

# CANDIDATE GUIDE

## International Examination for Prevention Specialists

Based on the 2007 Job Task Analysis



IC&RC

298 S. Progress Avenue • Harrisburg, PA 17109

717-540-4457 • 717-540-4458 – fax

[www.internationalcredentialing.org](http://www.internationalcredentialing.org) • [info@internationalcredentialing.org](mailto:info@internationalcredentialing.org)

*September 2010*

## **About IC&RC**

Incorporated in 1981, and currently headquartered in Harrisburg, PA, IC&RC is a not-for-profit voluntary membership organization comprised of certifying agencies involved in credentialing or licensing alcohol and other drug abuse counselors, clinical supervisors, prevention specialists, co-occurring disorders professionals and criminal justice professionals.

IC&RC includes 73 organizations representing more than 40,000 certified professionals internationally.

IC&RC's Mission is to protect the public by establishing standards and facilitating reciprocity for the credentialing of addiction-related professionals.

The purposes of IC&RC are:

- To advance international reciprocal standards in credentialing in the alcohol and drug treatment, prevention, and clinical supervision fields.
- To provide competency-based credentialing products which promote and sustain public protection.
- To develop partnerships with other organizations, governmental agencies, and groups concerned with the quality of care/services in the alcohol and drug profession.
- To foster an international organization based upon participatory government.

## **Purpose of the Candidate Guide**

The International Examination for Prevention Specialists is the first examination to test knowledge and skills about Alcohol, Tobacco and Other Drug (ATOD) abuse prevention on an international level. It has been developed by IC&RC through the cooperation of its Member Boards and their strong desire to have an international exam that is based on current practice in the field.

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

## **Examination Development**

IC&RC has contracted with SMT (Schroeder Measurement Technologies) to develop, score, and administer the International Examination for Prevention Specialists. SMT is an established full-service international testing company serving the needs of licensing boards and credentialing agencies with a wide range of test development and computer-based administration services at testing centers.

The development of a valid examination for the IC&RC credentialing process begins with a clear and concise definition of the knowledge, skills, and abilities needed for competent job performance. Using interviews, surveys, observation, and group discussions, IC&RC works with experts in the field of ATOD abuse prevention to delineate critical job components. The knowledge and skill bases for the questions in the examination are derived from the actual practice of the prevention specialist as outlined in the 2007 ATOD Abuse Prevention Specialist Job Task Analysis Assessment.

## **Examination Content**

The 2007 Prevention Specialist Job Task Analysis identified five performance domains for the Prevention Specialist. Within each performance domain are several identified tasks that provide the basis for questions in the examination. Following is a brief outline of the domains and the tasks that fall under each domain.

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

**Number of Questions: 36**

Use needs assessment strategies to gather relevant data for ATOD prevention planning.

Identify gaps and prioritize needs based on the assessment of community conditions.

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

Develop an ATOD prevention plan based on research and theory that addresses community needs and desired outcomes.

Identify resources to sustain prevention activities.

Identify appropriate ATOD prevention program evaluation strategies.

Conduct evaluation activities to document program implementation and effectiveness.

Use evaluation findings to determine whether and how to adapt ATOD prevention.

## **Domain 2: Education and Skill Development**

**Number of Questions: 42**

Develop ATOD prevention education and skill development activities based on target audience analysis.

Connect prevention theory and practice to implement effective prevention education and skill development activities.

Maintain program fidelity when implementing evidence-based programs.

Assure that ATOD education and skill activities are appropriate to the culture of the community being served.

Use appropriate instructional strategies to meet the needs of the target audience.

Ensure all ATOD prevention education and skill development programs provide accurate, relevant, timely, and appropriate content information.

Identify, adapt, or develop instructor and participant materials for use when implementing ATOD prevention activities.

Provide professionals in related fields with accurate, relevant, timely, and appropriate ATOD prevention information.

Provide technical assistance to community members and organizations regarding ATOD prevention strategies and best practices.

### **Domain 3: Community Organization**

**Number of Questions: 26**

Identify the community's demographic characteristics and core values.

Identify key community leaders to ensure diverse representation in ATOD prevention programming activities.

Build community ownership of ATOD prevention programs by collaborating with key community leaders/members when planning, implementing, and evaluating prevention activities.

Provide technical assistance to community members/leaders in implementing ATOD prevention activities.

Develop capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.

Assist in creating and sustaining community-based coalitions.

### **Domain 4: Public Policy and Environmental Change**

**Number of Questions: 20**

Examine the community's public policies and norms to determine environmental change needs.

Make recommendations to policy makers/stakeholders that will positively influence the community's public policies and norms.

Provide technical assistance, training, and consultation that promote environmental change.

Participate in public policy development and enforcement initiatives to affect environmental change.

Use media strategies to enhance prevention efforts in the community.

### **Domain 5: Professional Growth and Responsibility**

**Number of Questions on Exam: 26**

Maintain personal knowledge, skills, and abilities related to current ATOD prevention theory and practice.

Network with others to develop personal and professional relationships.

Adhere to all legal, professional, and ethical standards.

Build skills necessary for effectively working within the cultural context of the community.

Demonstrate self-care consistent with ATOD prevention messages.

**Total number of examination questions: 150**

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

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

## Sample Questions

The questions on the International Examination for Prevention Specialists were developed from the tasks identified in the 2007 Prevention Specialist Job Task Analysis. Multiple sources were utilized in the development of questions for the international exam. Each question is linked to one of the job task analysis statements as well as the knowledge and skills identified for each task statement. A brief summary of the tasks is listed in this guide under Examination Content. For a complete list of tasks and their related knowledge and skills, please see the 2007 Prevention Specialist Job Task Analysis available through IC&RC.

The following is taken from the instructions that will be read to you prior to taking the examination:

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

Following are **sample** questions that are similar to those you will find in the international exam.

1. A prevention strategy which utilizes one-way communication from the source to the audience, with limited contact between the two, is considered:
  - A. alternate activities.
  - B. information dissemination.
  - C. prevention education.
  - D. environmental approach.

*Substance Abuse Prevention: The Intersection of Science and Practice, p. 30*  
Domain: Education and Skill Development

2. Which of the following conditions may result in the requirement to adapt prevention programming?
  - A. Cost of curriculum
  - B. Inappropriate stereotypes
  - C. Age of child
  - D. Time frame of implementation

*Preventing Drug Abuse Among Children and Adolescents: 2nd Edition, p. 23*  
Domain: Planning and Evaluation

3. What are environmental prevention strategies seeking to change?
  - A. Norms and laws
  - B. Pollution
  - C. Self-esteem
  - D. Boldness

*National Substance Abuse Prevention Specialist Training (SAPST): April 2006, p. 3-17*  
Domain: Public Policy and Environmental Change

4. The extent to which a community is adequately prepared to implement a drug abuse prevention program is known as:
- A. community assessment.
  - B. community readiness.
  - C. prevention program planning.
  - D. public awareness.

*Substance Abuse Prevention: The Intersection of Science and Practice*, p. 43

Domain: Community Organization

5. There was an underage drinking problem in the community. A coalition was formed to gather data and the support of local agencies and City Council. Enforcement of minimum-purchase-age laws against selling alcohol and tobacco to minors through the use of undercover buying operations was utilized to address the underage drinking problem. What type of prevention strategy was used?
- A. Alternatives to drug use
  - B. Dissemination of information
  - C. Prevention education
  - D. Environmental approach

*National Substance Abuse Prevention Specialist Training (SAPST): April 2006*, p. 3-17

Domain: Public Policy and Environmental Change

6. Using media to advance a policy objective is the goal of media:
- A. marketing.
  - B. literacy.
  - C. advocacy.
  - D. public service announcements.

*Substance Abuse Prevention: The Intersection of Science and Practice*, p. 170

Domain: Public Policy and Environmental Change

7. A child's teacher calls you and requests information on the child's activities in your group. Disclosing this information would violate the code of ethics addressing:
- A. nature of services.
  - B. integrity.
  - C. nondiscrimination.
  - D. confidentiality.

*Substance Abuse Prevention: The Intersection of Science and Practice*, p. 117

Domain: Professional Growth and Responsibility

8. The final step in evaluation and the one that is extremely important is:
- A. community assessment.
  - B. collecting the information.
  - C. analysis of community data.
  - D. reporting the information.

*Evaluation Primer: Setting the Context for A Drug-Free Communities Coalition Evaluation*, p. 36  
Domain: Planning and Evaluation

9. MDMA (3,4-methylenedioxy-N-methylamphetamine) is an illegally manufactured variation of mescaline and amphetamine. The **MOST** common street name for MDMA is:
- A. ecstasy.
  - B. poppers.
  - C. oxycontin.
  - D. methamphetamine.

*Substance Abuse Prevention: The Intersection of Science and Practice*, p. 85  
Domain: Education and Skill Development

10. A key component for all roles of a well functioning coalition includes developing written:
- A. job descriptions.
  - B. work agreements.
  - C. release forms.
  - D. memoranda of understanding.

*Capacity Primer: Building Membership, Structure, Leadership and Cultural Competencies*, p. 21  
Domain: Community Organization

11. Therapeutically, which sedative hypnotics are used to produce sedation, induce sleep, relieve anxiety, and muscle spasms?
- A. Barbiturates
  - B. Benzodiazepines
  - C. Morphine
  - D. GHB

*Substance Abuse Prevention: The Intersection of Science and Practice*, p. 78  
Domain: Education and Skill Development

12. Josey provides life skills classes at a local school. She is asked by the principal to lead group therapy sessions for children of alcoholics while the guidance counselor is on leave. What should Josey do?
- A. Respectfully refuse
  - B. Accept the challenge
  - C. Volunteer to co-facilitate
  - D. Accept but provide life skills classes instead of therapy

*Substance Abuse Prevention: The Intersection of Science and Practice*, p. 116  
Domain: Professional Growth and Responsibility

13. The five functions of evaluation for a coalition are improvement, coordination, accountability, celebration, and:
- A. appreciation.
  - B. problem solving.
  - C. sustainability.
  - D. review.

*Coalition Evaluation for Evaluators, CADCA, p. 1*

Domain: Planning and Evaluation

14. Qualitative data are often collected through key informant interviews, focus groups, listening sessions, and:
- A. town hall meetings.
  - B. newspaper articles.
  - C. arrest reports.
  - D. hospital records.

*Coalition Evaluation for Evaluators, CADCA, p. 21*

Domain: Planning and Evaluation

15. Tips from experienced grant writers for prevention professionals include all of the following **EXCEPT**:
- A. following the guidelines of the grant maker.
  - B. writing concisely and clearly.
  - C. proofreading the document.
  - D. creating your own format.

*Substance Abuse Prevention: The Intersection of Science and Practice, p.271*

Domain: Professional Growth and Responsibility

16. Enforcement of minimum-purchase-age laws against selling alcohol and tobacco to minors using undercover buying operations are also known as:
- A. stings.
  - B. buys.
  - C. density surveys.
  - D. price interventions.

*Substance Abuse Prevention: The Intersection of Science and Practice, p. 37*

Domain: Public Policy and Environmental Change



17. Straight Arrow Tobacco Coalition implemented a school based prevention program in all 4th grade classes of their local elementary school. The program included a parental smoking cessation program. At the end of the fall semester, the program served 171 4th graders and 27 parents. This is an example of:
- A. successful program.
  - B. outcome evaluation.
  - C. impact evaluation.
  - D. process evaluation.

*Evaluation Primer: Setting the Context for A Drug-Free Communities Coalition Evaluation*, p. 26-27  
Domain: Planning and Evaluation

18. A person who has been designated by group members to be caretaker of the meeting process is known as the:
- A. president.
  - B. boss.
  - C. facilitator.
  - D. advocate.

*Substance Abuse Prevention: The Intersection of Science and Practice*, p. 244  
Domain: Community Organization

19. According to the Social Development Strategy, 3 individual characteristics that are necessary to build bonding are opportunities, skills, and:
- A. challenges.
  - B. recognition.
  - C. goal setting.
  - D. attachment.

*National Substance Abuse Prevention Specialist Training (SAPST): April 2006*, p. 3-17  
Domain: Education and Skill Development

20. The first step in developing community prevention strategies is:
- A. assessment.
  - B. capacity building.
  - C. planning.
  - D. implementation.

*National Substance Abuse Prevention Specialist Training (SAPST): April 2006*, p. 4-3  
Domain: Community Organization

**Answer Key**

- |      |       |       |       |
|------|-------|-------|-------|
| 1. B | 6. C  | 11. B | 16. A |
| 2. B | 7. D  | 12. A | 17. D |
| 3. A | 8. D  | 13. C | 18. C |
| 4. B | 9. A  | 14. A | 19. B |
| 5. D | 10. A | 15. D | 20. A |

## **Scoring**

SMT will score all examinations and send score reports to the designated IC&RC Member Board. Scores will be broken down by category so that candidates can see areas of strength and weakness. This process takes approximately four to six weeks for paper and pencil results. Preliminary computer based exam scores are provided to candidates immediately following completion of the exam.

Scores are reported on a scale ranging from 200-800. The minimum scaled passing score will be set at 500 for all versions of the examinations. A candidate who scores at or above 500 on the examination will have passed the examination, while a candidate who scores below 500 will have failed the examination.

The examinations are weighted equally and each test form uses different questions. This will not make it easier or more difficult for candidates to pass any examination version. The number of questions will remain at 150. As always, a candidate's score will be based on the number of questions answered correctly. Linear equating will still be used to equalize the difficulty of all versions of the examination.

## **Appeals, Hand Scoring, and Test Disclosure**

Candidates who wish to appeal their examination scores may do so to the IC&RC within 30 days of receiving examination results. To initiate this process, contact IC&RC for a Hand Score Request Form. SMT will hand score the examination and send the results directly to candidates. Candidates should be aware that IC&RC exam security and item banking procedures do not permit candidates access to exam questions, answer keys, or other secure materials related to the examination.

## **Examination Rules**

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

No examination materials, documents, or memoranda of any type may be taken from the room by any candidate.

The examination will be given only on the date and time posted by an IC&RC Member Board. If an emergency arises, and you are unable to take the examination as scheduled, you should call the appropriate IC&RC Member Board.

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

## **Special Accommodations**

Individuals with disabilities and/or religious obligations that require modifications in test administration may request specific procedure changes, in writing, to the relevant IC&RC Member Board. With the written request, the candidate must provide official documentation of the accommodation requested or religious issue. Candidates should contact their IC&RC Member Board on what constitutes official documentation. The IC&RC Member Board will offer appropriate modifications to its procedures when documentation supports the need for them.

## Admission to the Examination, Examination Dates, and Registration

Eligibility requirements are determined by IC&RC Member Boards. Contact your local IC&RC Member Board for information. Please consult your IC&RC Member Board for the exact date, time, and location of the examination administrations in your area, as well as registration information.

## Study References

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

1. Bernard, Bonnie. *Resiliency: What We Have Learned*. WestEd, 2004.
2. Bonnie, R., and O'Connell, M.E. *Reducing Underage Drinking: A Collective Responsibility*. Institute of Medicine of The National Academies, 2003.
3. Center for the Application of Prevention Technologies (CAPT). *National CAPT Substance Abuse Prevention Specialist Training (SAPST)*. 2006.
4. Center for Substance Abuse Prevention (CSAP). *Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention*. 2002.
5. Center for Substance Abuse Prevention (CSAP). *Pathways to Effective Programs and Positive Outcomes*. 2003.
6. Center for Substance Abuse Prevention (CSAP). *Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms*. National Clearinghouse for Alcohol and Drug Information. 1993.
7. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Assessment Primer: Analyzing the Community, Identifying Problems, and Setting Goals*. 2006.
8. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Evaluation Primer: Setting the Context for a Drug-Free Communities Coalition Evaluation*. 2005.
9. Corey, G., Corey, M. and P. Callanan. *Issues and Ethics In The Helping Professions*, 7<sup>th</sup> Ed. Brooks/Cole, 2006.
10. Hogan, J., Gabrielsen, K., Luna, N., and Grothaus, D. *Substance Abuse Prevention: The Intersection of Science and Practice*. Allyn & Bacon, 2003.
11. McKenzie, J., Neiger, B. and Thackeray, R. *Planning, Implementing and Evaluating Health Promotion Programs*, 5<sup>th</sup> Ed. Benjamin Cummings, 2008.
12. National Institute on Drug Abuse (NIDA). *Preventing Drug Abuse Among Children and Adolescents*, 2<sup>nd</sup> Ed. US Department of Health and Human Services, National Institute of Health, 2003.

13. The Center on Alcohol Marketing and Youth. *Underage Drinking in the United States: A Status Report*. 2005.
14. The Rand Corporation. *Preventing Underage Drinking*. 2007.
15. White, W. and Popovits, R. *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction*, 2<sup>nd</sup> Ed. Chestnut Health Systems, 2001.