formal agreements
- 6 conflicts of interest

Skill In:

- 1 collecting, organizing, analyzing, and reporting funding data
- 2 demonstrating ethical decision-making in prevention work
- 3 following a work plan
- 4 adhering to budget requirements/guidelines
- 5 applying professional codes of conduct/ethics related to the prevention profession

Task 7 Advocate for health promotion and prevention across the life span.

Knowledge of:

- 1 advocacy strategies
- 2 behavioral health promotion
- 3 health disparities that impact diverse communities
- 4 current behavioral health systems of care, theory, and practice
- 5 current behavioral health trends and research
- 6 effective communication methods
- 7 environmental change strategies
- 8 healthy living strategies

- 9 collecting, organizing, analyzing, and reporting data and information
- 10 media and advocacy resources
- 11 political processes
- 12 professional associations and organizations related to behavioral health
- 13 resources for education, training, and professional development related to prevention

Skill In:

- 1 advocacy in public health promotion and prevention
- 2 collecting, organizing, and analyzing data
- 3 communicating health disparities that impact diverse communities
- 4 demonstrating personal use of strategies for healthy living
- 5 effective written and interpersonal communication
- 6 engaging the media
- 7 facilitating group processes
- 8 identifying target audience
- 9 implementing environmental change strategies
- 10 networking and relationship building
- 11 identifying change agents

Task 8 Advocate for healthy and safe communities.

Knowledge of:

- 1 advocacy strategies
- 2 behavioral health promotion
- 3 health disparities that impact diverse communities
- 4 current behavioral health systems of care, theory, and practice
- 5 current behavioral health trends and research
- 6 effective communication methods
- 7 environmental change strategies
- 8 healthy living strategies
- 9 collecting, organizing, analyzing, and reporting data and information
- 10 media and advocacy resources
- 11 political processes
- 12 professional associations and organizations related to behavioral health
- 13 resources for education, training, and professional development related to prevention
- 14 community based processes
- 15 federal and local confidentiality laws

Skill In:

- 1 advocacy in public health promotion and prevention
- 2 collecting, organizing, and analyzing data
- 3 communicating health disparities that impact diverse communities
- 4 demonstrating personal use of strategies for healthy living

- 5 effective written and interpersonal communication
- 6 engaging the media
- 7 facilitating group processes
- 8 identifying target audience
- 9 implementing environmental change strategies
- 10 networking and relationship building
- 11 identifying change agents
- 12 working with diverse populations

Task 9 Demonstrate knowledge of current issues of addiction.

Knowledge of:

- 1 health disparities that impact diverse communities
- 2 current behavioral health systems of care, theory, and practice
- 3 biases, beliefs, and cultural assumptions related to addictions
- 4 signs, symptoms, and progressive stages of addiction
- 5 addicted family dynamics
- 6 effects of drugs on the brain and the body
- 7 health promotion and prevention within the continuum of care
- 8 prevention within a Recovery Oriented System of Care (ROSC)
- 9 co-occurring disorders

Skill In:

- 1 applying current prevention theory and evidence-based practice to prevention work
- 2 demonstrating cultural competence and sensitivity
- 3 working collaboratively within the public health system
- 4 identifying signs, symptoms, and progressive stages of addiction
- 5 brief intervention and referral

Task 10 Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

Knowledge of:

- 1 the effects of mental, emotional, and behavioral health on the family
- 2 co-occurring disorders
- 3 biases, beliefs, and cultural assumptions related to addictions
- 4 healthy living strategies and wellness promotion
- 5 health disparities that impact diverse communities
- 6 current behavioral health systems of care, theory, and practice
- 7 evidence-based environmental strategies

Skill In:

- 1 applying current prevention theory and evidence-based practice to prevention work
- 2 working collaboratively within the public health system
- 3 demonstrating cultural competence and sensitivity
- 4 public health advocacy
- 5 identifying signs and symptoms of mental, emotional, and behavioral health issues

Total number of examination questions: 150

Total Number of pretest questions: 25

Total time to complete the examination, Paper & Pencil: 3 ½ hours

Total time to complete the examination, Computer Based: 3 hours

Sample Questions

The questions on the IC&RC Prevention Specialist Examination were developed from the tasks identified in the 2013 Prevention Specialist Job Analysis. Multiple sources were utilized in the development of questions for the exam. Each question is linked to one of the job analysis task statements as listed above.

The questions on the examination are multiple-choice with four (4) choices: A, B, C, and D. There is only one correct or best answer for each question. Carefully read each question and all the choices before making a selection. Choose the single best answer. Mark only one answer for each question. You will not be given credit for any question for which you indicate more than one answer. It is advisable to answer every question since the number of questions answered correctly will determine your final score. There is no penalty for guessing.

The following are **sample** questions that are similar to those you will find in the exam.

1. A community coalition is advocating for an ordinance to ban the sale of alcohol at the annual fall family festival. This is an example of:

- A. an alternative activity strategy.
- B. a family intervention strategy.
- C. an environmental strategy.
- D. an enforcement strategy.

Domain: Public Policy and Environmental Change

2. There was an underage drinking problem in the community. Enforcement of minimum-purchase-age laws against selling alcohol and tobacco to minors through the use of undercover buying operations was utilized to address the underage drinking problem. What type of prevention strategy was used?

- A. Alternatives to drug use
- B. Dissemination of information
- C. Prevention education
- D. Environmental approach

Domain: Public Policy and Environmental Change

3. A prevention specialist's agency conducts a school-based indicated intervention for youth who have been identified as experimenting with alcohol and other drugs. A guidance counselor calls the prevention specialist and requests information about a group participant. Disclosing this information would violate which principle in the prevention code of ethics?

- A. Nature of services
- B. Integrity
- C. Nondiscrimination
- D. Confidentiality

Domain: Professional Growth and Responsibility

4. Which of the following is categorized as a depressant drug?

- A. Alcohol
- B. Oxycodone
- C. Marijuana
- D. Methamphetamine

Domain: Prevention Education and Service Delivery

5. A prevention specialist provides life skills classes at a local school. They are asked by the principal to lead group therapy sessions for children of alcoholics while the guidance counselor is on leave. The prevention specialist should:

- A. respectfully refuse.
- B. accept the challenge.
- C. volunteer to co-facilitate.
- D. accept but provide life skills classes instead of therapy.

Domain: Professional Growth and Responsibility

6. Qualitative data is often collected through key informant interviews, focus groups, listening sessions, and:

- A. town hall meetings.
- B. newspaper articles.
- C. arrest reports.
- D. hospital records.

Domain: Planning and Evaluation

7. A person who has been designated by group members to be caretaker of the meeting process is known as the:

- A. president.
- B. boss.
- C. facilitator.
- D. advocate.

Domain: Community Organization

8. An example of a selective intervention is:

- A. a classroom-based prevention program for all seventh graders in a school district in a high risk community.
- B. a skills-based program for youth from military families who have experienced many transitions.
- C. a parenting program open to all residents in a rural town hosted by a local church.
- D. a media campaign targeting Latino youth in a big city.

Domain: Prevention Education and Service Delivery

9. The first step in developing community prevention strategies is:

- A. assessment.
- B. capacity building.
- C. planning.
- D. implementation.

Domain: Community Organization

10. A prevention specialist who is facilitating a Community Prevention Coalition must tailor their facilitation style to the group's blend of bylaws, ground rules, people, and:

- A. consultants.
- B. funding.
- C. history.
- D. strategies.

Domain: Communication

11. When facilitating a Community Prevention Coalition planning group, a prevention specialist should not:

- A. listen and observe.
- B. prevent and manage conflict.
- C. encourage participation.
- D. insert personal opinions.

Domain: Communication

12. Strategies that aim to enhance individuals' ability to develop competence, a positive sense of self-esteem, mastery, well-being, social inclusion, and strengthen their ability to cope with adversity are:

- A. mental health promotion interventions.
- B. universal preventive interventions.
- C. selective preventive interventions.
- D. indicated preventive interventions.

Domain: Professional Growth and Responsibility

Answer Key			
1.	C	7.	C
2.	D	8.	B
3.	D	9.	A
4.	A	10.	C
5.	A	11.	D
6.	A	12.	A

Examination Reference List

Revised June 2016

The following resources were compiled as suggested reading to assist candidates preparing for the IC&RC Prevention Specialist Examination. Consulting these and other references may be beneficial to candidates. Please note that this is not a comprehensive listing of all references and that not all questions on the examination came from these references.

1. Academy for Educational Development. (2005). *Facilitating Meetings: A Guide for Community Planning Groups*. Retrieved from http://preventiontrainingservices.com/resources/Facilitating%20Meetings%20version_2005.pdf.
2. Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al. (2010). *Alcohol: No Ordinary Commodity*. Research and Public Policy (2nd ed.). Oxford: Oxford University Press.
3. Center for Substance Abuse Prevention. (2009). *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. HHS Pub. No. (SMA) 09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/shin/content/SMA09-4205/SMA09-4205.pdf>
4. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Primer Series*.
 - a. **Assessment Primer:** Analyzing the Community, Identifying Problems and Setting Goals. (2010). Retrieved from <http://www.cadca.org/resources/assessment-primer-analyzing-community-identifying-problems-and-setting-goals>
 - b. **Capacity Primer:** Building Membership, Structure and Leadership. (2010). Retrieved from <http://www.cadca.org/resources/capacity-primer-building-membership-structure-and-leadership>
 - c. **Cultural Competence Primer:** Incorporating Cultural Competence into Your Comprehensive Plan. (2012). Retrieved from <http://www.cadca.org/resources/cultural-competence-primer-incorporating-cultural-competence-your-comprehensive-plan>
 - d. **Evaluation Primer:** Setting the Context for a Drug-Free Communities Coalition Evaluation. (2010). Retrieved from <http://www.cadca.org/resources/evaluation-primer-setting-context-community-anti-drug-coalition-evaluation>
 - e. **Implementation Primer:** Putting Your Plan into Action. (2012). Retrieved from <http://www.cadca.org/resources/implementation-primer-putting-your-plan-action>

- f. **Planning Primer:** Developing a Theory of Change, Logic Models and Strategic and Action Plans. (2010). Retrieved from <http://www.cadca.org/resources/planning-primer-developing-theory-change-logic-models-and-strategic-and-action-plans>
 - g. **Sustainability Primer:** Fostering Long-Term Change to Create Drug-Free Communities. (2012). Retrieved from http://www.drugs.indiana.edu/spf/docs/SustainabilityPrimer_07-2007.pdf
5. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Beyond the Basics Series*.
 - a. **People Power: Mobilizing Communities for Policy Change.** (2012). Retrieved from <http://www.cadca.org/resources/people-power-mobilizing-communities-policy-change>
 - b. **Telling the Coalition Story: Comprehensive Communication Strategies.** (2009). Retrieved from <http://www.cadca.org/resources/telling-coalition-story-comprehensive-communication-strategies>
 - c. **The Coalition Impact: Environmental Prevention Strategies.** (2009). Retrieved from <http://www.cadca.org/resources/coalition-impact-environmental-prevention-strategies>
 6. Corey, G., Corey, M. S., & Callanan, P. (2015). *Issues and Ethics in the Helping Professions* (9th ed.). Belmont: Brooks/Cole.
 7. National Institute of Drug Abuse. (2014). *Drugs, Brains, and Behavior-The Science of Addiction*. Retrieved from <http://www.drugabuse.gov/publications/science-addiction>.
 8. National Research Council and Institute of Medicine. (2009). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Washington, DC: The National Academies Press. Retrieved from http://books.nap.edu/openbook.php?record_id=12480.
 9. Substance Abuse and Mental Health Services Administration. (2010). *Focus on Prevention*. Retrieved from <http://store.samhsa.gov/product/Focus-on-Prevention/SMA10-4120>.
 10. White, W. L., & Popovits, R. M. (2001). *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction (2nd ed.)*. Bloomington: Lighthouse Institute.

About IC&RC

IC&RC promotes public protection by setting standards and developing examinations for credentialing prevention, substance use treatment, and recovery professionals. Organized in 1981, it has a worldwide network of over 50,000 professionals.

Quality and integrity are the foundation of IC&RC's work. IC&RC's credentials use the latest research on evidence-based practices, and they are updated every five years and subjected to an extensive process of peer review. IC&RC examinations are based on formal Job Analyses, written by subject matter experts, and supported by current references. Member boards are audited regularly to ensure compliance with international standards.