New England Prevention Specialist

Onboarding and Orientation Roadmap

2025

New England (HHS Region 1)
PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Publication Information

Prepared by the New England PTTC supported with supplemental funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) Award No. 1H79SP084326-01. This publication was prepared by the New England PTTC under a cooperative agreement from SAMHSA.

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Published by the New England PTTC.

Goals and Objectives

This resource is adapted by the New England PTTC from a resource created in partnership with the Maine Prevention Workforce Development Workgroup, convened by AdCare Educational Institute of Maine under contract with the Maine Center for Disease Control. It aims to meet universal developmental training needs of the substance misuse prevention workforce in New England. This resource is not specific to any one funding source or program. This resource can be used by new preventionists entering the field working in any federal, state, or locally funded prevention coalition, organization, or initiative.

With this resource, the New England PTTC works to provide a strong science-based overview of the field for new professionals to assist them in getting through the orientation phase and into the work they came to do more quickly, and with a shared perspective throughout the region.

Specific substance use prevention initiatives likely have their own onboarding process and tools that are program-specific. This resource is offered to supplement these program specific trainings, and give a scope of the prevention field.

This document is a living document that will change as the field of substance use prevention changes. The most current document can be found at the New England PTTC website.

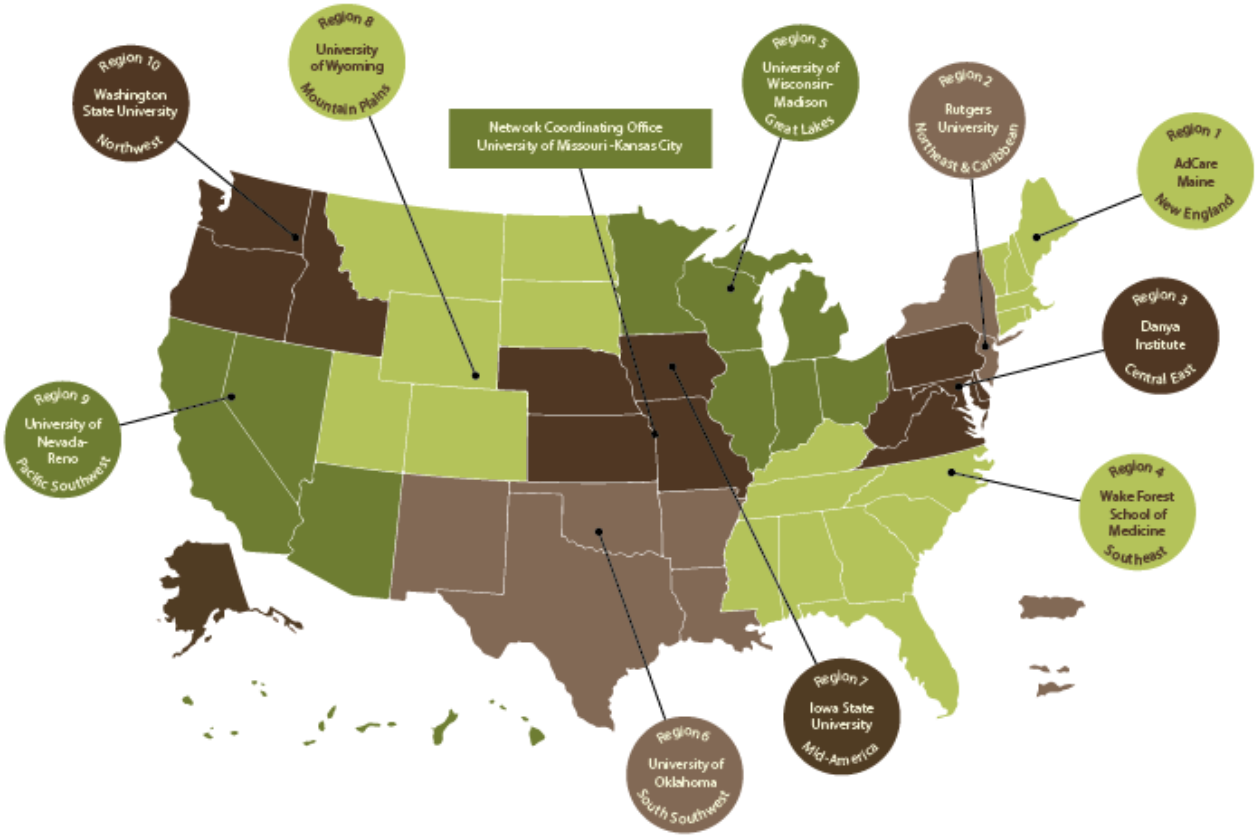
Prevention specialists are welcome to return to this document at any point to review 101 level concept and ideas.

This document is interactive in that there are links provided on almost every page to bring you to an in depth and reliable resource to learn more about the discussed topic. Many words are underlined to help break complex topics down into more details, as well. These links will be updated as this document is updated if more timely research or data is found within the field.

Table of Contents

New England PTTC Overview

The purpose of the Prevention Technology Transfer Center (PTTC) Network is to improve implementation and delivery of effective substance misuse prevention interventions and provide training and technical assistance services to the substance misuse prevention field. It does this by developing and disseminating tools and strategies needed to improve the quality of substance misuse prevention efforts; providing intensive technical assistance and learning resources to prevention professionals in order to improve their understanding of prevention science, epidemiological data, and implementation of evidence-based and promising practices; and, developing tools and resources to engage the next generation of prevention professionals.



Established in 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), the PTTC Network is comprised of 10 Domestic Regional Centers, and a Network Coordinating Office. Together the Network serves the 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Islands of Guam, American Samoa, Palau, the Marshall Islands, Micronesia, and the Mariana Islands. The New England Prevention Technology Transfer Center, administered by Adept Educational Institute of Maine, Inc., provides training and technical assistance services to the professional and volunteer prevention workforce within the New England states.

New England PTTC Overview

The New England PTTC is developing a diverse program with multiple modes of technical assistance, training and information dissemination. This includes collaboration with states to hold live, in person trainings featuring the latest prevention science, but also multiple opportunities for distance learning to maximize the reach of technical assistance in the region.

The New England PTTC also puts a focus on workforce development initiatives, to include introducing New England high school students and young adults to the many educational and career opportunities within the prevention field. The New England PTTC will serve as a hub of specialty expertise in providing training and technical assistance in the area of marijuana risk education and prevention.

The New England PTTC is here to support the workforce, so all technical assistance and training needs of the substance misuse prevention workforce will be considered. Please contact us and let us know how we can help by emailing us at newengland@pttcnetwork.org.

Linguistically Appropriate Practice

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

To decide the best language and terms for you and your organization to use, **consult your community and listen to their requests, needs, and choices**. Not every set of terms will work for every person, but we know that **words have power,** and **language matters**. The best way to practice this philosophy is to do research, be respectful and open to learning, and to make changes when necessary change is brought to your attention.

Keep in mind, the words that make the most sense today may be different in the future because language changes as we work to be a more inclusive field that supports all people in our communities to thrive. Respect and center the voices around you of the people who you serve and you'll be able to navigate the language of inclusion work within prevention.

Upstream Metaphor for Prevention

The parable of the river says that a person is by a river and notices another person struggling in the current. They throw them a life raft and pull them out. Soon after, another person in the water floats down struggling, and they too are given a life raft to be pulled out. The person standing next to the river notices that there are always people struggling in the current, needing to be thrown a life raft, and finally begins to think - **what is happening upstream so that all these people are falling into the river?**

If the person goes up the river and stops people from getting into the current in the first place, there will be fewer people in a more critical condition downstream. This will ultimately make the whole town happier and safer, as they will use fewer resources downstream to get people back to health.

This "upstream" approach, working to address risks and support healthy conditions before there is a problem, is how prevention works. By putting our efforts into creating healthy conditions before problems develop, there is less of a burden to help those with greater need "downstream".

Read more about the parable of the river and how we can understand the role of prevention in public health.

Getting to Know the Field

What is prevention?

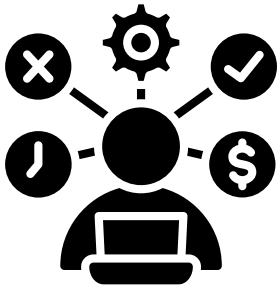
Prevention is a **proactive process** which empowers **individuals** and **systems** to meet the challenges of life events and transitions by **creating** and **reinforcing** healthy behavior and lifestyles by **reducing risks** contributing to alcohol, tobacco, and other drug use.

Today's communities face a myriad of challenges – violence, drug misuse, crime, illness – but those problems, and the **long-term damage** they can cause, **can be prevented**, with appropriate education, intervention, and policy and environmental changes. **Prevention-based programs are taking that message to schools, workplaces, faith-based organizations, and community centers** in the U.S. and 22 countries around the world. The success of these programs relies on a competent, well-trained, ethical and professional workforce of Prevention Specialists. (IC&RC)

What do Prevention Specialists do?

Prevention practitioners may work in a **variety of settings** and fill a wide variety of roles. Prevention specialists may work in community coalitions, within local or state public health or behavioral health agencies, within medical systems, in K-12 schools or higher education settings, in youth-serving organizations and more.

There are many types of work that prevention practitioners can do. Some prevention roles focus on **educating people** about how they can engage in healthy behaviors and understand the risks of substance misuse. Some prevention roles focus on **developing or changing policies** at the local, state or federal level that support healthy communities. Some prevention roles **convene and coordinate community coalitions** to working to change community knowledge, norms and policy related to substance misuse. Some prevention roles focus on **specific types of substance misuse**, like tobacco or alcohol, and others are more broad. Some prevention roles are focused on **communicating prevention messages** to broad audiences, and some are focused on learning how to best support a very small group of people. Many people who work in the prevention field do at least a little bit of all of these things, so taking some basic training about these topics can be helpful, even if it is not a primary aspect of your current role. You can learn more about this in the sections on certification and training in this document.



Roles and Responsibilities for Prevention Specialists

A prevention specialist's responsibilities are to their community, funders, organization, society, networks, and other stakeholders. Prevention relies on **cooperative work and connections within a community**. Sometimes a preventionist may be leading a project, and sometimes they play a supporting role, but preventionists should always **advocate for prevention science** regardless of the role they play in a project. You can read more about this on page 20 in the discussion of the Strategic Prevention Framework (SPF).

Prevention specialists are obligated to follow an **ethical code** of standards in their work, which you will read more about in this document on page 33.

It is the responsibility of a prevention specialist to keep substance use prevention at the forefront of conversations, and to **tailor the messaging** used to do this for different audiences. Whether you're working with a group of young people, talking to policy makers at an event, or facilitating a meeting of stakeholders, there are different ways to approach prevention that are equally valid, but are received better by different audiences.

It is also the responsibility of a prevention specialist to maintain **fidelity** with evidence based programs, which you can read more about on page 22, as well as being **culturally and linguistically appropriate** in order to serve the whole community. You can read more about cultural responsiveness on page 18.

Getting to Know the Field: Working in Prevention

How is it different than other fields in behavioral health or helping professions?

Prevention is on the continuum of care alongside treatment and recovery. While treatment and recovery work with people who have substance use disorder, **prevention works with families, communities, organizations, and environmental strategies to reduce the number of people who find themselves faced with a substance use disorder.** Prevention is most effective when we use a combination of broad, universal approaches and more specific, targeted approaches and intervention. The prevention workforce must be **trauma informed and skilled** and conscious of **risk factors**, while **promoting protective factors and resilience**. **Positive youth development and healthy communities** are the building blocks to strong prevention work. In treatment and recovery, the work is focused on helping individuals and/or families recover and grow. In prevention, the work is often focused on the community or specific groups within the community, interrupting generational cycles and community norms around substance misuse. The change we make in prevention can be hard to see in our day to day work, but over time it can have a large impact on both individuals and communities. Through rigorous evaluation and **use of evidence-based programs, messaging and resources**, we can measure the positive changes we make over time.

Benefits and challenges (including self-care and self-management)

As with any professional field, it can be very fulfilling to work in prevention, and it can also be challenging. Prevention often includes **strengthening communities**, supporting youth, advocating for at-risk populations, and playing a pivotal role in watching your service area grow stronger together. These can be very fulfilling elements of a job. Some challenges accompany these highlights, including the importance we must place on **self-care** to balance the caring we do for many others, setbacks we may encounter when changing **community norms** is difficult, funding changes and sustainability, and the pace of prevention being **slow and measured**. These challenges are important to consider as you start your journey in the field of prevention, and knowing that the field faces these challenges together is helpful in knowing where to turn if these issues weigh heavily on you. One highlight of the field is that we are a small network of prevention specialists who put together huge networks of other key players in the community, so we make it a priority to support one another in this work that affects us all.

Prevention in Videos:
What do Prevention Specialists do?

About the Series

In this video series, you will hear from **experienced prevention specialists** working in New England describing the varied roles and experiences of prevention specialists. Each video focuses on a Prevention Performance Domain as defined by the International Certification & Reciprocity Consortium (IC&RC) Prevention Specialist Job Analysis. **Through these videos, you will learn what each prevention domain is and how all the domains function together for effective prevention**. If you are new to the field of prevention, or starting a new role within the field, these videos will help you understand the science and practice of prevention.

Introduction: What do Prevention Specialists Do?

Domain 1: Planning & Evaluation

This domain focuses on prevention planning models & theories, logic models, action planning and evaluation techniques, which requires cultural awareness and responsiveness.

Domain 2: Prevention Education & Service Delivery

This domain focuses on the theories and evidence-based frameworks that guide curriculum and program development and the skills needed to provide services.

Domain 3: Communication

This domain focuses on the communication skills and techniques needed in a wide variety of settings, from public communication campaigns to education programs to policy conversation.

Domain 4: Community Organization

This domain focuses on determining community readiness, mobilizing your community, and involving your community in all steps of prevention planning as a critical role in gaining community buy-in.

Domain 5: Public Policy & Environmental Change

This domain emphasizes the broader physical, social, cultural, and institutional forces that contribute to community substance use problems.

Domain 6: Professional Growth & Responsibility

This domain focuses on knowledge of current theory and practice, work-life balance, knowledge of substances, cultural competency, and professional ethics.

Foundational Substance Use Prevention Practice Information

Evidence-based approaches to substance misuse prevention are informed by prevention science and research that has identified effective strategies and ways of thinking about prevention. There are several core concepts of prevention that are the basis for our work.

Socio-Ecological Model:

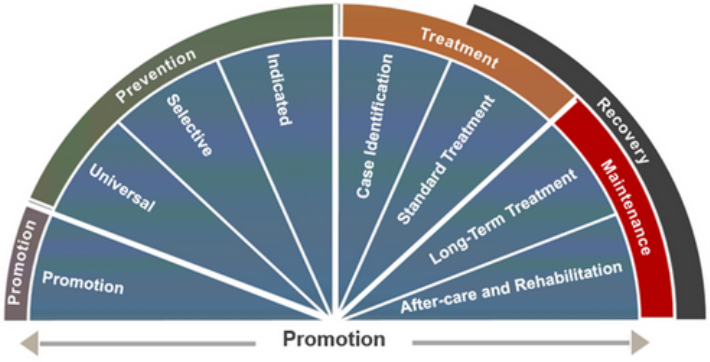
The socio-ecological model helps to understand factors affecting behavior and also provides guidance for developing successful programs through **social environments.** Socio-ecological models emphasize multiple levels of influence (such as individual, interpersonal, organizational, community and public policy) and the idea that **behaviors both shape and are shaped by the social environment.**

Socio-ecological Model:

Continuum of Care:

The continuum of care refers to the way promotion, prevention, early intervention, treatment, recovery, and long term recovery organizations, programs, and workforce work together to support the population through all stages of substance misuse needs. Promotion works to promote healthy behaviors and environments in a whole community. Prevention works to stop substance misuse before it becomes problematic universally, in populations that are indicated as higher risk, or targeted populations who may have begun to experiment with substance use. Early intervention supports populations who are are indicated but not diagnosed with a substance use disorder. Treatment and recovery often work together during the early stages of a person's departure from substance misuse, and can work collaboratively throughout the care of a person who is in recovery. All of these areas of the continuum of care should involve a significant amount of promotion of health behaviors and environments to support the care of a person and community.

Continuum of Care:



Foundational Substance Use Prevention Practice Information:
Universal, Selective and Indicated Strategies

In a 1994 report on prevention research, the Institute of Medicine (IOM 1994) proposed a new framework for classifying prevention based on Gordon's (1987) operational classification of disease prevention, dividing the continuum of care described above into promotion, prevention, treatment and recovery. The prevention category is divided into three classifications: universal, selective and indicated prevention.

- A **Universal** prevention strategy addresses the entire population (national, local community, school, or neighborhood) with messages and programs aimed at preventing or delaying the misuse of alcohol, tobacco, and other drugs.

- **Selective** prevention strategies target subsets of the total population that are deemed to be at risk for substance misuse by virtue of their membership in a particular population segment--for example, children of adults with alcohol use disorder, youth who left school before graduation, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors that are associated with substance misuse.

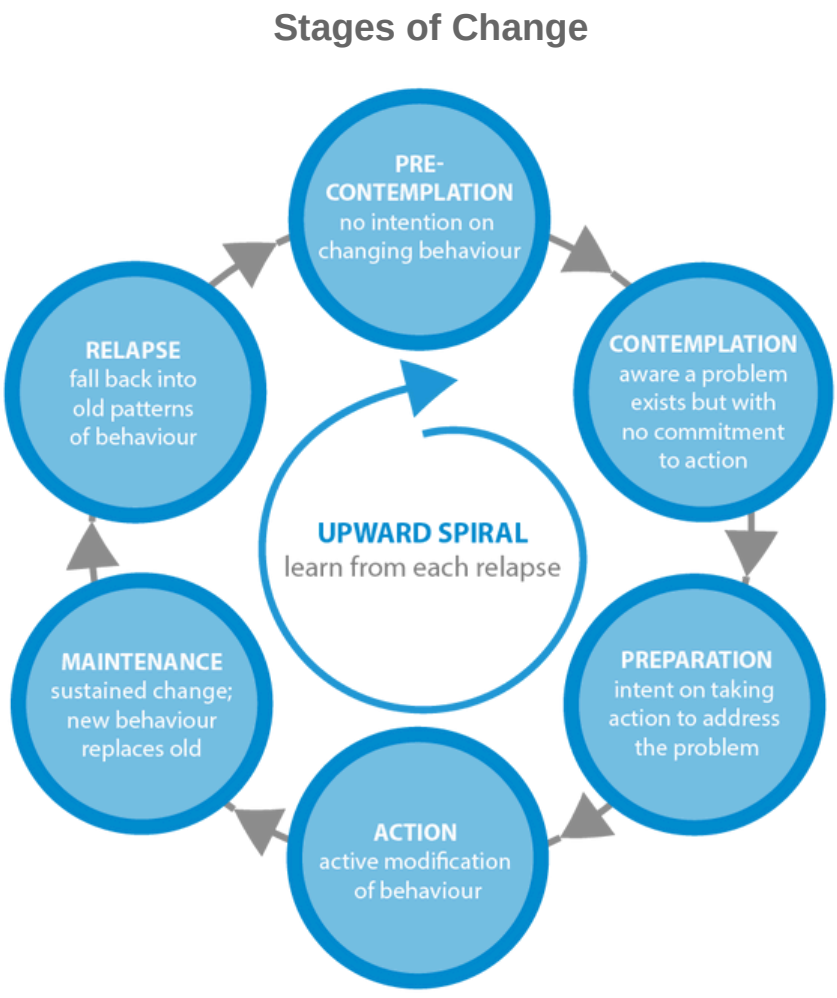
- The mission of **Indicated** prevention is to identify individuals who are exhibiting early signs of substance misuse and other problem behaviors associated with substance misuse and to engage them in specific prevention and early intervention approaches to address substance use before it becomes more significant.

Behavior Change Theories

Prevention depends on behavior change. There are many theories for how to create individual behavior change. One example is the Stages of Change model.

Stages of Change:

The stages of change, also known as the Trans Theoretical Model, speaks to how prepared a person, group, or community are to recognize and act on making meaningful change. Each stage of the cycle are most benefitted by unique interventions. **A person, group, or community will be best supported by different strategies of prevention in different stages of this decision making model.** The stages of change are an upward spiral because a group may be at any of these stages, and begin moving through them, and face new topics or area which need change which would bring them back to the beginning of the stages of change, but also further along than where they started. A group may enter, exit, and reenter at any stage.



Learn more about the Stages of Change

Foundational Research & Approaches of Modern Prevention

There is some foundational research that all prevention specialists should become well versed in, as they inform and mold the work preventionists do everyday. These are studies, research, and cumulative knowledge that will guide you in your work and understanding the many dimensions of prevention and public and behavioral health as a whole.

These include the following:

Strategic Prevention Framework (SPF):

The SPF, a SAMHSA Model, is discussed further on page 19. The SPF is the scientific model that sound prevention work is built on. The five steps of this model are: **Assessment, Capacity, Planning, Implementation,** and **Evaluation**. This model also includes the two cross-cutting principles that should be applied in every stage and is always considered in prevention work: **Cultural Competency** and **Sustainability**.

Adverse Childhood Experiences (ACES):

ACES were discovered in a 1995-1997 study by Keiser-Perminente that indicated that **difficult childhood experiences lead to significantly higher risk** of a variety of behavioral and physical **health issues in adulthood**, including substance misuse and other associated health problems. The study indicated that the greater number of Adverse Childhood Experiences a person had, the higher their risk for health issues as adults.

Trauma-Informed Work and Care:

Being trauma-informed has taken many shapes in the last several years in the behavioral and physical health realms. Essentially, trauma-informed practices **recognize** that many people in the community that we work with directly have **experienced trauma,** and we often do not know about this trauma when working with them. By taking a trauma informed approach, we attempt to avoid causing further trauma or retraumatization in our work. When we are mindful of the variety of life experiences people have had, and put policies in place that encourage trauma-informed practices we reduce unintended harm to populations or persons.

Foundational Research & Approaches of Modern Prevention - Continued

Coalition Building:

Many prevention specialists will work in a coalition model, which includes a **variety of sectors of the community working collaboratively** on prevention work to be as inclusive and far reaching in scope as possible. Many preventionsists will be required to work with a coalition due to grant deliverables, but all prevention specialists would benefit from developing their skills in bringing a variety of voices and stakeholders to the table and into the conversation.

Community Organizing:

Community organizing goes hand in hand with coalition building. Drug Free Community Coalitions have 12 required sectors which need to be represented to have a robust, complete coalition. This is good practice for prevention organizations regardless of funding source. Community Organizing requires similar skills. Calling people into a **conversation**; **engaging stakeholders** and **community members** around important prevention messaging, programing, and projects; **networking** within your service area; **communicating** with your community about the work that is going on within your organization; recognizing the **power** within your community and **mobilizing** it; defining the human, social, political, and financial capital within a community and focusing it on prevention issues. Community organizing can consist of a variety of skills, but the mainstay ability a preventionist should develop is being familiar with the ins and outs of a community, and learning how to mobilize that for positive change.

Environmental Scans:

An environmental scan **identifies gaps** and **strengths** of resources, services, systems, and programs in the community or state. Environmental scans may focus on a variety of groups, and can take place in a variety of modes. A preventionist could do an environmental scan on a workgroup they are joining where they want to understand the dynamics of the group before making an ask or contributing staff hours. A scan might take place to determine a community's readiness for change (see Stages of Change above). Or, a scan can be done to understand the scope of an issue that an organization wants to address. A preventionist may take a scan a variety of ways - through conversations with others within a community, focus groups, needs assessments, through research, or simple observation. It's important to not rely too heavily on one form of environmental scan to give you a definitive path forward. The best environmental scans are ones that **draw from a variety of sources** to ensure the most complete picture is drawn, and that take into consideration the group that is being examined. For example, a focus group would not be a good method of understanding a ten person task force, but simple observation or research may be.

Foundational Research & Approaches of Modern Prevention - Continued

Social Emotional Learning (SEL):

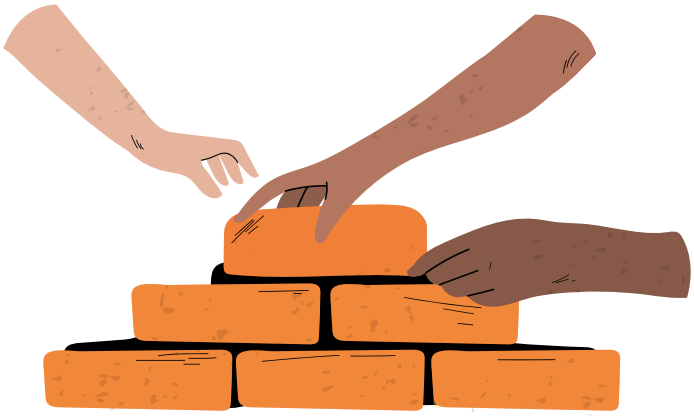
SEL is the concept and practice that infants, children, youth, and young adults **learn from their peers and adults** in their lives how to live and interact successfully in the society in which they live. SEL takes place with others around, and speaks to the innate human need to be around and learn with others, especially in the developmental years.

Social Determinants of Health:

Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks**.** Examples include: access to **educational, economic, and job opportunities, public safety, and access to health care.** These may also be known as **non-medical determinants of health**.

Cultural Responsiveness

Culturally and linguistically appropriate services are **respectful of and responsive to** the health and prevention beliefs, practices and needs of the many different people who live in our communities. In prevention, we recognize that what works for one population may not have the same impact on other populations. Almost every community includes people with varying racial, ethnic, and religious backgrounds, disabilities, and other identities that should be considered when planning and working on prevention initiatives. Cultural competence is the ability to understand these differences and respond to them. Cultural humility takes the understanding of diverse cultures further by intentionally responding to cultural and linguistic differences to best serve an entire community. Cultural humility is something we practice by engaging in self-reflection about our own identities and how we understand others. By tailoring services to varieties of culture and language preferences within a community, preventionists can help bring positive health outcomes with equity.



Systems and Partners Mapping

Knowing who is in your available circle and community to support the work you are doing, collaborate with, support on community projects, and reach greater audiences than you could by yourself is vital to prevention work, as noted in the section Critical Skills and Competencies of Prevention Professionals. Systems and/or community mapping is a vital process to identifying the people, groups, organizations, and institutions within your scope of practice that you will need to work with to reach your greatest potential as a preventionist.

Step 1: Gather a team: The more people you can have at the table, the better. This is about finding out who is in your community, and everyone has different connections and experiences that will lend to this process. This may include educators, law enforcement, the clergy, youth, parents, or other community stakeholders.

Step 2: Define what you need: Look at your organization's focus, mission, goals, target populations, and scope. Then, identify the types of people / groups / organizations / institutions that would support your work. Do you work primarily with youth? Identify people / groups / organizations/institutions that include and work with youth. Schools, recreation centers, sports teams, dance studios, art centers, 4H programs, etc. For each area of your work, go through this process in the most exhaustive way possible.

Step 3: Get specific: Now that you know which institutions you may benefit from knowing or developing a relationship with, give them names. What schools are in your area, and who in that school might be a good contact? Who leads the local art's program? Who are the coaches to your local rec programs?

Step 4: Determine priority areas. Now that you have a wide scope of folks within your realm of work, you can narrow your list down to who are the priority people / groups /organizations /institutions that you need to connect with to further your work.

Step 5: Make your connections. The more people who work with you to create your community map, the more likely you are to have connections to the people you identify in step 3. Personal introductions can go a long way!

Step 6: Repeat as necessary. As you make new connections, there are new people to contribute to your map and help make introductions. This very intentional community level networking will help you reach more of the population you work with, recommend resources when needed, and spread prevention messaging. Social networks are also very valuable when fiscal resources are scarce. You can get so much done through people power!

Strategic Prevention Framework (SPF) Overview

SAMHSA's Strategic Prevention Framework (SPF) will play a role in every action you take as a prevention specialist if you are engaging in the most well supported prevention science. The SPF is dynamic and interactive- assessment is the starting point, but planners will return to the step again and again as their community's substance misuse problems and capacities evolve. Communities may also engage in activities related to multiple steps simultaneously. The SPF is data driven and designed to help planners gather and use data to guide all prevention decisions, from identifying which substance misuse problems to address in their communities, to determining whether communities are making progress. The SPF is reliant on and encourages a team approach. Each step of the SPF requires, and greatly benefits from, the participation of diverse community partners.

The SPF includes these five steps:

Assessment: Identify local prevention needs based on data (What is the problem?)

Capacity: Build local resources and readiness to address prevention needs (What do you have to work with?)

Planning: Find out what works to address prevention needs and how to do it well (What should you do and how should you do it?)

Implementation: Deliver evidence-based programs and practices as intended (How can you put your plan into action?)

Evaluation: Examine the process and outcomes of programs and practices (Is your plan succeeding?)

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

Cultural competence: The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

Sustainability: The process of building an adaptive and effective system that achieves and maintains desired long-term results.

Why use Evidence Based Practices?

Practices and beliefs of the past:

Prevention science has come a long way. When prevention was first recognized as a field, there were many well-intentioned, but uninformed ideas about how to prevent the misuse of substances. There was an idea that substance misuse was a character flaw, that with enough effort a person could just stop, or "just say no." There was an idea that the best way forward in prevention was strict consequences, rules, regulations, laws. There was an idea that certain risk factors nearly guaranteed that a person would develop a substance use disorder, and an idea that you could scare or lecture the urge to use substances out of a person. We now know that these ideas are not true and ineffective for prevention. However, many of these ideas have lingering influence on some prevention work today. As a field we work everyday to support the good intentions that can be found here, while eliminating processes that may not only be ineffective, but sometimes harmful to the cause of substance misuse prevention. For example, programs like bringing a crashed car to high schools before graduation are longstanding traditions, but research has shown that those programs do not prevent youth alcohol use, and can do more harm to students than good. Instead, we **promote the use of evidence-based practices** and programs.

Why use Evidence Based Practices?

Through the SPF process and careful evaluation, we know that some programs, practices, and messaging works, and this process has taken the guess work out. Evidence-based prevention can include specific educational programs or curriculums as well as policy and environmental strategies. We now have the ability to use the good intentions of communities in ways that move the needle over time. When a program has gone through this process, it has shown to have **positive effects overtime with strong correlations to reduction and prevention of substance use**. This is ultimately the goal of past models of prevention, but only with evidence based programs, practices, and messaging do we know that we are achieving the outcomes we want. Continued evaluation is always important to keeping these programs current and useful. There are several online registries of evidence-based programs that can help you identify options.

Visit the SAMHSA Evidence-Based Practice Resource Center

Fidelity vs Adaptation in Evidence-Based Practice

What is fidelity?

Implementation fidelity is the degree to which an intervention is delivered as intended and is critical to successful translation of evidence-based interventions into practice.

Why is fidelity important?

Evidence based programs, practices, and messaging are evaluated in an extensive process as a whole. If you take the whole apart, or take only part of the whole, there is no longer a guarantee that what you are offering shows evidence of effectiveness. **In order to see the positive results that a program or practice promises, you must be faithful to the program or practice as evaluated.**

There are times when you may need to make adaptations to an evidence-based program, practice, or message. For example, you may need to adjust some language to reflect cultural competency, or you may run into unforeseen issues, such as cancelled classes due to weather. **Some adjustments can be made** without breaking fidelity. To maintain fidelity to the best of your ability means presenting all the information, experiences, and activities, getting and maintaining training to facilitate the program or practice as evaluated, including the necessary doses of a program, and choosing the right evidence based program for your target audience.

If you're concerned that a change you're making to a program does not maintain fidelity, you can ask a colleague who offers the program, find the website of the program or research the evaluated data behind the evidence base, or in some cases contact the person or organization that created the program and seek their guidance.

Learn more about selecting an evidence-based program

Soft Funded Roles

Many prevention roles are part of a non-profit structure, and may be funded by grants, scholarships, contracts, or settlement money, which are sometimes referred to a “soft funding”. All these types of financing come with regulations and deliverables, and all are subject to review by the funding agency. Most soft-funded projects have end-dates, so prevention specialists and organizations regularly look for ways to **diversify their funding** so that if one funding stream changes, another may be available to continue the work in the interim. This is also why planning for program sustainability is an important component of prevention.

What does this mean for you?

- As a prevention specialist, be aware of timelines and deadlines with reporting, as well as grant cycles. You may have a supervisor or office manager whose job it is to track these financial cycles, but it is always a benefit to you to know what your financial cycles are so that you can **be aware of any opportunities** for other revenue streams.

- Funding may seem like **an ongoing conversation**- and it is! Do not hesitate to be a part of the conversation and to learn as much as possible about how your funding structure looks. This may be the job of another person in your office, but you can join in the conversation.

- If one funding stream comes to an end, **there are many ways to fund a position**, program, or organization. The best way to help secure that is to plan early. Consider alternate funding streams before they are necessary, meet the deliverables to current funders, submit your reports on time, and consider non-traditional as well as more well known funding streams.

- **Partnership with other community organizations** can sometimes be a way to continue work between funding streams. Perhaps another organization that you work with has the funding to continue a program while other funding is being secured.

- Consider "**in kind**" resources. Counting volunteer or unpaid hours, resources, and work is not only important to getting work done when there are limited resources, but carefully tracking in kind resources can also support future grant applications by showing the community investment in the project.

Prevention Certification and Professional Development

The substance misuse prevention field is regularly changing. There are a variety of types of prevention specialists, from those working within communities, to supervisors who do not do direct prevention work but support those who do, to coalition members who work as a part of a team to reach many sectors of a community, to policy makers and state employees who can steer the direction of a state's prevention landscape.

All of these roles are valuable, and a **prevention specialist** who has firm knowledge in prevention science may move through a variety of these roles in their career.

Many prevention specialists come from other fields; nursing, public policy, mental health, education, recovery or treatment, and more. Having a background in another area of health and wellbeing is a great way to begin your journey in prevention, and **if you are coming with a diverse background - welcome!** Prevention needs a variety of lenses to look at the whole picture of a community.

This section is intended to help you **navigate your professional and career goals, growth, and plans** in the prevention field.

Prevention Certification

Most fields have standards of operation and credentialing which ensure the workforce has a basic and comprehensive understanding of the work. These standards of credentialing allow all members of the field to share a **baseline knowledge**, and **speak the same language**, so time can be spent moving forward rather than always redefining what it means to be a professional in the field. It is also important for a prevention specialist to become certified to **demonstrate a versatile and robust knowledge of prevention science.**

The substance misuse prevention field is no different. In New England, the standards of credentialing vary from state to state, and include the **Prevention Specialist Certification**, the **Provisional** or **Associate Prevention Specialist Certification**, and the **Advanced Prevention Specialist**. Each of the New England states have a certification board which works collaboratively with the **International Certification & Reciprocity Consortium (IC&RC)** to provide thorough and comprehensive credentialing for prevention specialists. Each state's Prevention Certification Board sets, monitors, and enforces standards for Alcohol, Tobacco and Other Drug (ATOD) prevention professionals to ensure the public's protection and enhance the profession. In some states, the certification boards also oversee certification of other drug and alcohol professionals, while in others, they only provide prevention certification.

Each state follows the same basic standards of the IC&RC certification, but from state to state there are varying additional requirements. The next several pages highlight the IC& RC Prevention Performance Domains, and the general certification requirements for each New England state. To find the most current information on certification and recertification requirements in your state, visit the website for or reach out directly to the certification board in your state.

Why become certified?

It is **important for those who are working in the prevention field to obtain a certification** because it ensures that our communities are being led in their prevention efforts by a preventionist who is trained and knowledgeable in prevention science and prevention ethics. Certification benefits the field of prevention as a whole because internationally recognized credentials shows that prevention is a science-based field and that the professionals who are doing that work are trained to make effective change.

IC&RC Prevention Domains

The International Certification and Reciprocity Consortium (IC&RC) sets the standards for prevention certification. The IC&RC standards are the baseline for all territories, states, and countries which offer Prevention Certification, and then each area's board determines if they want to add additional standards for their region.

The IC&RC has **six performance domains** which are vital to a prevention specialist's work, and are tested when a preventionist sits for the exam to become fully certified.

These domains are the focal point for trainings a preventionist will take on their path to certification and continuing education. All of the domains have tasks which break down the domain into small, clear steps with which you will need to be familiar. Learn more about the types of tasks that fall into each domain in the IC&RC Prevention Specialist Candidate Guide.

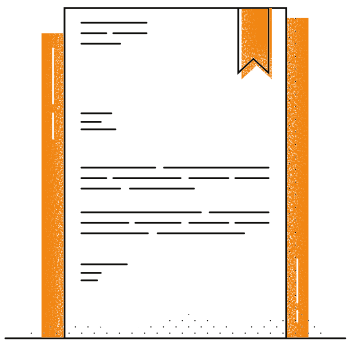
1: Planning & Evaluation

2: Prevention Education & Service Delivery

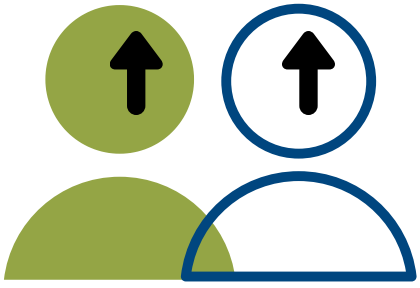
3: Communication

4: Community Organization

5: Public Policy & Environmental Change



6: Professional Growth & Responsibility



Connecticut Certification

Associate (APP) Professionals Must Have:

Ethics:
Signed code of ethical conduct
Training:
50 total prevention training hours needed with 6 hours specific to prevention ethics, 6 hours specific to problem gambling, 1 hour related to mental health, and 1 hour related to suicide prevention. Written Professional Development Plan
Experience:
50 hours of prevention-related field experience

Certified (CPP) Professionals Must Have:

Experience:
2,000 hours in Alcohol, Tobacco, and Other Drugs prevention; Supervised Practicum – 120 hours total including a minimum of 10 hours in each of the five prevention performance domains

Examination:
Passing score on the IC & RC Prevention Specialist written test

References:
Three letters of reference (one supervisor, two colleagues)

Ethics:
Signed code of ethical conduct

Training:
100 total prevention training hours needed with a minimum of 50 hours ATOD specific; Prevention Ethics: 6 hours; Problem Gambling: 6 hours

Recertification:
20 hours of continuing education each year including 1 CEU of CCB-approved Ethics.

Certification Board: Connecticut Certification Board
Additional information: Prevention Training and Technical Assistance Service Center

CCB

Massachusetts Certification

Certified Prevention Specialist candidates must have:

Minimum Educational Attainment:
High school diploma or GED

Training:
120 hours with a bachelor's degree (or higher) in Human Services, Public Health, Social Work, or a closely related field. 200 hours with anything less than a bachelor's degree. At least 30 hours in ATOD, 30 hours in Prevention Practice and Theory categories, 6 hours in Prevention Ethics.

Experience:
2,000 hours of documented, supervised alcohol, tobacco, and other drug misuse prevention specific work experience. It is recommended that the documented supervision be done by a Certified Prevention Specialist (CPS). 2,000 hours is the equivalent of one-year full-time experience, which can be completed as a volunteer or paid staff.

Supervision:
120 hours with a minimum of 10 hours in each of the CPS domains (see below). Supervision is broadly defined as the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing one's performance. The supervision may have been completed under more than one supervisor and/or agency.

Code of Ethics:
Applicant must sign a prevention specific code of ethics statement or affirmation statement.

Examination:
Taking and passing the IC&RC Prevention Specialist Exam.

Recertification:
40 hours of continuation every 2 years, 5 hours must be Prevention Ethics.

Certification Board: Massachusetts Board of Substance Abuse Counselor Certification

Maine Certification

Provisional (PPS) Candidates must have:

- A signed agreement that applicant will abide by the PPS Code of Ethics
- Complete a PPS Application
- PPS status can be renewed once if they achieve the following:
  - Completed the SAPST (or Board-approved SAPST equivalent) within the first year of PPS certification
  - Completed Prevention Ethics within the first year of PPS certification
  - Completed an additional 12 hours of training in ATOD within the first two years of PPS certification.

Certified (PS-C) Candidates must have:

- 2,000 documented hours of prevention-related experience in the IC&RC Prevention Performance Domains.
  - Of those 2,000 documented hours, a minimum of 120 hours of supervision is required, with at least 10 hours in each domain. A minimum of 500 hours (25%) must be specific to alcohol, tobacco, or other drugs (ATOD) prevention.
- 120 hours of documented education/training: 24 hours must be related to ATOD, 6 hours to Prevention Ethics, and 31 hours must be obtained through the "SPF Application for Prevention Success Training" (SAPST) or MPCB-approved SAPST equivalent*.
- Applicant must pass a Prevention Specialist Examination administered by IC&RC.
- Applicant must sign an Agreement to Abide by the Code of Ethical Standards Form.
- References: Applicant must submit three professional references.
- For recertification: 40 hours of documented continuing education is required every 2 years of certification

Advanced Prevention Specialist (PS-A) must have:

- 8,000 documented hours of paid or volunteer work as a Certified Prevention Specialist (within the past 10 years).
- 54 total hours of continuing education including: 24 hours of ATOD-specific training, 6 hours of Advanced Prevention Ethics, 6 hours of training related to cultural equity and inclusion within the last 24 months; 18 hours of IC&RC Prevention Domain and Task-relevant management training (includes but not limited to fiscal, program, grant and staff management topics) within the last 10 years.
- A signed agreement to abide by the PS-C Code of Ethics

Certification Board: Maine Prevention Certification Board

Maine Prevention Certification Board

New Hampshire Certification

Certified Prevention Specialist Must Have:

Experience:
A minimum of 2,000 documented hours of alcohol, tobacco, and other drug (ATOD) related experience in the IC&RC Performance Domains. A minimum of 120 hours of supervised practical experience, with a minimum of 10 hours in each Performance Domain. Certified Prevention Specialists Candidates without a bachelor's degree must complete an Educational Waiver Packet demonstrating additional experience and training hours.

Education/Training:
A minimum of 120 hours of education related to the Performance Domains with a minimum of 50 hours specific to ATOD abuse prevention. Six hours of NH Prevention Certification Board-approved Prevention Ethics.

Code of Ethics:
The Code of Ethical Standards must be signed and notarized.

References:
Three (3) Letters of Reference are also required, with one letter coming from the applicant's Supervisor. The remaining two letters must come from colleagues with a clear understanding of prevention services.

Testing:
Successful completion of the ICRC Prevention Specialist examination is required.

Advanced Certification for Prevention Specialists (ACPS)

Must have already achieved Certified Prevention Specialist status

Initial ACPS certification: 42 hours of total training; 36 hours in topics related to leadership and management (see description) and 6 hours Prevention Ethics
ACPS renewal: 40 total training hours which includes 6 hours of ethics in prevention or related behavioral health field. A minimum of 6 hours from any domain must be related to leadership and management.

Certification board: New Hampshire Prevention Certification Board

Rhode Island Certification

Associate Candidates Must Have:

- 200 hours of paid or volunteer prevention experience
- A minimum high school diploma/GED from an accredited school
- Current job description: obtained from employer
- Education: 48 total hours of education relevant to the field of prevention.
  - 12 of the hours must be Alcohol Tobacco and Other Drug (ATOD) specific
  - 6 of the hours must be in professional ethics and responsibilities that are specific to prevention.
- Signed Release and Acknowledge page

Certified Candidates Must Have:

- 2,000 documented hours of work experience in the field of substance misuse prevention
- A minimum high school diploma/GED from an accredited school
- Current job description: obtained from employer
- 120 supervised hours with a minimum of 10 hours in each domain
- 175 total hours of education relevant to the field of prevention.
  - 24 of the hours must be Alcohol Tobacco and Other Drug (ATOD) specific
  - 6 of the hours must be in professional ethics and responsibilities that are specific to prevention.
- Applicant must pass the IC&RC Examination for Prevention Specialists

Advanced Candidates Must Have:

- Certified Prevention Specialist (CPS) for a minimum of two (2) years
- Minimum Bachelor's degree is required
- Three (3) years of full-time employment or 6000 hours of part-time employment
- 150 supervised hours with a minimum of 10 hours in each domain
- Current job description: obtained from employer
- 72 total hours of education relevant to the field of prevention.
  - 6 hours obtained in each of the following: advanced professional ethics and responsibilities that are specific to prevention, data interpretation and application, grant writing, financial management and budgets
  - 12 hours obtained in each of the following: contract and program management, supervision and personnel issues.
  - 24 hours in prevention theory in practice
- Applicant must pass the IC&RC Examination for Prevention Specialists

Certification Board: Rhode Island Certification Board

RHODE ISLAND CERTIFICATION BOARD

Vermont Certification

Associate Prevention Specialist must have:

- Minimum education attainment: high school diploma or GED
- 1000 hours of paid or volunteer prevention work experience
- 60 hours of supervision/practicum with a minimum of 5 hours in each of the 6 domains (documented by supervisor)
- 80 hours of documented continuing education with a minimum of 3 hours in each of the domains, 12 hours specific to ATOD, 6 hours of Prevention Ethics, and 6 hours of the Prevention Core Competencies
- 2 letters of recommendation (1 from supervisor, 1 from a peer)

Certified Prevention Specialist Must Have:

Minimum education attainment: High school diploma or GED.

Experience:
A minimum of 2,000 documented hours of work experience (equivalent to one year of full-time work), can include either paid or volunteer experience (volunteer experience no more than 50% of total hours). 120 hours of supervision with a minimum of 10 hours in each of the domains, documented with a letter.

Education/Training:
A total of 175 hours of document prevention specific education with a minimum of 6 hours in each of the prevention domains and 6 hours of Prevention Ethics. At least 24 hours must be ATOD specific. Must be completed within the past 10 years (for initial certification)

Code of Ethics:
Ethics training must be completed within the year prior to an applicant
applying for certification. The Code of Ethical Standards must be signed and notarized.

References:
Two (2) Letters of Reference are also required, one from a supervisor, one from a peer/colleague.

Testing:
Successful completion of the ICRC Prevention Specialist examination is required.

Certification Board: Vermont Prevention Certification Board

Key Trainings

Since preventionists may enter the field from a variety of previous education and life experiences, there are several key training courses that prevention professionals should take to make sure that there is a shared baseline of knowledge among people working in the field. Depending on your state, some or all of these training courses may be required for certification as a prevention professional or to receive some types of prevention funding from the state.

SAPST

The goal of the SPF Application for Prevention Success Training (SAPST) is to **develop the basic knowledge and skills** needed by substance misuse prevention practitioners to plan, implement, and evaluate effective, data-driven programs and practices that reduce behavioral health disparities and improve wellness. The SAPST is intended as an introductory level course; throughout the course of their careers, prevention practitioners will need additional and more advanced workforce development opportunities beyond the SAPST. Some funders require that prevention staff complete the SAPST training. The SAPST includes a 5-hour self-paced course and a 26-hour live (in-person or virtual) course.

Ethics

As with any profession working with people, there can sometimes be situations where the right thing to do seems grey. In order to be clear about the professional boundaries and ethical standards of the profession, ethics training is a vital standard for prevention professionals. Training in prevention ethics and a signed commitment to follow the Prevention Code of Ethics is required to become certified as a Prevention Specialist, and once fully certified, prevention specialists are obligated to take CEUs in ethics because **ongoing training in this area is vital to having a high quality workforce.**

There are a variety of ethics trainings available. The **basic training, Prevention Ethics,** is a 6-hour training that corresponds with the ethical code of conduct which prevention professionals must abide by. This core training is required for prevention certification in all New England states, and is recommended for everyone working in a prevention role.

There are also **advanced ethics** trainings available, which dive deeper into ethical questions in particular circumstances, such as ethics with online learning and social media, and creating ethical policies. These advanced courses can be taken after you have completed the basic ethics trainings, and may be used toward continuing education for certified prevention specialist credentials. Ethics training requirements for recertification of a certified prevention credential vary by state, so be sure to check your own state's requirements.

Additional Training Resources

The Introduction to Prevention Core Competencies

This course was designed to introduce practitioners to the essential competencies, knowledge, and skill to work in substance use and misuse prevention. It is based on the Prevention Core Competencies published by the Substance Abuse and Mental Health Services Administration (SAMHSA). The course provides a foundation for service delivery based on prevention science and the use of evidence-based practices. It strengthens the understanding of effective planning and implementation approaches and encourages the pursuit of more specialized training and professional development. This course provides a useful overview of key aspects of prevention and understanding of evidence-based prevention strategies. This course is available as a self-paced online course or as a 3-day training.

Other training opportunities

There are many other training opportunities available to preventionists for further training in specific content areas, which may be related to ATOD (Alcohol, Tobacco or Other Drugs) topics or skills and functions of prevention professionals, such as the tasks described by the IC&RC Prevention Domains. The New England PTTC and PTTC Network offers a variety of free live and self-paced courses for prevention professionals. State that fund prevention programs may also offer training opportunities for preventionists within the state, which may be in-person or virtual. There are also a variety of conferences that offer continuing education and professional development opportunities for prevention professionals, some of which have fees associated with them.

Career Development and Goal-Setting

In your career as a prevention professional, you may find it useful to plan your career path in **short and long term goals**. Prevention work can often be fast moving, community and funder driven, and changing while actively maintaining fidelity to evidence based work.

Because it can be easy to get caught up in the work, planning goals for your career can help you **keep your eye on the future** while you work on the deadlines and projects coming up right around the corner. **Consider the following questions:**

In what areas do you already have knowledge?

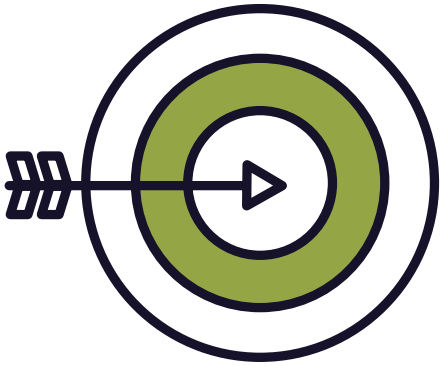
Many prevention professionals come from other, diverse backgrounds. Is your baseline knowledge from nursing, mental health, or education? You can use these to your advantage in this field. Use your strengths as a launching point.

Where do you need more knowledge, skills, and training?

Taking a scan of the work you have to do and the comfort level you have with each deliverable is important to being a well rounded preventionist. There are areas you will not have extensive experience, and that is ok. There are resources from trusted training partners and agencies that can help get you up to speed. Also, recognize the vast wealth of knowledge your network has. Attend meetings with other prevention specialists, go to trainings and conferences, and learn how you can have cross sector collaborations with partners who have deeper knowledge that you can leverage in exchange for your own. Communities are stronger when they work together!

What areas interest you? Which do not?

As you move through your career, you will want to learn which topics move you and motivate you to dig in deep. These are areas that you will thrive in, and playing to your strengths will make for a promising and fulfilling career. On the other hand, while there will surely be areas that do not interest you as much that you will need to work on to be a comprehensive prevention specialist, you do not need to build your career around these subjects. Taking a scan of what drives you will help you plan your long term goals.



The New England PTTC Prevention Career Roadmap has additional information on career planning for prevention professionals

Professional Development Grid

Use this grid to establish your **personal goals for your career**. You may choose to share these with your supervisor. Consider making your goals SMART (Specific, Measurable, Achievable, Relevant, Time-bound). A full size version of the planning grid is also included in the appendix for your use.

Example:

Duration	Focus Area	Goals	Action Steps
Short-term (Within next 6 months)	**Certification**	Goal 1 **Become provisionally certified**	1. **Complete application** 2. **Submit application** 3. **Submit payment**
		Goal 2	1. 2. 3.

Duration	Focus Area	Goals	Action Steps
Short-term (Within next 6 months)		Goal 1	1. 2. 3.
		Goal 2	1. 2. 3.
Intermediate (Within next 12 months)		Goal 3	1. 2. 3.
		Goal 4	1. 2. 3.
Long term (Up to two years after program completion)		Goal 5	1. 2. 3.
		Goal 6	1. 2. 3.

Critical Skills and Competencies of Prevention Professionals

Soft Skills:

Many of the soft skills we know are key to successful work with the public are important to a prevention professional, including: **communication, conflict resolution, time management, empathy, and listening.**

Long and Short Term Thinking:

Prevention is a long game, and you get to long term results through meeting small goals over the course of time. Perhaps your ten year prevention goal is to reduce drinking among 12-18 year olds in your community by 20%. You have a defined long term goal. How do you get there? Some short term goals include taking an environmental scan of your community, recruiting stakeholders to support your efforts, facilitating community conversations, offering programming and education, and evaluating. **You may find yourself working toward the short term goals repeatedly while keeping the long term goal front and center in your planning.** Tools like logic models can help strategize for both the short and long term.

Critical Thinking:

There will be many ways to approach any problem. A prevention specialist must be able to think about a problem **systematically, both macro and micro, and find a clear path toward a solution.** Many paths may work, but finding the best fit for a community takes skill and practice.

Understanding of Policy and Policy Makers:

One big challenge in prevention is getting policies, practices, and in some cases laws to reflect the promotion of healthy communities and prevention of substance misuse. Knowing who your local and state policy makers are, how the systems they operate in work, and the **difference between lobbying and education** will give you a big advantage in furthering the work of prevention. Direct advocacy work must be done separately from time being supported by federal funding.

Understanding of Trends, Use, and Terms:

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

Critical Skills and Competencies of Prevention Professionals

Understanding Risk and Protective Factors:

There are a variety of risk and protective factors, and being familiar with them as well as which ones you see **most often in your community** can be helpful in short term goals, long term goals, and communication.

Language Matters:

Being able to implement language and body language that is **equitable, sustainable, culturally competent, and stigma reducing is vital** to prevention work. Using language that is **person first** is not only the most socially responsible way of communicating, it is also in line with the work of the other areas of the continuum of care.

Strength Based Perspective:

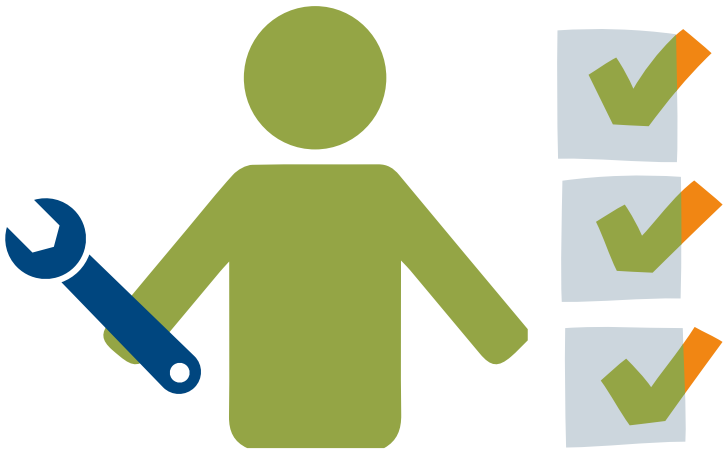
Being able to see the strengths in people, families, communities, and systems is vital to the work of a preventionist because **you can use strengths as leverage for change**. Additionally, strength based perspectives will help forward momentum because they look at what a community or individual can do and focuses on that rather than insufficiencies and lack of resources.

Ability to Meet Deliverables:

Most preventionists work under grants or funding that requires them to meet certain goals throughout a grant cycle. Being able to **meet these goals** within the work that your organization is doing is important to **sustain funding and secure funding in the future.**

Understanding Systems:

Behavioral health is a larger system which works with other systems to affect the health of a community. Understanding how **systems work and how they affect your community** is an important knowledge set.

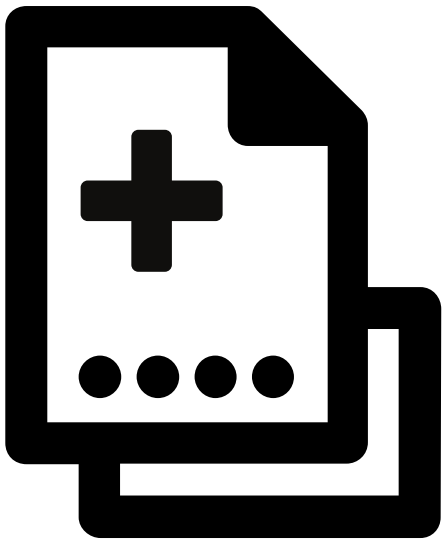


Appendices

Within the Appendices you will find a glossary produced by the Rhode Island Prevention Resource Center, a list of additional resources that support topics covered within this document, the career development action planning grid, and a list of sources used within this document. Please contact the New England PTTC with questions or further training and technical assistance needs not addressed.

https://pttcnetwork.org/center/new-england-pttc/
newengland@pttcnetwork.org

New England Prevention Technology Transfer Center
ADEPT Educational Institute of Maine
Ballard Center | 6 E. Chestnut Street, Suite 101 | Augusta, ME 04330
adeptme.org



Glossary (A - C)

Adaptation: Modifications made to a chosen intervention; changes in audience, setting, and/or intensity of program delivery. Research indicates that adaptations are more effective when underlying program theory is understood; core program components have been identified; and both the community and needs of a population of interest have been carefully defined.

Addiction: Compulsive physiological need for and use of a habit-forming substance (such as nicotine, alcohol or cannabis) characterized by tolerance and by well-defined physiological symptoms upon withdrawal.

Advocacy: Taking action to support an idea or a cause. Advocates educate community members, the media, and elected officials in order to raise awareness, increase understanding of key issues, and mobilize support with the goal of creating positive change.

Archival data: Data that have already been collected by an agency or organization which are in are their records or archives.

Assessment: A process of gathering, analyzing and reporting information, usually data, about your community. A community assessment should include geographic and demographic information, as well as a collective review of needs and resources within a community that indicates what the current problems or issues are that could be addressed by a coalition.

Behavioral health: A state of mental/emotional being and/or choices and actions that affect wellness. The term behavioral health can also be used to describe the service systems surrounding the promotion of mental health, the prevention and treatment of mental and substance use disorders, and recovery support.

Brainstem: The lower portion of the brain. Major functions located in the brainstem include those necessary for survival, e.g., breathing, heart rate, blood pressure, and arousal.

Capacity: The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions. Capacity includes both the resources a community has to address its problems (e.g., programs, organizations, people, money, expertise) and how ready the community is to take action to address its problems.

Capacity building: Increasing the ability and skills of individuals, groups and organizations to plan, undertake and manage initiatives. The approach also enhances the capacity of the individuals, groups and organizations to deal with future issues or problems. Building capacity involves increasing the resources and improving the community's readiness to do prevention.

Cerebellum: A portion of the brain that helps regulate posture, balance, and coordination.

Glossary (C-D)

Cerebral cortex: Region of the brain responsible for higher cognitive functions, including language, reasoning, decision making, and judgment.

CNS depressants: A class of drugs (also called sedatives and tranquilizers) that slow CNS function; some are used to treat anxiety and sleep disorders (includes barbiturates and benzodiazepines).

Coalition: A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy and drug-free community.

Community Readiness: The degree of support for or resistance to identifying substance use and abuse as significant social problems in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

Confidentiality: Keeping information given by or about an individual in the course of professional relationship secure and secret from others.

Co-occurring disorder: Having one or more mental disorders as well as one or more disorders relating to the use of alcohol and/or other drugs.

Cultural competence: Cultural competence, at the individual, organizational, and systems levels, involves being respectful and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse people and groups.

Cultural diversity: Differences in race, ethnicity, language, nationality or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

Culture: The shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people that are unified by race, ethnicity, language, nationality or religion. Culture refers to “integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.”

Depressants: Drugs that relieve anxiety and promote sleep. Depressants include barbiturates, benzodiazepines, and alcohol.

Glossary (D-H)

Developmental Approach/Perspective: A developmental approach to prevention suggests that risk and protective factors and their potential consequences and benefits are organized according to defined developmental periods. This enables practitioners to match their prevention efforts to the developmental needs and competencies of their audience. It also helps planners align prevention efforts with key periods in peoples' development, when they are most likely to produce the desired, long-term effects.

Dopamine: A brain chemical, classified as a neurotransmitter, found in regions of the brain that regulate movement, emotion, motivation, and pleasure.

Environmental strategies: Prevention efforts aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies.

Epidemiology: The study of factors that influence health and illness in populations. Epidemiologists study the distribution and determinants of the health and wellness of populations.

Ethics: The rules and standards governing professional conduct. Core ethical principles in prevention include: nondiscrimination, competence, integrity, nature of services, confidentiality, and ethical obligations to community and society.

Evaluation: Evaluation is the systematic collection and analysis of information about an intervention to improve its effectiveness and make decisions. A process that helps prevention practitioners to discover the strengths and weaknesses of their activities

Evidence-based prevention interventions: An Evidence-based Intervention is a prevention service (program, policy, or practice) that has been proven to positively change the problem being targeted. In general, there needs to be evidence that the intervention has been effective at achieving outcomes through some form of evaluation.

Fidelity: When replicating a program model or strategy, fidelity is to implement the model or strategy with the same specifications as the original program. Fidelity can be balanced with adaptation to meet local needs. Focus group: Structured interview with small groups of like individuals using standardized questions, follow up questions, and exploration of other topics that arise to better understand participants.

Goal statement: A description of the specific ends you wish to achieve through the implementation of a model, plan, or program.

Hallucinogens: A diverse group of drugs that alter perceptions, thoughts, and feelings. Hallucinogenic drugs include LSD, mescaline, PCP, and psilocybin (magic mushrooms)

Glossary (H-M)

Health disparities: A “health disparity” is a difference in health that is closely linked with social, economic, and/or environmental disadvantages. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Hippocampus: An area of the brain crucial for learning and memory.

Implementation: Implementation involves mobilizing support for your efforts, selecting and carrying out evidence-based programs, policies, and practices, and monitor implementation to make midcourse corrections as necessary. Indicated intervention: Indicated prevention interventions focus on higher risk individual identified as having signs and/or symptoms or behavior foreshadowing a mental, emotional, and/or substance use disorder.

Informed consent: The process of obtaining consent from participants that includes a full description and explanation of the activity presented in a way participants can understand and ensures that participants provide their consent willingly free from coercion or undue influence. Active consent requires a signature from all participants in a research project and/or their legal representatives. Passive consent requires a signature from only those individuals who do not agree to participate in the research activity and/or their legal representative. Active consent requires a signature from all participants in a research project and/or their legal representatives. Passive consent requires a signature only from those individuals who do not agree to participate in the research activity and/or their legal representative.

Inhalant: Any drug administered by breathing in its vapors. Inhalants are commonly organic solvents, such as glue and paint thinner, or anesthetic gases, such as nitrous oxide. J K Key informant: A person who has a specialized knowledge about a topic that you wish to understand and can convey that knowledge to you.

Limbic system: Area of the brain that is involved with feelings, emotions, and motivations. It is also important for learning and memory.

Lobbying: A type of advocacy that attempts to influence specific legislation.

Logic Model: The program logic model is defined as a picture of how your organization does its work – the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program.

Media Advocacy: The strategic use of media to advance a social and/or public policy initiative. Media Literacy: The ability to access, analyze and produce information for specific outcomes and the ability to “read” and produce media messages.

Glossary (M-P)

Mental disorder: Mental disorders involve changes in thinking, mood, and/or behavior. These disorders can affect how a person relates to others and make choices.

Neuron (nerve cell): A unique type of cell found in the brain and throughout the body that specializes in the transmission and processing of information.

Neurotransmitter: A chemical produced by neurons to carry messages to adjacent neurons.

Norms: Pattern of behavior in a particular group, community or culture, accepted as normal and to which an individual is expected to conform.

Objective statement: Statements that describe the specific, measurable products and deliverables that the project will deliver.

Opioids and opiates: Controlled substances most often prescribed for the management of pain. They are natural (opiates) or synthetic (opioids) narcotic substances that work by mimicking the actions of enkephalin and endorphin (endogenous opioids or pain-relieving chemicals produced in the body). They can be prescribed for medical purposes or used illicitly.

Outcome evaluation: Evaluation that describes the extent of the immediate effects of project components, including what changes occurred. Outcome evaluation documents whether the intervention made a difference, and if so, what changed.

Phases of the IOM continuum

Promotion: Promotion involves interventions (e.g., programs, practices, or environmental strategies) that enable people “to increase control over, and to improve, their health.” The focus of promotion is on well-being.

Prevention: Prevention focuses on interventions that occur prior to the onset of a disorder and which are intended to prevent the occurrence of the disorder or reduce risk for the disorder. Prevention is also about striving to optimize well-being.

Treatment: Interventions targeted to individuals who are identified as currently suffering from a diagnosable disorder that are intended to cure the disorder or reduce the symptoms of the disorder, including the prevention of disability, relapse, and/or comorbidity. Treatment interventions for substance use disorders include case identification and standard forms of treatment (e.g., detoxification, outpatient treatment, in-patient treatment, medication assisted treatment).

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

Glossary (P-S)

Planning: Planning involves establishing criteria for prioritizing risk and protective factors, selecting prevention interventions, and developing a comprehensive, logical, and data-driven prevention plan. Pre-frontal cortex: Located in the frontal lobe of the brain, this area is important for decision making, planning, and judgment.

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

Process evaluation: Evaluation that describes and documents what was done, how much, when, for whom and by whom during the course of the project. Process evaluation documents all aspects of the implementation of an intervention. It describes how the intervention was implemented.

Protective Factor: A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a lower likelihood of problem outcomes.

Public health: What we, as a society, do collectively to assure the conditions for people to be healthy. The focus of public health is on the safety and well-being of entire populations by preventing disease rather than treating it.

Qualitative data: Primarily exploratory research to gain an understanding of underlying reasons, opinions, and motivations. Some common methods include focus groups (group discussions), individual interviews, and participation/observations.

Quantitative data: Research that generates numerical data or data that can be transformed into useable statistics Quantitative data collection methods include various forms of surveys, longitudinal studies, polls, and systematic observation.

Resilience: The ability to recover from or adapt to adverse events, life changes and life stressors.

Resources: The various types and levels of assets that a community has at its disposal to address identified substance abuse problems, including fiscal, human and organizational resources.

Risk factor: A characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes.

Selective intervention: A selective prevention intervention focus on individuals or sub-groups whose risk of developing mental health disorders and/or substance use disorders are significantly higher due to biological, psychological, and/or social risk factors.

Glossary (S-Z)

Social Marketing: Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviors of target audiences in order to improve their personal welfare and that of their society.

Stakeholders: Stakeholders are the people and organizations in the community who have: a stake in prevention because they care about promoting health and well-being and have something to gain or lose by prevention or promotion efforts.

Stimulants: A class of drugs that elevates mood, increases feelings of well-being, and increases energy and alertness. Stimulants include cocaine, methamphetamine, and prescription drugs used to treat ADHD.

Strategic Prevention Framework: The Strategic Prevention Framework—or SPF—is a 5-step planning process used by SAMHSA to understand community needs and strengths, and to guide the selection, implementation, and evaluation of effective, developmentally and culturally appropriate, and sustainable prevention activities. The five steps are: Assessment, Capacity, Planning, Implementation, and Evaluation. Sustainability and Cultural Competence are included in all steps of the SPF.

Substance use disorder: Substance Use Disorder refers to the overuse of, or dependence on, a drug (legal or illegal) leading to effects that are detrimental to the person's physical and mental health, and cause problems with the person's relationships, employment and the law.

Sustainability: The likelihood of a program, coalition, or activity to continue over a period of time, especially after grant monies disappear. Sustainability is not about maintaining strategies but about achieving and sustaining positive outcomes.

Technical Assistance: Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations and individuals to conduct, strengthen or enhance activities that will promote prevention.

Universal intervention: Universal prevention interventions take the broadest approach and focus on the general public or a wide population that was not identified based on risk.

Wellness: A state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

Linked Sources and Additional Resources

10 Reasons To Become A Certified Prevention Specialist
Adverse Childhood Experiences
Better strategies for prevention
Coalition Building
Continuum of Care Model
Cultural Responsiveness
Effective Coalitions
Environmental Scans Toolkit
Evidence-based Practices
Evidence-based Programs Registries
Evidence-based Programs and Practices – Selecting Best Fit
Fidelity and Adaptation in Evidence-Based Programs
IC&RC Prevention Domains
IC&RC Prevention Specialist Guide
Institute for Public Strategies Upstream Prevention Resources
Intro to the Ecological Model
Health Promotion and Disease Prevention Theories and Models
Health Promotion and Prevention Frameworks
How to Develop an Effective Logic Model
Language Matters
Levels of Prevention – Universal, Selective, Indicated
National Prevention Resources
New England State Prevention Training Organizations
New England PTTC Prevention Career Road Map
Parable of the River – Upstream Prevention
SAMHSA Evidence-Based Practices Resource Center
Selecting Prevention Programming and Interventions
Social and Emotional Learning (SEL)
Stages of Change Model
Strategic Prevention Framework Guide (SAMHSA)
Strategic Prevention Framework Introduction (Great Lakes PTTC)
Substance slang terms
Systems Thinking for Public Health
Systems and Partner Mapping
Trauma Informed Care in Behavioral Health Services
What do prevention specialists do? Video Series
Youth Substance Use

Duration	Focus Area	Goals	Action Steps
Short-term (Within next 6 months)		Goal 1	1.
			2.
			3.
		Goal 2	1.
			2.
			3.
Intermediate (Within next 12 months)		Goal 3	1.
			2.
			3.
		Goal 4	1.
			2.
			3.
Long term (Up to two years after program completion)		Goal 5	1.
			2.
			3.
		Goal 6	1.
			2.
			3.

Check out our website!

This resource includes links on almost every page to dive deeper into the subjects presented. Visit our website to download a digital version of the Onboarding and Orientation Roadmap so you can get the details along with this overview.

You can get the online version of this document and many other resources by visiting our website at:

pttcnetwork.org/center/new-england-pttc