

# **International Certification & Reciprocity Consortium**



## **Certified Prevention Specialist Job Analysis Report 2013**

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## Introduction

### ***Survey Overview: The Content Validation Model***

The foundation of a valid, reliable, and legally defensible professional licensing/certification program is a well-constructed job task analysis (JA) study. The JA study establishes the link between test scores achieved on licensing exams and the competencies being tested; therefore, pass or fail decisions correlate to competent performance. When evidence of validity based on examination content is presented for a specific professional role, it is critical to consider the importance of the competencies being tested. The Joint Standards for Educational and Psychological Testing (AERA, APA, and NCME, 1999) state:

#### *Standard 14.10*

When evidence of validity based on test content is presented, the rationale for defining and describing a specific job content domain in a particular way (e.g., in terms of tasks to be performed or knowledge, skills, abilities, or other personal characteristics) should be stated clearly.

#### *Standard 14.14*

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for the credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted.

### ***Purpose of the Job Analysis Study***

In order to meet the aforementioned standards, it is essential that examination content be examined periodically to ensure that existing outlines continue to cover the knowledge, skills and abilities (KSAs) required for competent practice in the occupation or profession of interest. To this end, the International Certification & Reciprocity Consortium (IC&RC), worked with Schroeder Measurement Technologies, Inc. (SMT), to conduct a job analysis of the existing Prevention Specialist (PS) examination.

The job analysis included establishing and implementing an online survey instrument that described the performance activities (task elements) and KSAs required of a competent prevention specialist. Based on the results of the survey, the IC&RC evaluated the need for a content update for the existing PS examination. This report provides an overview of the survey design, analysis, and results. Survey results of demographic data are displayed graphically. In addition, the implications of these results on examination development are discussed.

## Survey Methodology

### *Survey Development*

The online survey was developed using results from preliminary research conducted by SMT, task elements from the existing PS examination blueprint, and input from a panel of IC&RC subject matter experts (SMEs). Together, the panel and SMT developed the following survey parts in a job analysis (JA1) meeting held from August 9 to August 10, 2012:

1. Task element list
2. Survey rating scale
3. Demographic questions

A copy of the survey appears in Appendix A and the existing PS examination blueprint appears in Appendix B. The list of JA1 participants appears in Appendix C.

### **Task Element List and Survey Rating Scale**

The following performance and importance rating scale for the job domains section of the survey were used:

#### **Performance:**

0 = Not Performed

#### **Importance:**

- 1 = Of No Importance
- 2 = Of Little Importance
- 3 = Moderately Important
- 4 = Very Important
- 5 = Extremely Important

The following instructions were provided to respondents:

*This survey should take approximately 30 minutes to complete. You may revisit your survey record at any time during the survey administration period of January 21 – March 4, 2013.*

*There are three sections in this survey:*

*Section 1. Demographic Questions: Demographic questions help us develop a profile of the PS and the environment in which you practice.*

*Section 2. Job Domains: This section lists tasks and knowledge elements performed or used by a PS in his or her work. You are asked to indicate whether or not you perform the element and the importance of each to competent practice and public protection.*

*Section 3. Post-Survey Questionnaire: In this section, you are asked to consider the seven job domains and assign the distribution of questions for the PS examination. You will also have the opportunity to specify any tasks or knowledge elements you feel may have been overlooked in this survey.*

### **Rating Scale**

*How important is this task or knowledge element to the practice of a PS? Please select "Not Performed" if you do NOT perform the element in your role as a PS. For those elements you perform, provide an importance rating using the scale range from "Of No Importance" to "Extremely Important."*

### **Demographic Questions**

In order to evaluate whether the importance of task elements varies according to respondents' experience, region of practice, or other factors, a demographic questionnaire was included in the survey. These demographic questions gathered the following information:

1. Number of years of practice as a PS
2. Number of years certified
3. Geographical region of practice
4. Primary work setting as a PS
5. Primary role at workplace
6. Education level
7. Age
8. Gender
9. Ethnicity

### ***Sampling Methodology, Data Collection and Analyses***

In January 2013, a call for participation in the online survey was made to member boards of the IC&RC. The online survey was available to respondents from January 21 to March 4, 2013, a period of approximately six weeks. After the close of the administration window, SMT collected the data and analyzed respondent demographics, task element importance ratings, and percentage of task elements not performed using SPSS<sup>®</sup> version 20.0 and Microsoft Excel<sup>®</sup> 2010 computer programs. A total of 569 individuals responded to the survey; the responses of 59 individuals were removed due to incomplete data. Consequently, results are based on a sample of 510 respondents.

## Survey Results

Results are divided into the following three sections:

1. Survey adequacy and reliability information
2. Demographic results
3. Importance ratings

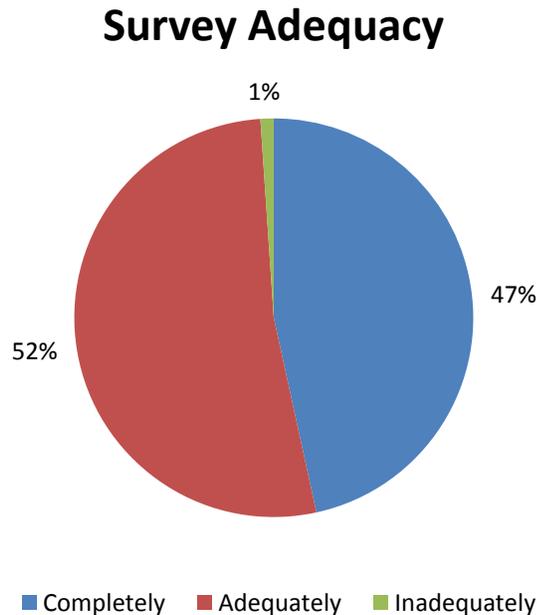
### *Survey Adequacy and Reliability Information*

#### **Survey Adequacy**

At the end of the survey, respondents were asked to rate the effectiveness of the survey in identifying essential task elements performed by a prevention specialist. Approximately 99% (461 of 466) of respondents indicated that the survey either adequately or completely covered the essential tasks performed by a PS (Figure 1 and Table 1). Forty-four respondents did not provide a response to this item.

*How well did this survey cover the essential elements of knowledge, skills, abilities, and tasks required of a competent PS?*

Options:      *Completely*  
                      *Adequately*  
                      *Inadequately*



**FIGURE 1.** *Survey adequacy.*

**TABLE 1. Survey Adequacy**

<b>Adequacy</b>	<b>Frequency</b>	<b>Percent</b>
Completely	217	47%
Adequately	244	52%
Inadequately	5	1%

If survey respondents selected “Inadequately” for this question, they were asked to indicate why they selected that option. They were provided with a text field to provide comments. These free-text responses, without any edits, are shown below:

- Many prevention programs must be facilitated, but PS professionals are not instructed in how to teach and educate. We are taught how to evaluate, but not how to teach. We are taught prevention theories, but not theories of education which is important when developing or designing programs that culturally specific, age specific, or ability specific.
- I think a PS should be clear on the WHAT is to be accomplished and allow staff, partners flexibility in the HOW.
- I remember the test asking questions about DSMV diagnosing and medications...as a prevention specialist I am not required to have knowledge of which diagnosis require which kinds of medication.
- It was not specific and vague.
- There are no questions about knowledge of recovery. Many questions are more about mangement functions than Peer Specialist service delivery.

### **Missing Task Elements and KSAs**

At the end of the survey, respondents were asked for feedback on task and knowledge elements that they felt were missing in the survey.

*In the space provided below, please specify the job tasks or competencies that are important for a PS to perform or understand but you feel were not covered in this survey.*

These free-text responses, without any edits, are shown in Appendix D.

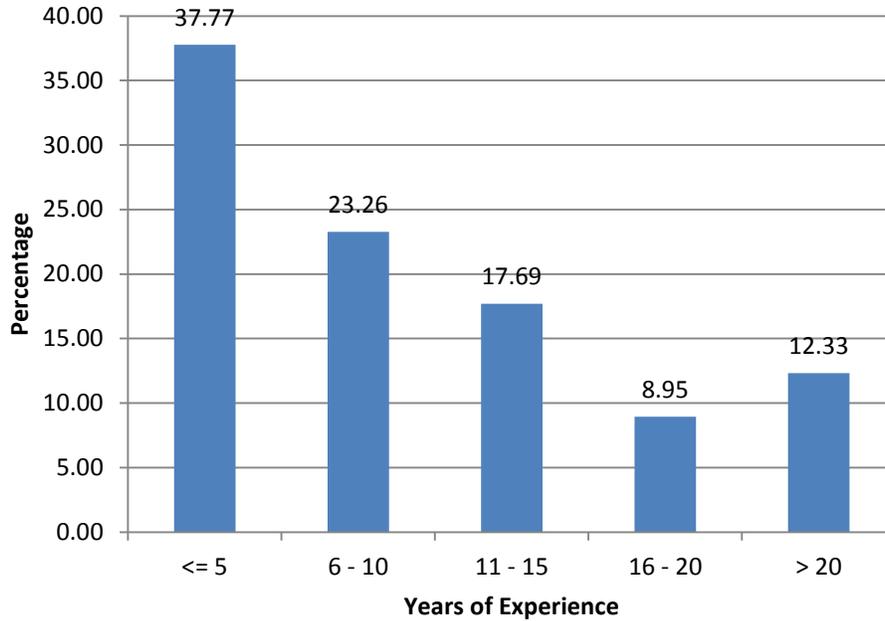
### **Reliability Estimate**

The Cronbach’s Alpha reliability estimate was calculated to evaluate the internal consistency of the task element ratings. This statistic is bound between 0 and 1, with higher values indicating higher reliability, meaning that ratings obtained from the survey are reliable and consistent. As a rule of thumb, reliability estimates above 0.7 are considered acceptable. For this survey, Cronbach’s Alpha was 0.98 for the importance ratings, indicating that the ratings obtained were reliable.

## *Demographic Results*

### **Years of Experience**

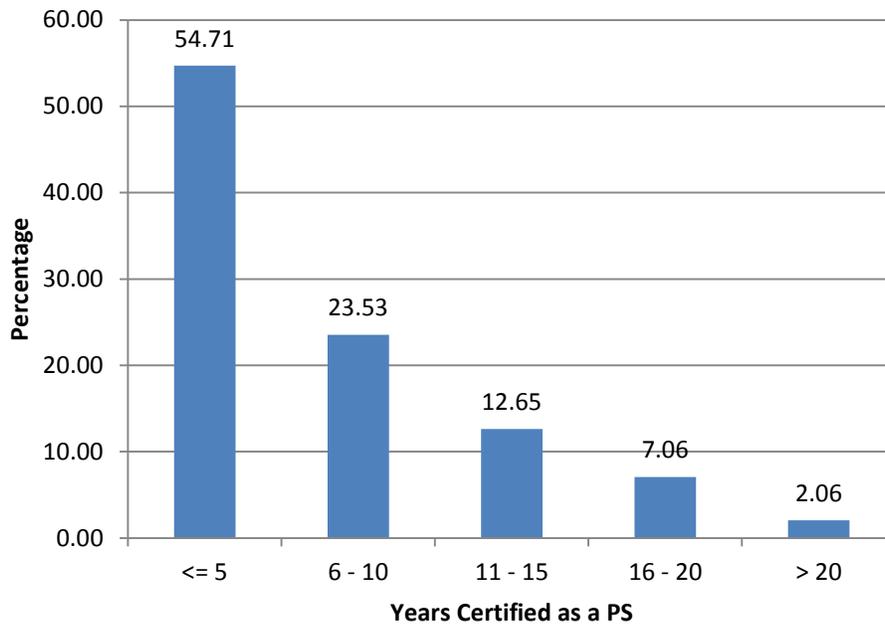
The experience of respondents as prevention specialists ranged from 0 to 44 years, with an average of 10 years. Over half of the respondents (62%, 313 of 503) have more than 5 years of experience; Figure 2 shows a frequency distribution of the number of years of experience. Seven respondents did not provide a response to this item.



**FIGURE 2.** *Years of Experience as a PS.*

### Years Certified as a Prevention Specialist

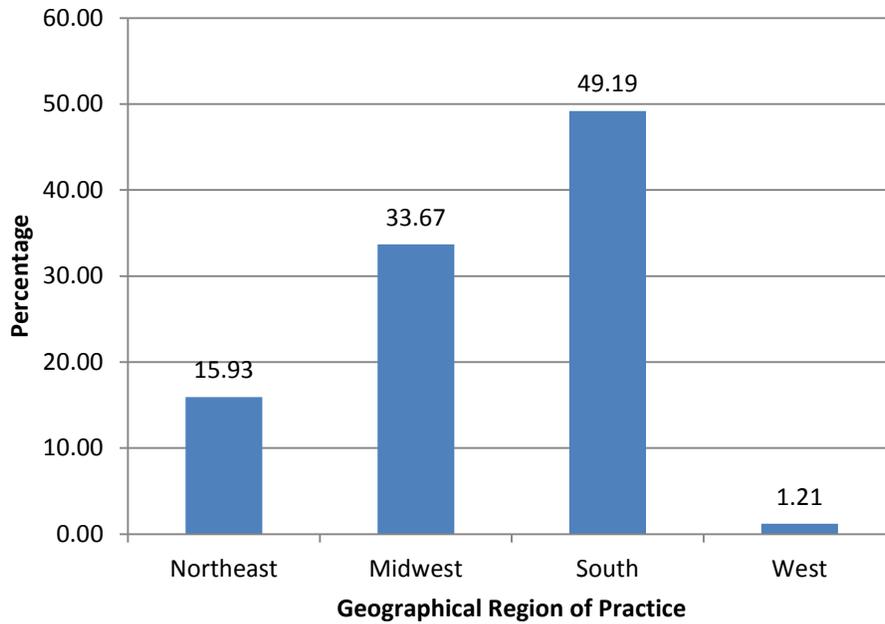
Of the 510 respondents, 340 (67%) provided a response to this question. The number of years certified as a PS ranged from 0 to 27 years, with an average of 6.6 years. Over half of the respondents (55%, 186 of 340) have been certified as a PS for 5 years or less; Figure 3 shows a frequency distribution of the number of years certified. 112 respondents indicated that they are currently pursuing certification as a PS.



**FIGURE 3.** *Years Certified as a PS.*

### Geographical Region

Respondents were asked to indicate the state or U.S. territory in which they currently practice. Figure 4 shows a frequency distribution of the results grouped by the U.S. geographic census regions: *Northeast*, *South*, *Midwest*, and *West*. Fourteen respondents did not provide a response to this item. The majority of respondents (83%, 411 of 496) practice in the Southern and Midwestern states. Other practice regions indicated by respondents are Europe and Puerto Rico; three respondents indicated that they practice in multiple states.



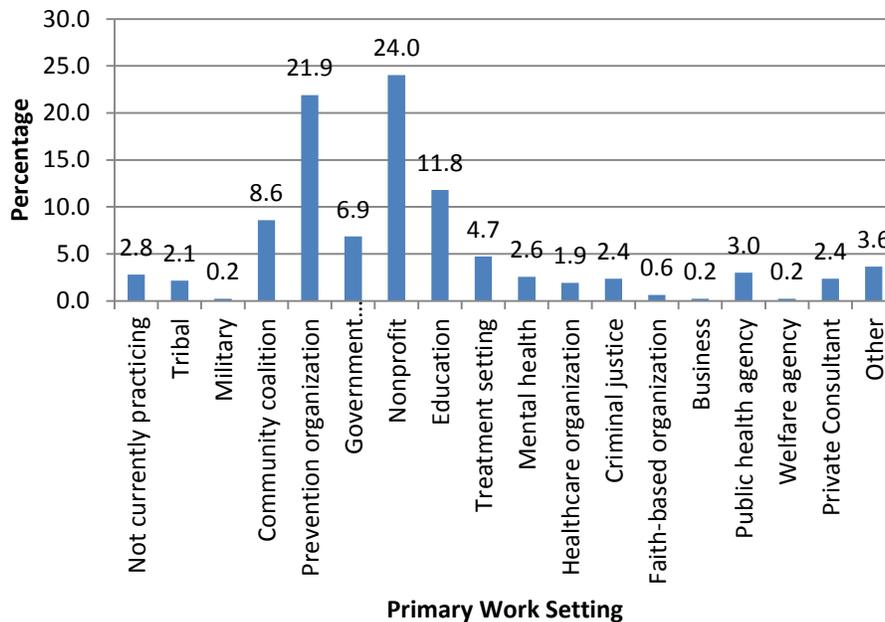
**FIGURE 4. *Geographical Region.***

## Primary Work Setting

Respondents were asked to describe their primary work setting as a PS; they could select from a list of 18 options including “Other” to identify their primary work setting. The possible selections are listed below; the distribution of work settings is shown in Figure 5. Figure 5 shows that the majority of respondents work either for prevention (22%) or nonprofit (24%) organizations; a substantial proportion of respondents also operate in education settings (12%) and community coalitions (9%). Other practice settings are shown in Appendix E. Forty-four respondents did not provide a response to this item.

### Options:

<i>Not currently practicing</i>	<i>Mental health</i>
<i>Tribal</i>	<i>Healthcare organization</i>
<i>Military</i>	<i>Criminal justice</i>
<i>Community coalition</i>	<i>Faith-based organization</i>
<i>Prevention organization</i>	<i>Business</i>
<i>Government agency/elected official</i>	<i>Public health agency</i>
<i>Nonprofit</i>	<i>Welfare agency</i>
<i>Education</i>	<i>Private Consultant</i>
<i>Treatment setting</i>	<i>Other (please specify)</i>



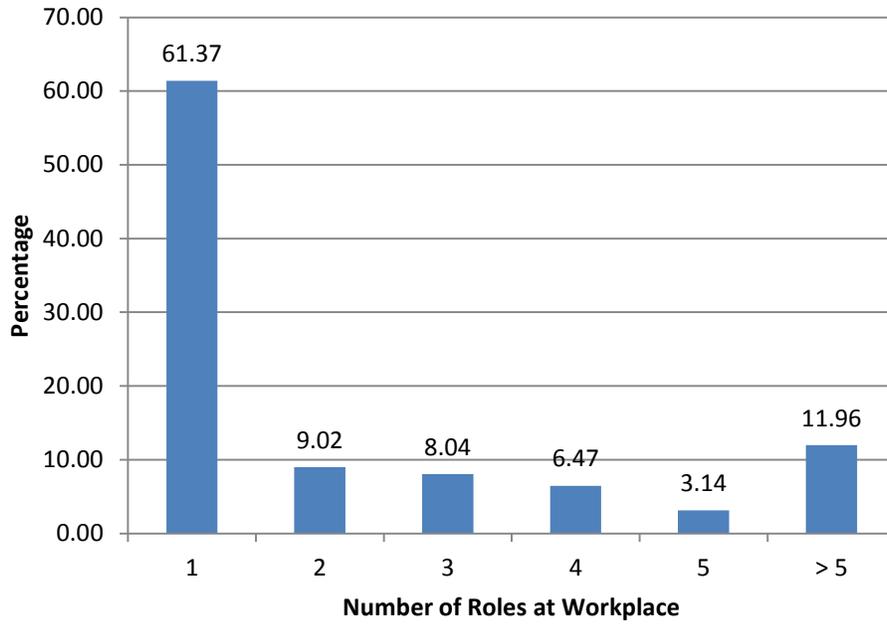
**FIGURE 5. Primary Work Setting.**

### Primary Role at Workplace

Respondents were asked to describe their primary role at their workplace. The frequency of different types of primary roles is detailed in Table 2. From Table 2, it can be seen that about a quarter of respondents operate as program directors (26%) and educators (25%); other primary roles with substantial frequencies include trainers (18%), counselors (16%), consultants (16%), community liaisons (14%), and grant writers (12%). As some respondents perform multiple roles in their workplace, a distribution of the number of primary workplace roles is shown in Figure 6. The majority of respondents have only one role at their workplace (61%, 313 of 510). Other workplace roles are detailed in Appendix F.

**TABLE 2. Primary Role.**

Primary Role	Frequency	Percent
Not currently practicing	20	3.92
Program director	134	26.27
Community organizer	53	10.39
Coalition director	53	10.39
Project coordinator	105	20.59
Executive director	39	7.65
Educator	127	24.90
Service coordinator	39	7.65
Community liaison	69	13.53
Volunteer	17	3.33
Health specialist	17	3.33
Public health educator	34	6.67
Evaluator	33	6.47
Consultant	80	15.69
Trainer	90	17.65
Lecturer	41	8.04
Media specialist	14	2.75
Marketing director	12	2.35
Resource coordinator	38	7.45
Grant writer	60	11.76
Tribal liaison	7	1.37
Counselor	82	16.08
Other	48	9.41

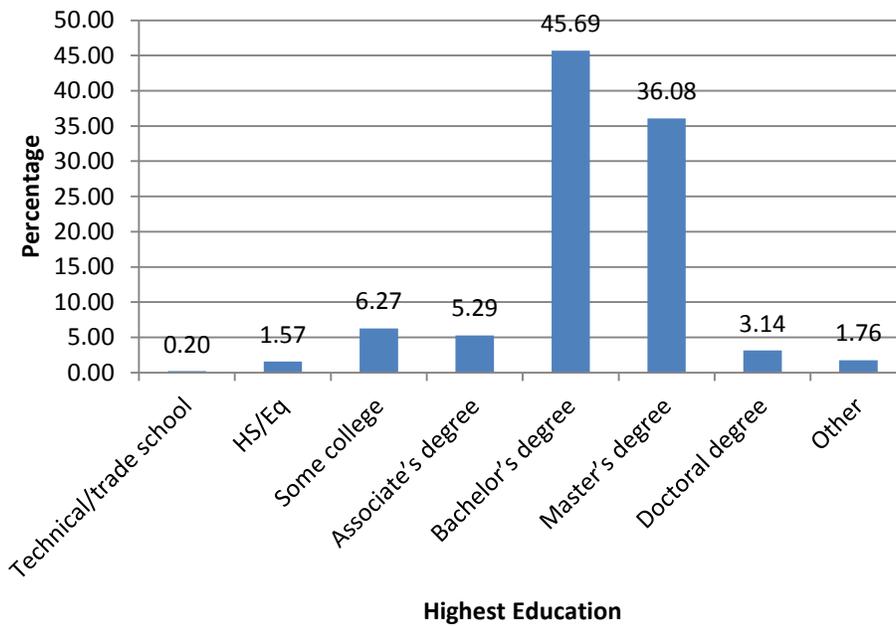


**FIGURE 6.** *Number of Roles at Workplace.*

## Level of Education

Figure 7 shows a distribution of the education level of respondents. The majority of respondents have at least a bachelor's degree (85%, 433 of 510).

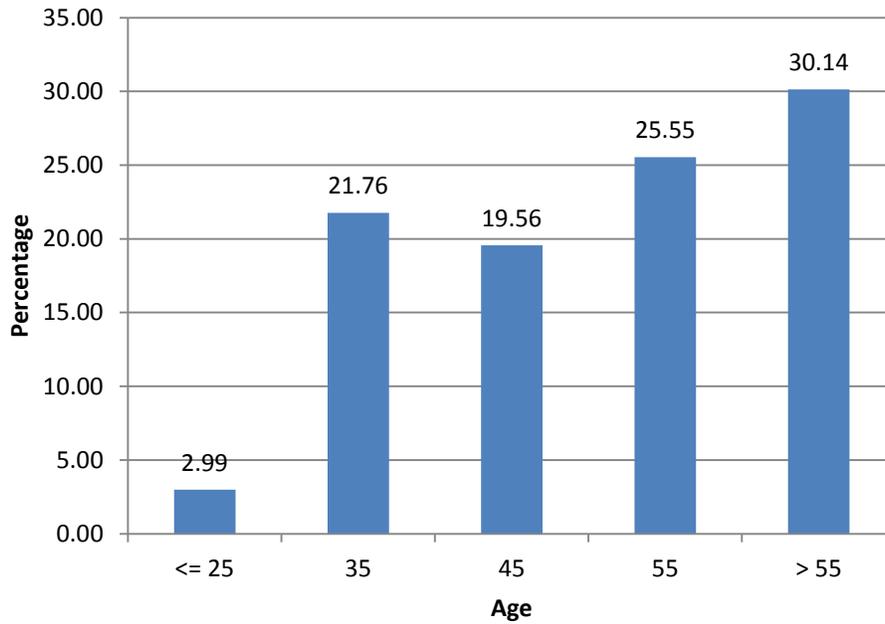
*Options:*      *Technical or trade school certificate/degree*  
                    *High school diploma or equivalent*  
                    *Some college*  
                    *Associate's degree*  
                    *Bachelor's degree*  
                    *Master's degree*  
                    *Doctoral degree (PhD or equivalent)*  
                    *Other (please specify)*



**FIGURE 7. Level of Education.**

### Age

The age of respondents ranged from 22 to 72, with an average of 46 years of age. The majority of respondents were between the ages of 35 and 55 (67%, 335 of 501, Figure 8). Nine respondents did not respond to this item.



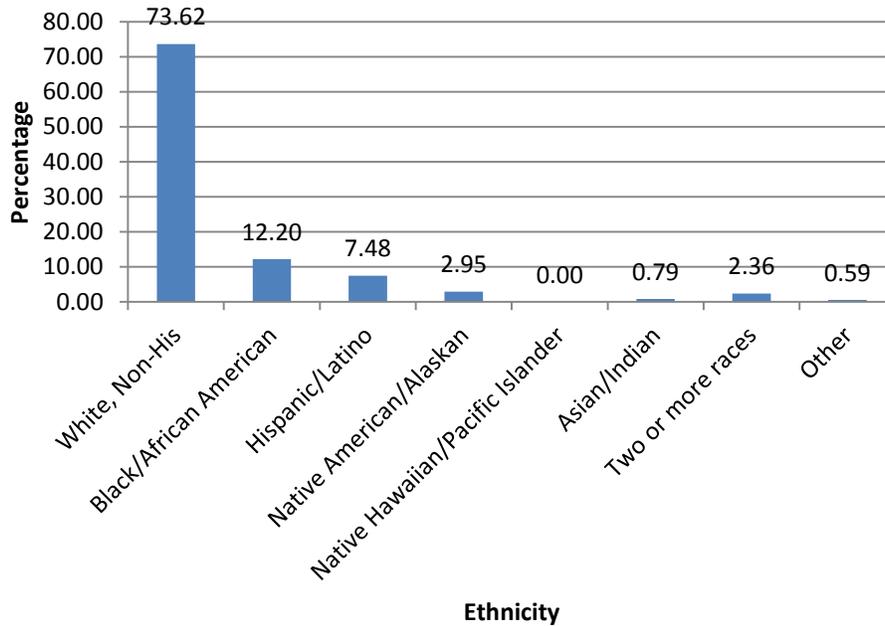
**FIGURE 8.** *Age.*

### Gender

The respondent group was predominantly female (85%, 427 of 505). Five respondents did not respond to this item.

## Ethnicity

74% (374 of 508, Figure 9) of respondents identified themselves as White and Non-Hispanic. The next largest ethnic group was Black or African American, which comprised 12% (62 of 508) of the sample. Two respondents elected not to provide this information.



**FIGURE 9.** *Ethnicity.*

## Summary

The respondent group was predominantly female, with the majority of respondents identifying themselves as White and Non-Hispanic. Also, most respondents have more than 5 years of experience as prevention specialists. The majority of respondents practice in the Southern and Midwestern states and hold at least a bachelor's degree. The current respondent sample also exhibits a diverse range of practice settings and work roles.

## *Importance Ratings*

After answering the demographic section, survey respondents were asked to rate the importance of task elements to the role of a prevention specialist. The importance scale ranged from 1 to 5 with a “1” indicating the task was “Of No Importance” and a “5” indicating the task element was “Extremely Important.” Respondents rated tasks they do not perform as “0.” Appendix G shows the number of respondents who do not perform each task element, while Appendix H shows the mean importance ratings of task elements and its associated standard deviations.

The majority of task elements had nonperformance percentages of less than 20% (Appendix G); a total of four task elements had nonperformance percentages of at least 20%, these were:

- Fiscal Accountability: Participate in the development of the program's annual budget (27.5%)
- Fiscal Accountability: Participate in the implementation and monitoring of the program's annual budget (25.9%)
- Fiscal Accountability: Participate in the creation of grant proposals and other resource acquisitions (21.3%)
- Public Policy and Environmental Change: Participate in public policy development to affect environmental change (21.3%)

The task elements associated with fiscal accountability shown above had the lowest average importance ratings among all task elements in the survey (ranging from 3.73 to 3.84).

All task elements had average importance ratings of at least 3.7 (“Moderately Important”, Appendix H); a total of 11 task elements had average importance ratings of less than 4.0 (“Very Important”). The most important task elements were:

- Professional Growth and Responsibility: Adhere to all legal, professional, and ethical principles.
- Professional Growth and Responsibility: Demonstrate responsible and ethical use of public and private funds.
- Professional Growth and Responsibility: Demonstrate cultural responsiveness as a prevention professional.
- Professional Growth and Responsibility: Advocate for healthy and safe communities.
- Communication: Communicate effectively with various audiences.
- Prevention Education and Service Delivery: Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
- Communication: Demonstrate interpersonal communication competency.

- Professional Growth and Responsibility: Demonstrate knowledge of current prevention theory and practice.

These task elements had average importance ratings of at least 4.50.

### ***Domain Weights***

Survey respondents were asked to assign a percentage to each of the seven content domains of the prevention specialist’s job area, reflecting the proportion of examination content that should be written to each domain. Table 3 contains descriptive statistics of content domain weights.

**TABLE 3. Descriptive Statistics of Content Domain Weights.**

<b>Domain</b>	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean (%)</b>
Planning and Evaluation	462	1	50	16.92
Prevention Education and Service Delivery	464	0	90	21.74
Fiscal Accountability	460	0	25	9.01
Communication	462	0	50	13.96
Community Organization	459	0	30	13.85
Public Policy and Environmental Change	460	0	40	12.49
Professional Growth and Responsibility	459	3	35	12.53

## **Decision Criteria for Determining Examination Blueprint**

SMT conducted a second job analysis (JA2) meeting on April 5, 2013, to present the survey results to an SME panel (Appendix C). The purpose of the meeting was to review the IC&RC Prevention Specialist survey results, determine the weights for each content domain and its associated subdomains, and to finalize the examination blueprint.

### ***Inclusion Criteria***

Based on results of the survey, the panel decided that individual task elements are required to satisfy two criteria in order to be included in the PS examination:

#### ***Minimum Average Importance Rating***

First, individual task elements are required to have an average importance rating of at least 4.0 to be included in the examination.

#### ***Maximum Percent of Nonperformance***

Second, individual task elements are required to be performed by at least 85% of prevention specialists in order to be included in the examination. This is equivalent to a maximum average nonperformance rating of 15%.

The following KSAs did not satisfy the aforementioned inclusion criteria:

#### **Domain 1: Planning and Evaluation**

- Determine the level of community readiness for change.
- Communicate with evaluator to develop pre and post test/surveys for prevention activities.
- Report progress and program findings at meetings and conferences

#### **Domain 3: Fiscal Accountability**

- Participate in the development of the program's annual budget.
- Participate in the implementation and monitoring of the program's annual budget.
- Participate in the creation of grant proposals and other resource acquisitions.
- Prepare and maintain reports, records, and documents pertaining to funding sources.

#### **Domain 4: Communication**

- Prepare various media packages and distribute to media outlets.
- Coordinate planning and implementation of special events.
- Identify marketing techniques for prevention programs.

#### Domain 5: Community Organization

- Offer guidance to stakeholders and community members in mobilizing for community change.
- Develop capacity within the community by recruiting, training, and sustaining prevention-focused volunteers.
- Develop, or assist in developing, content and materials for meetings and other related activities.
- Participate in behavioral health planning and activities.

#### Domain 6: Public Policy and Environmental Change

- Assess existing policies that impact the health and safety of the community.
- Examine policy changes that will influence the community.
- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.
- Use media strategies to support policy change efforts in the community.
- Advocate to bring about policy and/or environmental change.

#### ***SME Panel Decisions***

The SME panel proceeded to review the above list of eliminated KSAs. After additional deliberation on the essential competencies that are required of a prevention specialist, the panel made the decision to include the following KSAs even though they did not satisfy the minimum inclusion criteria:

#### Domain 1: Planning and Evaluation

- Determine the level of community readiness for change.

#### Domain 3: Fiscal Accountability

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

#### Domain 4: Communication

- Identify marketing techniques for prevention programs.

#### Domain 5: Community Organization

- Offer guidance to stakeholders and community members in mobilizing for community change.
- Develop, or assist in developing, content and materials for meetings and other related activities.
- Participate in behavioral health planning and activities.

Domain 6: Public Policy and Environmental Change

- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.
- Use media strategies to support policy change efforts in the community.
- Advocate to bring about policy and/or environmental change.

Also, the panel decided that it was appropriate to merge Domain 3 (Fiscal Accountability) into Domain 1 (Planning and Evaluation). Finally, the panel also eliminated one KSA (Domain 4: Communication – Establish positive working relationships with the media to promote prevention efforts) from the content outline even though it satisfied all inclusion criteria.

***Respondent Comments***

The SME panel reviewed the feedback and comments provided by respondents and decided to add two new KSAs to the content outline. The following KSAs were added to Domain 7 (Professional Growth and Responsibility):

- Demonstrate knowledge of current issues of addiction.
- Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

***Final Examination Content Outline***

Based on the above inclusion criteria and decisions of the SME panel, the final PS content outline and weight distribution was determined. The weight distribution of the content areas for the updated PS examination is shown below in Table 4 and the final content outline appears in Appendix I.

**TABLE 4. Final PS Examination Weight Distribution.**

<b>Domain</b>	<b>Weight (%)</b>
Planning and Evaluation	30
Prevention Education and Service Delivery	15
Communication	13
Community Organization	15
Public Policy and Environmental Change	12
Professional Growth and Responsibility	15

## **Appendix A: IC&RC PS JA Survey**

## IC&RC PS JA Survey

### **Demographic Section**

1. How many years have you been practicing in the role of a PS?
2. a. If you are currently certified as a PS, please state the number of years that you have been certified in the box below and proceed to Question 3. If you are not certified as a PS, please skip this question and proceed to Question 2b.  
  
b. Are you currently pursuing certification?
3. In which geographic region do you currently practice?
4. Which of the following best describes your primary setting as a PS?
5. Which of the following best describes your primary role at your workplace? (Select all that apply)
6. Which of the following best describes your highest level of formal education?
7. What is your age?
8. What is your gender?
9. Which of the following best describes your race or ethnicity?

## **Job Section**

### Domain 1: Planning and Evaluation

1. Determine the level of community readiness for change.
2. Identify appropriate methods to gather relevant data for prevention planning.
3. Identify existing resources available to address the community needs.
4. Identify gaps in resources based on the assessment of community conditions.
5. Identify the target audience.
6. Identify factors that place persons in the target audience at greater risk for the identified problem.
7. Identify factors that provide protection or resilience for the target audience.
8. Determine priorities based on comprehensive community assessment.
9. Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
10. Select prevention strategies, programs, and best practices to meet the identified needs of the community.
11. Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
12. Identify appropriate prevention program evaluation strategies.
13. Communicate with evaluator to develop pre and post test/surveys for prevention activities.
14. Administer surveys/pre/post tests at workplan activities.
15. Conduct evaluation activities to document program fidelity.
16. Collect evaluation documentation for process and outcome measures.
17. Evaluate activities and identify opportunities to improve outcomes.
18. Utilize evaluation to enhance sustainability of prevention activities.
19. Report progress and program findings at meetings and conferences
20. Provide applicable workgroups with prevention information and other support to meet prevention outcomes.
21. Incorporate cultural responsiveness into all planning and evaluation activities.

### Domain 2: Prevention Education and Service Delivery

1. Coordinate prevention activities.
2. Implement prevention education and skill development activities appropriate for the target audience.
3. Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
4. Maintain program fidelity when implementing evidence-based practices.
5. Serve as a resource to community members and organizations regarding prevention strategies and best practices.

### Domain 3: Fiscal Accountability

1. Participate in the development of the program's annual budget.

2. Participate in the implementation and monitoring of the program's annual budget.
3. Participate in the creation of grant proposals and other resource acquisitions.
4. Prepare and maintain reports, records, and documents pertaining to funding sources.

#### Domain 4: Communication

1. Promote programs, services, and activities, and maintain good public relations.
2. Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
3. Prepare various media packages and distribute to media outlets.
4. Establish positive working relationships with the media to promote prevention efforts.
5. Coordinate planning and implementation of special events.
6. Identify marketing techniques for prevention programs.
7. Apply principles of effective listening.
8. Apply principles of public speaking.
9. Employ effective facilitation skills.
10. Communicate effectively with various audiences.
11. Demonstrate interpersonal communication competency.

#### Domain 5: Community Organization

1. Identify the community demographics and norms.
2. Identify a diverse group of stakeholders to include in prevention programming activities.
3. Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
4. Offer guidance to stakeholders and community members in mobilizing for community change.
5. Develop capacity within the community by recruiting, training, and sustaining prevention-focused volunteers.
6. Participate in creating and sustaining community-based coalitions.
7. Develop, or assist in developing, content and materials for meetings and other related activities.
8. Develop strategic alliances with other service providers within the community.
9. Develop collaborative agreements with other service providers within the community.
10. Participate in behavioral health planning and activities.

#### Domain 6: Public Policy and Environmental Change

1. Assess existing policies that impact the health and safety of the community.
2. Examine policy changes that will influence the community.
3. Provide resources, training, and consultation that promote environmental change.
4. Participate in enforcement initiatives to affect environmental change.
5. Participate in public policy development to affect environmental change.
6. Use media strategies to support policy change efforts in the community.
7. Collaborate with various community groups to develop and strengthen effective policy.
8. Advocate to bring about policy and/or environmental change.

## Domain 7: Professional Growth and Responsibility

1. Demonstrate knowledge of current prevention theory and practice.
2. Adhere to all legal, professional, and ethical principles.
3. Demonstrate cultural responsiveness as a prevention professional.
4. Demonstrate self-care consistent with prevention messages.
5. Recognize importance of participation in professional associations locally, statewide, and nationally.
6. Demonstrate responsible and ethical use of public and private funds.
7. Advocate for health promotion across the life span.
8. Advocate for healthy and safe communities.

### Post Survey Questionnaire

Please consider the relative importance of the seven (7) major job domains covered in this survey and the composition of the IC&RC PS examination. Using the fields below, indicate what percentage of examination questions you would assign to each domain. (Sum must equal 100.)

- |  |       |
|--|-------|
| 1. Planning and Evaluation                   | _____ |
| 2. Prevention Education and Service Delivery | _____ |
| 3. Fiscal Accountability                     | _____ |
| 4. Communication                             | _____ |
| 5. Community Organization                    | _____ |
| 6. Public Policy and Environmental Change    | _____ |
| 7. Professional Growth and Responsibility    | _____ |

In the space provided below, please specify the job tasks or competencies that are important for a PS to perform or understand but you feel were not covered in this survey.

*Free text response.*

How well did this survey cover the essential elements of knowledge, skills, abilities, and tasks required of a competent PS?

1. Completely
2. Adequately
3. Inadequately (If you feel survey coverage was inadequate, please specify why.)

## **Appendix B: Existing PS Examination Content Outline**

## **Existing PS Examination Content Outline**

### Domain 1: Planning and Evaluation (24%)

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

### Domain 2: Education and Skill Development (28%)

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

### Domain 3: Community Organization (17.33%)

1. Identify the community's demographic characteristics and core values.
2. Identify key community leaders to ensure diverse representation in ATOD prevention programming activities.
3. Build community ownership of ATOD prevention programs by collaborating with key community leaders/members when planning, implementing and evaluating prevention activities.
4. Provide technical assistance to community members/leaders in implementing ATOD prevention activities.

5. Develop capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.
6. Assist in creating and sustaining community-based coalitions.

Domain 4: Public Policy and Environmental Change (13.33%)

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

Domain 5: Professional Growth and Responsibility (17.33%)

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

## **Appendix C: JA SME Participants**

### Job Analysis Participants

Name	Location	Years of Experience	Meeting(s) Attended
Julie Hogan	Reno, NV	22	JA1
Robert Landry	Houston, TX	26	JA1
Michelle Moore-Rather	Little Rock, AR	12	JA1
Phrakhoun Saynyarack	Oklahoma City, OK	15	JA1
Kristy Stoneburner	Columbia, SC	10	JA1
Marie Waldeck	Charleston, RI	27	JA1
Dechantria Wallace	Little Rock, AR	8	JA1
Sam Bradshaw	Tahlequah, OK	13	JA1, JA2
Jessica Hestand	Little Rock, AR	6.5	JA2
Lynn Inman	Mebane, NC	13	JA2
Doug Merrill	Webster, WI	5	JA2
Isabel Rivera-Green	New Castle, DE	5	JA1, JA2
Julie Stevens	Georgetown, TX	25	JA1, JA2
Ivonne Tapia	El Paso, TX	21	JA1, JA2
Vernon Spriggs	Hurlock, MD	12.5	JA2

**Note:** Demographic Worksheets and Affidavits of IC&RC SMEs were not provided in this report due to the confidential and private nature of these materials. This information is on file at Schroeder Measurement Technologies, Inc.

## **Appendix D: Missing Task Elements and KSAs**

## Missing Task Elements and KSAs

Add a little more on working on environmental change and social norms.
Evaluation Community Mobilizing MEDIA !! Professional growth of course for current knowledge
They all have been covered.
I believe all was covered. Very clear
everything covered
I have taken the prevention exam two times and am registered for a third. The subject matter is too broad and so much of it does not apply to me or my job. It makes it very difficult to study for. It really needs to focus more on you as a professional instead of difficult questions that may or may not pertain to your situation. I would definitely support change on that test to make it more applicable and not such a challenge. More materials and prep need to be available for help. A list of 30 b
I feel that some of this is too general to the community. You have to make this personal for the client. A community will have many facets and a general prevention effort will not help anyone. Community organizing is best left to managers. Specialists need to do just that and specialize with people.
At our agency, Prevention Specialists are fully expected to educate their three schools on a day to day basis with education that they are provided. There is a major gap between their daily tasks and how they get there.
none
Knowledge in substance abuse and mental health. two extremely important areas in which little direct training is required.
N/A
everything was covered
Everything was covered
There are always challenges getting people to realize that there is a problem
Understand addictions and the difference between prevention and treatment and be able to communicate the difference to others.
Nothing was left out.
N/A
Caring and Honesty
Keep current with the latest AOD and behavioral health trends.; Must be trained before using an evidence-based curriculum.; Must be credentialed before delivering prevention services and cannot practice if credentialed has lapsed.
N/A
a little more related to ethics
The importance of building relationships and trust
adolescent development, group dynamics, social media
Recovery Oriented Systems of Care
Specific ATOD info
Communities evolve & change, be aware of your audience & know what THEY want, not what your agenda is.
In school settings, Individual Education plans, Evaluation models, and Ohio Revised Code for School Personal
Education Theory, Practice and Implementation
differentiate between treatment vs prevention services
staff integration and need for involving themselves in current recovery trends in community treatment facilities
Being able to relate to the consumer on their level, displaying a level of true understanding of what they personally are going through. Getting creative in ones ability to provide the needed services even when there are no monies in which to do that. Going beyond what is expected

I felt that collaboration skills were implied, but not explicit in this survey. A PS must demonstrate solid collaboration skills, both within the organization, but other across the community.
education
Vision, integration, evolution
The role of prevention is very wide and they are sectioned out. A director typically handles the fiscal, a grant writer- addresses the grants etc... the survey does not reflect the varied roles
none
Obligation to work with professionals in treatment and service recovery to support addiction as a continuum
n/a
Child and Adolescent Development.
Understanding the current science and research around drugs/effects.; ; Staying abreast to new research in prevention science.
knowledge of topic such as trends in use, types of use, addiction process
none
Time Management
need assessments, accessing community resources, understanding evidence base practice programs in prevention services, building positive relationships with stakeholders in the community
Money. Money. Fair wages that respect the expectations of our profession.
documentation
N/A
INCREASE THE IMPORTANCE OF EDUCATION AT THE AGENCY LEVEL
What is not covered is: I am located in a small Appalachian County and do not have any levy funds to provide what I feel needs done. So perhaps there could be a question of do you have the resources to provide what needs to be done. Most is in the very important category but cannot be performed due to no funding. We wear many hats and can only provide minimal prevention events. Unfortunately.
Skills related to ; Time management; Group facilitation; Crisis Intervention
How to work with local media in getting the prevention message across.
None
N/A
Fiscal accountability
None
Content expertise, Program management skills, Sustainability planning
Ability to do all and self-direct.
Understanding how grant funded programs work
I believe that extensive knowledge of drug abuse trends, drug effects, addiction models are necessary to prevent drug abuse
SELECTION OF APPROPRIATE EVIDENCED BASED PROGRAMS AND PRACTICES
n/a
Modification of strategies to fit the needs of the community and yet maintain fidelity/ effectiveness.
Guidance and assurances PS follow professional ethical code of conduct in all of the prevention activities
I do more direct contact rather than strategic planning.
Demonstrate Evidence-based Program training completion and any updates in the Evidence-Based Program. Apply principles of effective writing skills.; Demonstrate ability to use current technology tools to communicate.; Use communication strategies to expand or enhance the Evidence- Based Programs major messages with additional target populations. Suggest using the word "services" wherever possible instead of the word

"activities".
Knowledge of current trends in substance abuse and addiction. Intervention strategies. Mental health and its role in behavioral health. Collaborating across sectors of the community.
time management
Each work environment is unique and has its own set of needs. The most important need is the ability to be flexible and grow with position and demands.
Substance & Addiction knowledge sets
To work with an established coalition in the place that they are.
Grassroots community Mobilization, Facilitation skills, Community capacity building, Partner engagement, Meeting management, Relationship building, delegation, conflict resolution, facilitating partnerships between sectors for collective impact at the community level, transformational leadership, cultivating shared leadership within the community
Classroom management for school-based prevention.
Leadership skills development and practice should be included.
None
none
NA
NA
cultural competency; time management
Everything that I do currently as a CPS is covered in the 7 domains
Prevention's role as a key component of integrated health care and/or health reform.
Understanding the history of the communities we work in and with.; Developing sound relationships with the funding sources.
classroom management, effective speaking, the importance of fidelity especially in developmental curriculums.
The connection between mental and behavioral health to substance use/abuse.
Political Advocacy with knowledge of legislative change
As a PS, I think it is more important to provide information and skill development to the target population, rather than the "paperwork" portion of administering the program. Perhaps that is for a director or administrator. My time is better spent with the students, and learning the programs that I am providing.
1. Understanding of disabilities (especially subtle cognitive disabilities such as those seen in individuals with a fetal alcohol spectrum disorder) and how prevention messages need to be modified to reach those audiences.; 2. The fact that there is no evidence based practice that works with everyone and it is essential to identify how to modify practices to reach those for whom evidence based practices are not effective.
more on how to sustain in each section
Sustainability! Any great strategic plan needs to have a sustainability plan (focused on sustaining outcomes--not specific programs or people's jobs)
all covered
NA
N/a
Motivational Interviewing
communication; Promotion; Links; Advocate; research; Facilitation; Community Organization
n/a
An understanding and acceptance of various personality types is vital.
teaching strategies and classroom management skills
None

None
none
Traditions and norms of the community
n/a
none
Educational Requirements
Understanding of Risk and Protective Factors,Some Grant Writing,Grant management skills,Writing skills, Strategic workplan verbage and understanding
flexibility;getting along with all people
Positive Role Model; Life congruent with teachings; Dedicated
I believe a well rounded knowledge of all these domains is important to quality programs and to effect change. I dont think one area needs to be represented on the exam more than another. You might have a PS that is working at a lower program level than would be required if they are actually developing a new program or revamping an existing one. Implementing programs that keep populations interested and generate discussion to effect change in attitudes, is an important quality.
sometimes being a doctor and listen to community and its reps issues - then diagnose and strategize
Respectful communication; Establishing rapport and trust with community organizations; Clear messages or brief sound bytes of information;
I cannot think of any.
Not aware of any
A general knowledge of public health and wellness in areas like physical activity and healthy foods. A lot of the work that we do related to prevention has a more holistic perspective. Its not just about programs and policy changes; its also about promoting a more healthy lifestyle overall which inlcudes fitness and diet.
how well you do in the class room
While it was presented in the survey, working with collaboratively with community members so that you are not always "reinventing the wheel" is really important. Also, a prime consideration in the prevention field and most fields is the money or funding behind the programming. Without funding, programs go by the wayside.
none
N/A
I think adapting programs and curriculum to fit your target populations could be emphasized more.
none
Moving individuals, committees and community groups along the continuum of change.; A fundamental understanding addiction and recovery.; Some computer literacy and understanding of current social media.
Stress the utmost professional appearance insteade of "school helper" attire. Publice speaking skills is a must.
NA
Keeping abreast of the current fluxuating laws and attitudes regarding marijuana use is important as a College counselor.
N/A
N/A
none
I believe that all major areas were sufficiently covered.
We should also include measures for participants involved within the programs and how they are encouraged to continue and practice skills learned throughout the course of the program to ensure a lasting impression for the betterment of themselves and the community. Do we have measures or tools available to see if they truly learned something in the long-term?
Organization skills/time management

Interaction with the field of public health and mental health
Well covered.
na
N/A
All is covered.
Education and service delivery,; community involvement
Not sure
I believe all topics were covered adequately.
n/a
Prevention research, strategies, and program planning
Employ effective classroom management skills.; ; Ensure age-appropriate practices and content.; ; Demonstrate understanding of the dynamics of behavioral health disorders including mental health and substance abuse.; ; Possess proficiency in support group facilitation skills.
Coordination and delivery of prevention services within schools or agencies providing after-school programming
-keeping detailed notes about different prevention efforts; -creating prevention related materials that are visually and intellectually stimulating
It is a little hard to say without seeing specific content areas. This is more general and somewhat vague.
cant think of any
Not sure
Basic understanding of addiction and behavioral disorders and the impact these have on the health of an individual and community.
Simply PS are multi-taskers and pot-stirrers of the community
There are no questions concerning drug addition or alcohol.
Prevention Coalition Leadership skills
I fel that there needs to be a focus on new staff getting information regarding prevention education and service delivery. They need strategies to have good programs out in the community. Directors need more information regarding planning, evaluation, and fiscal accountability. There should be different requirements based on your experience and jobdescription. Field staff need to focus on implementation of programs and not so much on public policy and environmental changes.
How to effectively communicate with adolescents
interacting with the client
understanding of family dynamics, stress factors that affect a families ability to effectively particiapte in community programs
I believe all aspects were covered.
Stigma prevention and maybe an emphasis on ethics & boundaries, self-care
understanding of community diversity, ie. gender, sex, lgbt, immigration.
Social Competence - the PS must be able to present themselves in a manner worthy of our field and flexiblilty to multiple populations is a must!
for communciation, promote positive communciaton with staff
n/a
I feel the community relationship building trust within the community
1. Be familiar with and use an evidence based curriculum. 2. Practice a drug prevention lifesyle
none
Under Professional Growth and Responsibility: I believe the PS should be knowledgable of emerging issues (health care reform and its relationship to prevention, risk and protective factors and the links between

behavioral health problems - substance abuse, mental health, criminal justice), the National Prevention Strategy Plan, to name a few.

## **Appendix E: Other Work Settings**

### Other Work Settings

Department of Health and Social Services Division of Substance Abuse and Mental Health
Tri-fold non-profit agency dealing with MH, Chemical Dependency and Prevention
Treatment, co-occurring and prevention community agency
ALCOHOL AND DRUG OUT PATIENT
Drug and Alcohol
State Level Coordinator
Government funded project
Federal Contractor
College Resource Center
middle/high school
Military army recruiter
substance abuse
Rural Communities
substance abuse treatment
National Organization representing Prevention Coalitions
Community Behavioral Health
both substance abuse and mental health agency

## **Appendix F: Other Primary Roles**

## Other Primary Roles

Prevention Specialist/NPN
Certified Prevention Specialist
Prevention Specialist
Performance Management
SAP Liaison
Program Specialist
CDCA
Prevention Planning Specialist
Student consultant
cdca
social worker
Support group and activities facilitator
Prevention Specialist
Prevention Specialist
Community Outreach/Education
Curriculum Facilitator
Administrator
Prevention Specialist
I provide Technical Assistance in a 5 parish area on Strategic Planning, provide education on ATOD issues, attend Health Fairs, work with communities to create or enhance prevention efforts.
ATOD Facilitator
Evaluation and Research Sr. Associate
Prevention and childcare
Group Facilitator
manager
Dean of Students
therapist
Recruiter
Asst. Exec Director
Prevention Specialist
School Social Worker
Prevention Specialist
Financial Administrator
Prevention Specialist
Prevention Resource Center Coordinator
Program Manager
Prevention Education
Vice-President
Shelter Director
Peer Specialist

Deputy Director of Training and Technical Assistance
Auditor
outreach worker for adolscents
Prevention Services Supervisor
substance abuse prevention specialist
Lead Worker/Supervisor
counselor
Manager
link to recovery community

## **Appendix G: Task Elements in order of Nonperformance**

**Task Elements in order of Nonperformance**

<b>No.</b>	<b>KSA</b>	<b>Frequency</b>	<b>Percentage</b>
III1	Participate in the development of the program's annual budget.	136	27.53
III2	Participate in the implementation and monitoring of the program's annual budget.	126	25.87
III3	Participate in the creation of grant proposals and other resource acquisitions.	104	21.27
VI5	Participate in public policy development to affect environmental change.	100	21.23
VI4	Participate in enforcement initiatives to affect environmental change.	94	19.96
VI6	Use media strategies to support policy change efforts in the community.	92	19.62
V5	Develop capacity within the community by recruiting, training, and sustaining prevention-focused volunteers.	91	19.32
IV3	Prepare various media packages and distribute to media outlets.	91	18.53
III4	Prepare and maintain reports, records, and documents pertaining to funding sources.	89	18.28
VI8	Advocate to bring about policy and/or environmental change.	75	16.09
I1	Determine the level of community readiness for change.	81	15.91
V4	Offer guidance to stakeholders and community members in mobilizing for community change.	73	15.53
VI1	Assess existing policies that impact the health and safety of the community.	73	15.47
V10	Participate in behavioral health planning and activities.	72	15.45
I13	Communicate with evaluator to develop pre and post test/surveys for prevention activities.	77	15.43
VI2	Examine policy changes that will influence the community.	72	15.42
VI3	Provide resources, training, and consultation that promote environmental change.	70	14.89
VI7	Collaborate with various community groups to develop and strengthen effective policy.	70	14.89
IV4	Establish positive working relationships with the media to promote prevention efforts.	72	14.72
V3	Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.	67	14.19
V2	Identify a diverse group of stakeholders to include in prevention programming activities.	67	14.14
V6	Participate in creating and sustaining community-based coalitions.	66	13.95
V9	Develop collaborative agreements with other service providers within the community.	62	13.08
IV6	Identify marketing techniques for prevention programs.	63	12.86
I8	Determine priorities based on comprehensive community	62	12.33

	assessment.		
V1	Identify the community demographics and norms.	57	12.03
I11	Implement a strategic planning process that results in the development and implementation of a quality strategic plan.	58	11.67
I2	Identify appropriate methods to gather relevant data for prevention planning.	57	11.22
I9	Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.	55	10.96
V8	Develop strategic alliances with other service providers within the community.	51	10.74
I4	Identify gaps in resources based on the assessment of community conditions.	52	10.32
I19	Report progress and program findings at meetings and conferences	51	10.16
V7	Develop, or assist in developing, content and materials for meetings and other related activities.	47	10
I20	Provide applicable workgroups with prevention information and other support to meet prevention outcomes.	49	9.78
I15	Conduct evaluation activities to document program fidelity.	49	9.76
I14	Administer surveys/pre/post tests at workplan activities.	49	9.74
I3	Identify existing resources available to address the community needs.	46	9.11
IV5	Coordinate planning and implementation of special events.	40	8.21
I12	Identify appropriate prevention program evaluation strategies.	41	8.2
I16	Collect evaluation documentation for process and outcome measures.	41	8.17
I10	Select prevention strategies, programs, and best practices to meet the identified needs of the community.	40	8.02
I18	Utilize evaluation to enhance sustainability of prevention activities.	40	8
IV2	Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.	39	7.96
I17	Evaluate activities and identify opportunities to improve outcomes.	39	7.82
I7	Identify factors that provide protection or resilience for the target audience.	37	7.33
I6	Identify factors that place persons in the target audience at greater risk for the identified problem.	37	7.31
I21	Incorporate cultural responsiveness into all planning and evaluation activities.	36	7.21
I5	Identify the target audience.	31	6.13
II1	Coordinate prevention activities.	26	5.14
II4	Maintain program fidelity when implementing evidence-based practices.	26	5.14
II2	Implement prevention education and skill development activities appropriate for the target audience.	21	4.13

VII6	Demonstrate responsible and ethical use of public and private funds.	19	4
II3	Provide prevention education and skill development programs that contain accurate, relevant, and timely content.	20	3.97
II5	Serve as a resource to community members and organizations regarding prevention strategies and best practices.	17	3.4
VII7	Advocate for health promotion across the life span.	16	3.38
IV8	Apply principles of public speaking.	16	3.25
IV9	Employ effective facilitation skills.	14	2.86
IV1	Promote programs, services, and activities, and maintain good public relations.	13	2.64
IV7	Apply principles of effective listening.	11	2.24
VII8	Advocate for healthy and safe communities.	10	2.14
VII5	Recognize importance of participation in professional associations locally, statewide, and nationally.	10	2.11
VII4	Demonstrate self-care consistent with prevention messages.	7	1.48
IV11	Demonstrate interpersonal communication competency.	7	1.46
VII3	Demonstrate cultural responsiveness as a prevention professional.	6	1.27
IV10	Communicate effectively with various audiences.	6	1.22
VII1	Demonstrate knowledge of current prevention theory and practice.	4	0.84
VII2	Adhere to all legal, professional, and ethical principles.	3	0.64

## **Appendix H: Task Elements in order of Mean Importance**

### Task Elements in order of Mean Importance

No.	KSA	Mean	SD
VII2	Adhere to all legal, professional, and ethical principles.	4.78	0.5
VII6	Demonstrate responsible and ethical use of public and private funds.	4.69	0.6
VII3	Demonstrate cultural responsiveness as a prevention professional.	4.62	0.6
IV10	Communicate effectively with various audiences.	4.56	0.67
VII8	Advocate for healthy and safe communities.	4.56	0.62
II3	Provide prevention education and skill development programs that contain accurate, relevant, and timely content.	4.54	0.63
IV11	Demonstrate interpersonal communication competency.	4.53	0.66
VIII1	Demonstrate knowledge of current prevention theory and practice.	4.5	0.67
VII4	Demonstrate self-care consistent with prevention messages.	4.49	0.69
II2	Implement prevention education and skill development activities appropriate for the target audience.	4.47	0.69
II5	Serve as a resource to community members and organizations regarding prevention strategies and best practices.	4.47	0.69
IV9	Employ effective facilitation skills.	4.47	0.71
IV1	Promote programs, services, and activities, and maintain good public relations.	4.45	0.69
VII7	Advocate for health promotion across the life span.	4.43	0.71
I10	Select prevention strategies, programs, and best practices to meet the identified needs of the community.	4.42	0.71
IV7	Apply principles of effective listening.	4.42	0.76
I5	Identify the target audience.	4.39	0.72
IV8	Apply principles of public speaking.	4.39	0.77
II4	Maintain program fidelity when implementing evidence-based practices.	4.38	0.74
II1	Coordinate prevention activities.	4.37	0.72
I3	Identify existing resources available to address the community needs.	4.32	0.7
I9	Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.	4.32	0.78
V3	Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.	4.3	0.79
I7	Identify factors that provide protection or resilience for the target audience.	4.28	0.74
I6	Identify factors that place persons in the target audience at greater risk for the identified problem.	4.27	0.74
I21	Incorporate cultural responsiveness into all planning and evaluation activities.	4.27	0.8
I17	Evaluate activities and identify opportunities to improve outcomes.	4.26	0.71
I11	Implement a strategic planning process that results in the development and implementation of a quality strategic plan.	4.23	0.79
VI3	Provide resources, training, and consultation that promote environmental change.	4.23	0.81
I2	Identify appropriate methods to gather relevant data for prevention planning.	4.22	0.78

I8	Determine priorities based on comprehensive community assessment.	4.22	0.8
V2	Identify a diverse group of stakeholders to include in prevention programming activities.	4.22	0.78
V8	Develop strategic alliances with other service providers within the community.	4.21	0.77
I16	Collect evaluation documentation for process and outcome measures.	4.2	0.8
I18	Utilize evaluation to enhance sustainability of prevention activities.	4.19	0.73
V5	Develop capacity within the community by recruiting, training, and sustaining prevention-focused volunteers.	4.19	0.82
VI7	Collaborate with various community groups to develop and strengthen effective policy.	4.19	0.83
IV2	Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.	4.18	0.83
I1	Determine the level of community readiness for change.	4.17	0.83
I4	Identify gaps in resources based on the assessment of community conditions.	4.17	0.79
V1	Identify the community demographics and norms.	4.17	0.75
V4	Offer guidance to stakeholders and community members in mobilizing for community change.	4.17	0.83
V6	Participate in creating and sustaining community-based coalitions.	4.16	0.9
VI8	Advocate to bring about policy and/or environmental change.	4.16	0.9
I12	Identify appropriate prevention program evaluation strategies.	4.15	0.76
VII5	Recognize importance of participation in professional associations locally, statewide, and nationally.	4.15	0.89
I15	Conduct evaluation activities to document program fidelity.	4.12	0.79
V9	Develop collaborative agreements with other service providers within the community.	4.11	0.81
VI2	Examine policy changes that will influence the community.	4.09	0.88
VI5	Participate in public policy development to affect environmental change.	4.09	0.88
III4	Prepare and maintain reports, records, and documents pertaining to funding sources.	4.07	0.96
IV4	Establish positive working relationships with the media to promote prevention efforts.	4.05	0.88
VI1	Assess existing policies that impact the health and safety of the community.	4.05	0.9
I20	Provide applicable workgroups with prevention information and other support to meet prevention outcomes.	4.04	0.81
I14	Administer surveys/pre/post tests at workplan activities.	4.01	0.84
VI6	Use media strategies to support policy change efforts in the community.	4.01	0.89
V7	Develop, or assist in developing, content and materials for meetings and other related activities.	3.99	0.87
I13	Communicate with evaluator to develop pre and post test/surveys for prevention activities.	3.96	0.86
IV5	Coordinate planning and implementation of special events.	3.96	0.89
V10	Participate in behavioral health planning and activities.	3.96	0.88
VI4	Participate in enforcement initiatives to affect environmental change.	3.95	0.94
I19	Report progress and program findings at meetings and conferences	3.93	0.87

IV6	Identify marketing techniques for prevention programs.	3.88	0.89
IV3	Prepare various media packages and distribute to media outlets.	3.86	0.93
III3	Participate in the creation of grant proposals and other resource acquisitions.	3.84	0.97
III1	Participate in the development of the program's annual budget.	3.74	0.98
III2	Participate in the implementation and monitoring of the program's annual budget.	3.73	1

## **Appendix I: Final PS Examination Content Outline**

## **Final PS Examination Content Outline**

### Domain 1: Planning and Evaluation (30%)

1. Determine the level of community readiness for change.
2. Identify appropriate methods to gather relevant data for prevention planning.
3. Identify existing resources available to address the community needs.
4. Identify gaps in resources based on the assessment of community conditions.
5. Identify the target audience.
6. Identify factors that place persons in the target audience at greater risk for the identified problem.
7. Identify factors that provide protection or resilience for the target audience.
8. Determine priorities based on comprehensive community assessment.
9. Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
10. Select prevention strategies, programs, and best practices to meet the identified needs of the community.
11. Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
12. Identify appropriate prevention program evaluation strategies.
13. Administer surveys/pre/post tests at workplan activities.
14. Conduct evaluation activities to document program fidelity.
15. Collect evaluation documentation for process and outcome measures.
16. Evaluate activities and identify opportunities to improve outcomes.
17. Utilize evaluation to enhance sustainability of prevention activities.
18. Provide applicable workgroups with prevention information and other support to meet prevention outcomes.
19. Incorporate cultural responsiveness into all planning and evaluation activities.
20. Prepare and maintain reports, records, and documents pertaining to funding sources.

### Domain 2: Prevention Education and Service Delivery (15%)

1. Coordinate prevention activities.
2. Implement prevention education and skill development activities appropriate for the target audience.
3. Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
4. Maintain program fidelity when implementing evidence-based practices.
5. Serve as a resource to community members and organizations regarding prevention strategies and best practices.

### Domain 3: Communication (13%)

1. Promote programs, services, and activities, and maintain good public relations.
2. Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.

3. Identify marketing techniques for prevention programs.
4. Apply principles of effective listening.
5. Apply principles of public speaking.
6. Employ effective facilitation skills.
7. Communicate effectively with various audiences.
8. Demonstrate interpersonal communication competency.

#### Domain 4: Community Organization (15%)

1. Identify the community demographics and norms.
2. Identify a diverse group of stakeholders to include in prevention programming activities.
3. Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
4. Offer guidance to stakeholders and community members in mobilizing for community change.
5. Participate in creating and sustaining community-based coalitions.
6. Develop, or assist in developing, content and materials for meetings and other related activities.
7. Develop strategic alliances with other service providers within the community.
8. Develop collaborative agreements with other service providers within the community.
9. Participate in behavioral health planning and activities.

#### Domain 5: Public Policy and Environmental Change (12%)

1. Provide resources, training, and consultation that promote environmental change.
2. Participate in enforcement initiatives to affect environmental change.
3. Participate in public policy development to affect environmental change.
4. Use media strategies to support policy change efforts in the community.
5. Collaborate with various community groups to develop and strengthen effective policy.
6. Advocate to bring about policy and/or environmental change.

#### Domain 6: Professional Growth and Responsibility (15%)

1. Demonstrate knowledge of current prevention theory and practice.
2. Adhere to all legal, professional, and ethical principles.
3. Demonstrate cultural responsiveness as a prevention professional.
4. Demonstrate self-care consistent with prevention messages.
5. Recognize importance of participation in professional associations locally, statewide, and nationally.
6. Demonstrate responsible and ethical use of public and private funds.
7. Advocate for health promotion across the life span.
8. Advocate for healthy and safe communities.
9. Demonstrate knowledge of current issues of addiction
10. Demonstrate knowledge of current issues of mental, emotional, and behavioral health