

Certified Prevention Specialist Exam Preparation Course

Participant Workbook



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Prevention Certification

About the IC&RC Certification Exam

Who is IC&RC?

- Since 1991, IC&RC has developed standards and examinations for credentialing of prevention, substance use treatment, and recovery professionals that adhere to the highest standards of quality and integrity.
- Today, IC&RC represents 79 member boards, including 49 U.S. states and territories, three Native American regions, all branches of the U.S. military and 11 international regions..
- **51 boards offer the Prevention Specialist credential. Top 5 include: Ohio; NY; Texas; Colorado; Michigan.**

How was the IC&RC Exam developed?

- Job Analysis (JA) - large job description.
- JA completed every five years.
- Domains/core competencies are identified from the JA.
- Tasks delineate what a prevention professional does as part of providing competent prevention services.
- Exam is developed from the JA.
- Standards are developed.
- Boards adopt standards & exams for use in their own jurisdiction.
- Entire process is driven by prevention specialists (SMEs) who work directly with IC&RCs testing company.

What is on the exam?

The exam is based on the 6 performance domains identified in the roll delineation study as noted below, along with the number of questions on the exam per domain:

1. Planning & Evaluation – 25%
2. Prevention Education & Service Delivery – 15%
3. Communication – 15%
4. Community Organization – 15%
5. Public Policy & Environmental Change – 11%
6. Professional Growth & Responsibility - 19%

What kind of questions are on the exam?

Multiple choice questions with 4 choices. Questions assess recall, comprehension, or analysis of the topic.

The Written Exam

- Candidates will receive correspondence from the testing company regarding specific instructions to register for the exam.
- IC&RC Exams are computer based and offered on an on-demand basis year-round. There are over 300 computer-based testing sites worldwide. Candidates can choose the testing site that is closest for their travel.
- Preliminary scores are available after a candidate completes the exam. Official scores and notification of certification will follow from the credentialing authority after your exam date.
- The PS exam is 150 multiple choice questions. Only 125 questions are scored. Candidates have up to three hours to complete the exam.
- On each IC&RC exam there will be 25 “unweighted” items that will not count toward the candidate’s final score. Unweighted items are also called pretest items.
- Pretest items will not be identified on the exam, and will appear randomly on all exam forms.
- It is important to include pretest items on an examination because items should be piloted to ensure quality before they contribute to a candidate’s score. Pretesting items provides verification that the items are relevant to competency and contribute toward measuring a candidate’s proficiency in the material. The statistical data received from pretesting is analyzed to determine if an item performs within an acceptable range. For example, item statistics tell us if an item is too difficult and possibly outside the candidates’ scope of knowledge or practice, if an item is too easy and does not measure competency, or if the correct answer is misidentified. If an item exhibits acceptable statistical performance, the item can be upgraded to “weighted” status and included on future examinations as a scored item.

How is the exam administered?

- You must pre-register with TC&AP by completing and returning the application at least 30 days prior to the date you wish to take the exam. Pre-registration processing may take up to 30 days. Once pre-registered you will be notified by ISO Quality Testing and you will be eligible to test for a 60 day window.
- See the CPS Written Examination Pre-Registration Form for more information.
https://cdn.ymaws.com/www.tcbap.org/resource/resmgr/testing/2018_testing_forms/2018_icrc_cps_exam_fillable.pdf
To register online, go to <https://www.tcbap.org/page/PreRegistrationCPS>

At the testing site...

- No books, papers, or other reference materials may be taken into the exam room.
- No questions concerning the content of the exam may be asked during the exam period.
- You will need one form of photo identification on the day of the exam. CBT requires you to also bring an admission letter which will be given to you when you schedule an exam.
- If you arrive at the test site late and the exam has begun, you will not be permitted to enter and will forfeit your opportunity to test that day.

- Candidate Guides are available for all exams and include the domains and tasks for each domain, sample exam questions and a list of references free of charge. They can be downloaded from IC&RC's website: www.internationalcredentialing.org
- Candidates may cancel or reschedule their exam prior to their scheduled date but there may be fees associated with this activity depending on the number of days prior.
- Candidates failing the exam can retest after a 60 day wait period from date of last taking the exam. Candidates will be sent retest instruction from the credentialing authority.

Do I have to have already fulfilled the other requirements to take the exam?

Check with the state authority.

What if I have a disability and cannot participate in the exam as outlined?

- You can request specific procedure changes
- Requests must be in writing
- Addressed to the member board who is administering your exam
- Document your disability or religious issues
- Each board determines documentation necessary
- The Certification Board will offer appropriate modifications to the procedures based on the request and documentation

How is the exam scored?

- IC&RC exam scores are reported on a scale of 200 to 800 for all international exams. Candidates must achieve a score of 500 in order to pass the exam. The score is determined by the number of questions correctly answered. Scaled scores are very similar to converting inches to centimeters (a 10 inch ribbon is also 25.4 centimeters long). The length of the ribbon has not been changed; only the units of measurement to describe its length.
- IC&RC's testing company will score all exams. Scores will be broken down by category (domain) so that candidates can see percentages of correctly answered items in each domain. The passing point is determined by a criterion-referenced approach called the Angoff Modified Technique. Criterion-referenced exams are quota-free with regard to passing percentages. The passing point is fixed to assure that all candidates must achieve the same score to be granted certification.

How long does it take to get the results?

- **Preliminary results from the CBT will be provided immediately but must be validated.**
- It takes about 3-4 weeks to get the results
- They will come via your Certification Board along with instructions on how to receive your certificate (Prevention workshop hours, summary of work over past year (signed), signed prevention code of ethics, fee.
- Information from IC&RC includes your overall score, pass/fail status and breaks down the exam by domain, number of questions per domain and the % you answered correctly.
- Passing score is 500, Maximum score is 800

What are the requirements for CPS Certification?

The minimum requirements for certification of a CPS shall include academic achievements, work experience, formal training, plus satisfactory completion of a written examination.

- A. **Education** – 120 total continuing education hours across all prevention domains. 90 hours must be prevention specific, 24 hours must be AOD specific, and 6 hours must be in prevention specific ethics. Counselor, treatment, or business ethics do not qualify. Examples of AOD specific education include, but are not limited to, addiction theory, addicted family dynamics, pharmacology, drugs and the brain/body, counseling theory, and the twelve core functions. Examples of prevention specific education include, but are not limited to, prevention curriculum training, community mobilization, planning and evaluation of prevention programs, media messages, social marketing, environmental strategies, and behavioral health promotion.
- B. **Practicum** - One hundred twenty-hour practicum in the Prevention domains (see application for domains)
Successful score on the ICRC Prevention Examination
- C. **Experience** - 2,000 hours (approximately one year) of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience
- D. **Ethics** - Sign a prevention specific code of ethics statement of affirmation that the applicant has read and will abide by the code of ethics
- E. **Recertification**: 40 hours of additional training earned every 2 years

Resources

- Rhode Island Prevention Specialist Certification Study Guide - <https://www.riprc.org/resources/prevention-specialist-certification-exam-study-guide/>
- IC&RC Prevention Specialist Candidate Guide https://internationalcredentialing.org/wp-content/uploads/2024/08/Prevention_Candidate_Guide_Final_06.28.24.pdf
- CBT Tutorial can be found at <https://www.iqtesting.com/ExamV2008/Default.aspx?Function=SampleExam&Exa>

PREVENTION COMPETENCE MATRIX

Competence Domain→ Topic/Score↓	Planning and Evaluation	Education and Service Delivery	Communication	Community Organization	Public Policy and Environmental Change	Professional Growth and Responsibility
Personal Prevention Education 1=noVICE 2=proficient 3=master						
Personal Prevention Experience 1 = <2 years 2 = 2-5 years 3 = >5 years						
Recognizes Personal Limitations 1 = Rarely; I've been over my head often 2 = Sometimes 3 = Usually						
Supervised by Certified Prevention Professional or other competent Prevention Professional 1 = supervised by someone other than a Prevention Professional or not supervised 2 = not supervised by a Certified Prevention Professional 3= supervised by a Certified Prevention Professional (including peer supervision)						
I have a personal Professional Development plan 1 = no plan 2 = out-of-date plan 3 = up-to-date plan						

Knowledge Areas

Assessment and Capacity

- Stages of Community Readiness
- Community demographics (e.g., culture, geography, health disparities)
- Risk and Protective Factors
- Conducting a Needs Assessment
- Capacity building strategies (e.g., community engagement, training, leadership development, financial resources, sustainability, coalition building)

Planning, Implementation and Evaluation

- Logic Models
- IOM Continuum of Care
- Public Health Approach,
- Evidence-based prevention strategy selection (e.g., universal, selective, indicated, environmental strategies)
- Health promotion strategies
- Program fidelity and adaptation
- Problem prioritization (i.e., magnitude, trend, severity, changeability)
- Sustainability planning
- Cultural competence and relevance
- Behavioral health equity and disparities
- Evaluation for short-term and long-term outcomes (e.g., strategies, programs)

Professional Foundations

- Prevention Think Tank Code of Ethics
- Socioecological model
- Public policy and environmental changes
- Positive youth development and leadership skills
- *Substance Misuse*
 - Drug identification, classification and trends
 - Science of addiction
 - Psychosocial effects
- *Communication*
 - Marketing strategies
 - Media strategies (e.g., social marketing, media literacy, media advocacy)
 - Group facilitation techniques

Activity

Domain Assignment:

- In your groups Develop one multiple choice question, utilizing CADCA's [Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals](#).
- Utilize 4 options, one key and three distractors.
- Do not use the words "not" or "except", "all of the above," or "none of the above."
Cite the page number.

Question:

- A.
- B.
- C.
- D.

Question:

- A.
- B.
- C.
- D.

Question:

- A.
- B.
- C.
- D.

Question:

- A.
- B.
- C.
- D.

Study Tips

Prepare and keep a study schedule

Try to set aside a certain amount of time each day to study exam material. Keep the same schedule regularly day to day. It may be helpful to keep track of the dates and times by placing them on a calendar. Make sure to include time for quick breaks while studying.



Study in a quiet, comfortable place

Find a study location that's quiet and free of visual distractions. The study location can be a room at home, library, or other quiet setting, as long as there is ample room to work. Finding the right location can greatly improve your ability to concentrate. Laying on the bed or on the couch in the living room is not a good location for studying.

Keep a reminder pad handy

Arbitrary thoughts can constantly pop into your head at any time. If those thoughts are not related to the material you are currently studying, simply write them down and come back to them later. This helps to avoid daydreaming and distractions.

Organize all study material

Make sure all study materials are organized before you start studying. Make sure you have basic equipment – paper, pens, pencils, books, notes, scrap paper, etc. Since the test is divided into domains, make sure you organize your notes, books and other materials by the domains. This will make it easier for you to concentrate on one domain at a time.

Handle the difficult areas first

If there are certain domains or areas in which you are not very comfortable, study those areas first. Breaking the difficult areas up into smaller pieces makes it easier to handle them.

Use "trade secrets" for successful study. For example:

- **Flash Cards**. Use 3" x 5" cards to learn or memorize specialized material or terms. Carry your flash cards with you. Periodically take them out and quiz yourself.
- **Divided Page**. Draw a dividing line down the center of a sheet of notebook paper. Write important questions on the left side and the answers on the right. Use "self-restriction" methods of study i.e., cover the right-hand side and try to give the answer, then check and recheck until you're sure you know the material.

Review Frequently

Without reviewing information, the average person can forget 80% of the information that they studied within in two weeks time. Make sure you allow adequate time in your schedule for reviewing all study materials. Allowing some time for review on a daily basis will pay off when exam time comes!

Test Taking Tips

Arrive early on the day of the exam. This will allow you time to get organized without being rushed. If you are late, you will not be allowed to sit for the exam.

Carefully read all test directions before answering any exam questions.

Handle the easy questions first. Since the test is divided into domains, answer all the questions from the domains that you are comfortable with before you attempt to answer other questions.

Read each question without looking at the answers. Decide on your answer before looking at the choices provided. You may already know the answer and you won't be distracted by the other choices.

If you remain uncertain, then read ALL of the choices, even when the first or second choice appears correct at first glance.

If the answer is not readily apparent, use the process of elimination. Cross off all choices that are clearly false and then re-read the choices that remain "open."

GUESS! When guessing, narrow the choices to as few as possible. Try to reduce your odds of picking the wrong answer. If you have no clue on any of the choices, come back to the item later. There is no penalty for guessing.

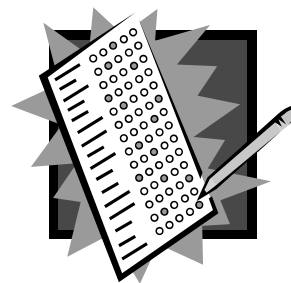
Manage your test taking time wisely. Don't spend too much time on each question. Skip the questions that require a lot of thought and return to them later.

Answer every question. Even if you have forgotten some of the material, you will probably be able to eliminate some choices, thereby increasing your odds of getting a correct answer. Guess!

Don't try to be the first to leave. Use all of the available time to look for careless errors.

Change an answer only when you have a concrete reason. Never change an answer because of a feeling. This feeling is often simple nervousness!

Carefully review your exam before turning it in. Make sure you have clearly marked an answer for all test questions.



Code of Ethics- Prevention Specialists

Preamble

The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.

Principles

Principle 1: Non-discrimination.

A prevention specialist shall not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, gender identity, economic condition or physical, medical, or mental disability. A prevention specialist should broaden his or her understanding and acceptance of cultural and individual differences, and in so doing render services and provide information sensitive to those differences.

Prevention specialists shall be knowledgeable about disabling conditions, demonstrate empathy and personal emotional comfort in interactions with participants with disabilities, and make available physical, sensory, and cognitive accommodations that allow individuals with disabilities to receive services. Prevention specialists should comply with all local, state and Federal laws regarding the accommodation of individuals with disabilities.

Principle 2: Competency

Prevention specialists shall master their prevention specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

Incompetence includes but is not limited to a substantial lack of knowledge or ability to discharge professional obligations within the scope of the prevention profession, or a substantial deviation from the standards of skill ordinarily possessed and applied by professional peers acting in the same or similar circumstances.

- A. Professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable technical and ethical standards.
- B. Due care requires a professional to plan and supervise adequately and evaluate to the extent possible any professional activity for which he or she is responsible.
- C. A prevention specialist should recognize limitations and boundaries of competencies and not use techniques or offer services outside of his or her competencies. Each professional is responsible for assessing the adequacy of his or her own competence for the responsibility to be assumed. When asked to perform such services, a prevention specialist shall, to the best of their ability, refer to an appropriately qualified professional. When no such professional exists, a prevention specialist shall clearly notify the requesting person/organization of the gap in services available.
- D. Ideally prevention specialists should be supervised by competent senior prevention specialists. When this is not possible, prevention specialists should seek peer supervision or mentoring from other competent prevention specialists.
- E. When a prevention specialist has knowledge of unethical conduct or practice on the part of an agency or prevention specialist, he or she has an ethical responsibility to report the conduct or practices to funding, regulatory or other appropriate bodies.
- F. A prevention specialist should recognize the effect of impairment on professional performance and should be willing to seek appropriate professional assistance for any form of substance misuse, psychological impairment, emotional distress, or any other physical related adversity that interferes with their professional functioning.
- G. Prevention specialists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
- H. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

Principle 3: Integrity.

To maintain and broaden public confidence, prevention specialists should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

- A. All information should be presented fairly and accurately. Each professional should document and assign credit to all contributing sources used in published material or public statements.
- B. Prevention specialists should not misrepresent either directly or by implication professional qualifications or affiliations.
- C. Where there is evidence of impairment in a colleague or a service recipient, a prevention specialist should be supportive of assistance or treatment.
- D. Prevention specialists should not be associated directly or indirectly with any service, products, individuals, and organizations in a way that is misleading.

- E. Prevention specialists should demonstrate integrity through dutiful cooperation in the ethics process of their certifying authority.
 - 1. Prevention specialists must cooperate with duly constituted professional ethics committees and promptly supply necessary information unless constrained by the demands of confidentiality.
 - 2. Grounds for discipline include failing to cooperate with an investigation by interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representatives; by use of threats or harassment against any participant to prevent them from providing evidence in a disciplinary proceeding or any person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted or completed; failing to cooperate with a board investigation in any material respect.
 - 3. Applicants for prevention certification are required to report any previous ethical violations from other disciplines or jurisdictions during the application process. The Ethics Committee is responsible for making a recommendation concerning the application. The applicant is responsible for providing any additional information needed to make a determination on the application.
 - 4. If a prevention specialist is cited for an ethical violation from another discipline or jurisdiction, they must immediately report the violation to their certifying authority.
 - 5. As employees or members of organizations, prevention specialists shall refuse to participate in an employer's practices which are inconsistent with the ethical standards enumerated in this Code.

- F. Prevention specialists shall not engage in conduct which does not meet the generally accepted standards of practice for the prevention profession including, but not limited to, incompetence, negligence, or malpractice.
 - 1. Falsifying, amending or making incorrect essential entries or failing to make essential entries of services provided.
 - 2. Acting in such a manner as to present a danger to public health or safety, or to any participant including, but not limited to, impaired behavior, incompetence, negligence or malpractice, such as:
 - a. Failing to comply with a term, condition or limitation on a certification or license.
 - b. Suspension, revocation, probation or other restrictions on any professional certification or licensure imposed by any state or jurisdiction, unless such action has been satisfied and/or reversed.
 - c. Administering to oneself any controlled substance not prescribed by a doctor, or aiding and abetting another person in the use of any controlled substance not prescribed to that person.
 - d. Using any drug or alcoholic beverage to the extent or in such manner as to be dangerous or injurious to self or others, or to the extent that such use impairs the ability of such person to safely provide professional services.
 - e. Using drugs while providing professional services.

- G. Prevention specialists make financial arrangements for services with service recipients and third-party payers that are reasonably understandable and conform to accepted professional practices. Prevention specialists:
 - 1. Do not offer, give, or receive commissions, rebates or other forms of remuneration for the referral of program participants.
 - 2. Do not charge excessive fees for services.
 - 3. Disclose any fees to participants at the beginning of services.
 - 4. Do not enter into personal financial arrangements with direct program recipients.
 - 5. Represent facts truthfully to participants and funders
 - 6. Do not personally accept a private fee or any other gift or gratuity for professional work.

- H. Prevention specialists uphold the law and have high morals in both professional and personal conduct. Grounds for discipline include, but are not limited to, conviction of any felony or misdemeanor during the period in which a prevention specialist holds a prevention certification, excluding minor traffic offenses, whether or not the case is pending an appeal.

Principle 4: Nature of Services.

Practices shall do no harm to service recipients. Services provided by prevention specialists shall be respectful and non-exploitive.

- A. Services should be provided in a way which preserves the protective factors inherent in each culture and individual.

- B. Prevention specialists should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation and evaluation of prevention services.

- C. Where there is suspicion of abuse of children or vulnerable adults, the prevention specialist shall report the evidence to the appropriate agency and follow up to ensure that appropriate action has been taken.

- D. Prevention specialists should adhere to the same principles of professionalism outlined in the Prevention Code of Ethics online as they would offline. With this in mind, the following are additional guidelines regarding the use of technology:
 - 1. Prevention specialists are discouraged from interacting with current or past direct program participants on personal social networking sites. It is recommended that prevention specialists establish a professional social networking site for this purpose.
 - a. Prevention specialists should not affiliate with their own direct program recipients on personal social media sites.

- b. Prevention specialists use professional and ethical judgment when including photos and/or comments online or in prevention materials.
 - c. Prevention specialists should not provide their personal contact information to direct program recipients, i.e., home/personal cell phone number, personal email, social media accounts, etc. nor engage in communication with direct program participants through these mediums except in cases of agency/professional business
 - 2. It is the responsibility of the prevention specialist to ensure, to the best of his or her ability, that professional networks used for sharing confidential information are secure and that only verified and registered users have access to the information.
 - 3. Prevention specialists should be aware that any information they post on a social networking site may be disseminated (whether intended or not) to a larger audience, and that what they say may be taken out of context or remain publicly available online in perpetuity. When posting content online, they should always remember that they are representing the prevention field, their organization, and their community, and so should always act professionally and take caution not to post information that is ambiguous or that could be misconstrued or taken out of context. It is recommended that employees not identify themselves as connected to their agency on their personal website.
 - 4. Employees should be aware that employers may reserve the right to edit, modify, delete, or review Internet communications and that writers assume all risks related to the security, privacy, and confidentiality of their posts. When moderating any website, the prevention specialist should delete inaccurate information or other's posts that violate the privacy and confidentiality of participants or that are of an unprofessional nature.
 - 5. Prevention specialists should refer, as appropriate, to an employer's social media or social networking policy for direction on the proper use of social media and social networking in relation to their employment.
- E. Prevention Specialists must be aware of their influential position with respect to employees, supervisees, and direct program recipients, and they avoid exploiting the trust and dependency of such persons. Prevention specialists, therefore, make every effort to avoid dual relationships with prevention participants that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, Prevention Specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with direct prevention recipients, their family members, employees or supervisees.
- 1. Soliciting and/or engaging in sexual conduct with direct prevention participants are prohibited.
 - 2. Prevention specialists should avoid any action or activity that would indicate a dual relationship and transgress the boundaries of a professional relationship (e.g. developing a friendship with a program participant, socializing with participants, accepting or requesting services from a participant, providing "informal counseling"

- to a participant.)
3. Prevention specialists should not assume dual roles in a setting that could compromise the relationship with or confidentiality of participants (e.g. providing a skills group for students engaging in risky substance use behaviors, an “indicated population,” and also teaching an academic subject where they are class members.)
 4. Prevention specialists avoid bringing personal issues into the professional relationship. Through an awareness of the impact of stereotyping and discrimination, the prevention specialist guards the individual rights and personal dignity of participants.
- F. Prevention specialists should be aware of their influential position with respect to employees and supervisees, and they avoid exploiting the trust and dependency of such persons. Prevention specialists make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, prevention specialists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with employees or supervisees.
1. Sexual conduct with employees or supervisees is prohibited.
 2. Prevention specialists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience and competence.
 3. Prevention specialists who supervise others accept the obligation to facilitate further professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.
- G. Prevention specialists make reasonable arrangements for the continuation of prevention services when transitioning to a new position or no longer able to provide that service.
- H. Prevention specialists should obtain written, informed consent from participants and/or parents/guardians for those under the age of 18 before photographing, videotaping, audio recording, or permitting third-party observations.

Principle 5: Confidentiality.

Confidential information acquired during service delivery shall be safe guarded from disclosure, including – but not limited to – verbal disclosure, unsecured maintenance of records, or recording of an activity or presentation without appropriate releases. Prevention specialists are responsible for knowing the confidentiality regulations relevant to their prevention specialty. Prevention specialists make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. Prevention specialists ensure that data obtained including program evaluation data and any form of electronic communication, are secured by the available security methodology. Data shall be limited to information that is

necessary to and appropriate to the services being provided and be accessible only to appropriate personnel. Data presented publicly shall be distributed only in ways that protects the confidentiality of individual participants.

Principle 6: Ethical Obligations for Community and Society.

According to their consciences, prevention specialists should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention specialists to educate the general public and policy makers. Prevention specialists should adopt a personal and professional stance that promotes health.

Prevention Specialists should be aware of their local and national regulations regarding lobbying and advocacy, and act within the laws and funding guidelines.

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