



# **CANDIDATE GUIDE**

## **for the**

# **IC&RC Prevention Specialist**

# **Examination**

Based on the 2022 Prevention Specialist Job Analysis

**©2022 International Certification and Reciprocity Consortium. All rights reserved. No part of this document may be reproduced in any form without written authorization from IC&RC.**

T: +1 717.540.4457 • F: +1 717.773.4483 • [InternationalCredentialing.org](https://www.InternationalCredentialing.org)

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

## Contents

Purpose of the Candidate Guide .....	3
Professional Testing Company .....	3
Examination Development .....	3
Eligibility Requirements and Registration .....	3
Administration.....	4
Dates, Time, and Location.....	4
Rescheduling, Cancelling, and Missed Examinations .....	4
Inclement Weather .....	5
Rules and Security .....	6
Special Accommodations.....	6
Scoring .....	7
Grievances, Test Disclosure, and Retakes .....	9
Format and Length.....	10
Content.....	10
Sample Questions.....	16
Reference List.....	18
About IC&RC.....	19
Knowledge Areas.....	21

## Purpose of the Candidate Guide

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

## Professional Testing Company

It is the policy of IC&RC to administer valid, reliable, and legally defensible examinations. To assist in this process, IC&RC has contracted with Prometric to develop, administer, and score all examinations.

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

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

More information about PROMETRIC and PROMETRIC can be found at their websites: [www.smttest.com](http://www.smttest.com) and [isoqualitytesting.com](http://isoqualitytesting.com)

## Examination Development

The development of a valid examination begins with a clear and concise definition of the tasks, knowledge, and skills needed for competent job performance known as a Job Analysis (JA). Using interviews, surveys, observation, and group discussions, IC&RC works with Subject Matter Experts (SMEs) in the field to delineate critical job components. These job components then become the basis for questions on IC&RC examinations.

Examination questions are written by certified individuals or those otherwise deemed as SMEs in the field. SMEs are trained in item writing best practices. Through the examination development process, they are assisted by IC&RC's professional testing company.

## Eligibility Requirements and Registration

IC&RC examinations are administered exclusively by IC&RC Member Boards. Eligibility requirements and registration processes are determined by each Member Board. Candidates interested in taking an IC&RC examination must do so through a Member Board. Contact information for all Member Boards can be found at [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

## Administration

Examinations are administered via Computer Based Testing (CBT). Candidates are required to test at a designated PROMETRIC center or use Prometric "Remote Proctoring" (which allows you test at your home) if your member board allows. A list of all PROMETRIC testing centers can be found at this link: <http://www.isoqualitytesting.com/locations.aspx?cnid=73> or by calling PROMETRIC toll free at +1-866-773-1114.

On the day of testing, candidates must bring a valid, government issued photo ID and their Candidate Admission Letter. Candidates are strongly encouraged to read the Candidate Admission Letter in its entirety to be aware of all testing policies and procedures.

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

Remote Proctoring Exams: See instructions on your member board's website.

## Dates, Time, and Location

Examinations are offered on-demand based on the availability of each testing center or remote proctoring. Once a candidate has met the eligibility requirements of their IC&RC Member Board to sit for an examination, they will pre-register candidates for the examination through an on-line test database. Candidates will receive an e-mail from [registrations@isoqualitytesting.com](mailto:registrations@isoqualitytesting.com) with further instructions on scheduling an examination date, time, and location.

## Rescheduling, Cancelling, and Missed Examinations

Examinations must be cancelled or rescheduled **5 days or more PRIOR** to the scheduled examination date. Cancelling or rescheduling an examination is done directly through PROMETRIC's website at [www.iqtesting.com](http://www.iqtesting.com).

Complete instructions are listed below. For technical assistance, please contact PROMETRIC toll free at +1-866-773-1114.

1. Visit [www.iqtesting.com](http://www.iqtesting.com).
2. Select "**Exam Registration.**"
3. Log in using the username and password provided to you in your pre-registration email. If you forgot your password, click the "forgot password" link and it will be emailed to you.
4. Select "**IC&RC**" from the organization dropdown menu and click the "**Next**" button.
5. To reschedule an examination, click "**edit.**" This will cancel your current examination date and prompt you to immediately select a new date.
6. To cancel an examination, click "**cancel.**" Once your examination is cancelled, you can log on to [www.iqtesting.com](http://www.iqtesting.com) at a later date to select a new examination date. Please

note, your designated testing window to take the examination will remain the same.

7. An email confirmation will be automatically sent to you when you cancel or reschedule your examination.

**Candidates will be required to pay a rescheduling or cancellation fee to PROMETRIC before they are able to reschedule or cancel an examination. Acceptable forms of payment are Visa, Master Card or American Express.**

Candidates are **unable** to reschedule or cancel an examination **less than 5 days PRIOR** to their scheduled examination. Exceptions are made only for the following reasons: jury duty, death in immediate family<sup>1</sup> within **14 calendar days** of the examination date, illness or medical complication within **14 calendar days** prior to the examination date **OR** the scheduled examination date, and military deployment.

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

If candidates fail to show up for an examination, do not have the proper identification or Candidate Admission Letter, they will not be permitted to sit for their examination. They will be considered a “No-Show,” examination fees will be forfeited, and they will be required to re-register and pay all fees to their IC&RC Member Board prior to scheduling another examination.

## **Inclement Weather**

PROMETRIC takes a proactive approach when monitoring inclement weather. They watch the progress of storms and keep in constant contact with their testing centers. If a testing center closes, PROMETRIC will make its best effort to inform candidates. However, it is recommended that candidates contact PROMETRIC directly at +1-866-773-1114 to confirm their testing center is still open on the day of their examination.

If a candidate is unable to make a testing appointment due to inclement weather but the testing center does not close, they must contact PROMETRIC at +1-866-773-1114. PROMETRIC will confirm that there has been bad weather in the area and reschedule the examination.

---

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

## Rules and Security

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

Examples of misconduct include, but are not limited to:

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

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

No books, papers, or other reference materials may be taken into the examination room. An area will be provided for storage of such materials. (see special "remote proctoring" rules on your member boards website).

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

## Special Accommodations

Individuals with disabilities and/or religious obligations that require modifications in test administration may request specific procedure changes, in writing, to their IC&RC Member Board PRIOR to scheduling an examination. With the written request, the candidate must provide official documentation of the accommodation requested. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

Candidates should contact their IC&RC Member Board to inquire about other necessary documentation. Contact information for all IC&RC Member Boards can be found at [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

Candidates will receive further information on scheduling an examination with accommodations once their request has been reviewed and approved.

Candidates with accommodations will be held to IC&RC's cancelling, rescheduling, and missed examination policies<sup>2</sup>. In addition, a candidate with accommodations deemed as a "No-Show," may be responsible for any fees incurred for the coordination of their accommodations in addition to forfeiting their examination fee. Candidates will be required to pay these fees to their IC&RC member board prior to scheduling another examination.

## Scoring

### **Receiving Scores:**

All scores are reported to the designated IC&RC Member Board for distribution. IC&RC does **not** have the authority to release scores. This process takes approximately two to three weeks. Preliminary scores are provided to candidates immediately following completion of the examination. Candidates seeking their official scores should contact their IC&RC Member Board. Contact information for all IC&RC Member Boards can be found at [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

### **Reporting Scores:**

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

### **Scaled Scores:**

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

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

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

<sup>2</sup> If candidates fail to show up for an examination, do not have the proper identification or Candidate Admission Letter, they will not be permitted to sit for their examination. They will be considered a "No-Show," examination fees will be forfeited, and they will be required to re-register and pay all fees to their IC&RC Member Board prior to scheduling another examination. 7  
Updated 10/22

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

### **Determining a Passing Score:**

A candidate's examination score is based on the total number of questions answered correctly. Candidates should answer each question, as no points are deducted for incorrect answers.

The passing scores for IC&RC examinations are established through a process called standard setting. During standard setting, a panel of Subject Matter Experts (SMEs) working in the field, determines the level of knowledge a candidate must demonstrate in order to pass the examination. This level of knowledge is then converted into a cut score for each version of the examinations. All candidates that meet or exceed the cut score for their version of the examination will earn a passing mark.

### **Use of Multiple Examination Forms:**

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

The use of multiple forms for the same examination will not make it easier or more difficult for candidates to pass one form of the examination. IC&RC's testing company uses statistical data on each test question to evaluate the difficulty of each examination form. The examinations are constructed in order to minimize variations in difficulty from one form to another. The passing scores for each examination form are adjusted accordingly to account for any differences in form difficulty.

### **Use of Pretesting Items:**

On each IC&RC examination, there are unweighted questions called pretest items. Pretest items do not influence final scores or a pass/fail status. They are not identified on examinations and appear randomly. IC&RC uses pretest items to pilot newly written items to ensure quality prior to their use as a weighted item. Pretesting ensures the quality of future examinations and provides verification that items are relevant to competency and measure proficiency.

### **Failing Scores:**

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



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

## Grievances, Test Disclosure, and Retakes

### Examination Grievances:

All examination scores are final. Examination scores cannot be appealed.

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

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

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

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

### Test Disclosure:

Candidates should be aware that IC&RC security and item banking procedures do not permit candidates access to examination questions, answer keys, or other secure materials related to the examination. Candidates that have questions or comments about a specific item should click the **Comment on This Question** button during their examination. Candidate comments will be reviewed by IC&RC. Candidates will not be contacted regarding their comments.

### **Retakes:**

Candidates interested in retaking an examination must wait a **minimum** of 90 days after their examination. Member boards may increase this waiting period. To schedule a retake and clarify the mandatory waiting period, candidates should contact their local IC&RC Member Board. Contact information for all IC&RC Member Boards can be found at [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

**The mandatory waiting period cannot be waived under any circumstances.**

After four consecutive failed attempts, IC&RC Member Boards must require candidates to take remedial actions before a subsequent four testing attempts. The required remedial actions are at the discretion of the board. Candidates who fall into this category should contact their IC&RC Member Board. Contact information for all IC&RC Member Boards can be found at [www.internationalcredentialing.org](http://www.internationalcredentialing.org).

## **Format and Length**

The questions on the examination are multiple-choice with three or four options. There is only one correct or best answer for each question. Candidates should carefully read each question and choose the single best answer. It is advisable to answer every question since the number of questions answered correctly will determine the final score. There is no penalty for guessing.

Number of Scored Items: 125  
Number of Pre-test Items: 25  
Total Number of Items: 150  
Length of Administration: 3 hours

## **Content**

The Job Analysis identified several performance domains. Several tasks have been identified within each performance domain. These tasks and the needed knowledge or skills for their completion are the basis of examination questions.

<b>Domains</b>	<b>Weight on Exam</b>
Planning and Evaluation	25%
Prevention Education and Service Delivery	15%
Communication	15%
Community Organization	15%
Public Policy and Environmental Change	11%
Professional Growth and Responsibility	19%

## Domain 1: Planning and Evaluation

- A. Conduct a community-level needs assessment
  - 1. Community characteristics
  - 2. Problem identification
  - 3. Community readiness assessment
  - 4. Community resources and resource gaps
  - 5. Basic terms in epidemiology
- B. Determine priorities based on comprehensive community assessment.
  - 1. Focus population
  - 2. Problem prioritization strategies
  - 3. Shared risk and protective factors among physical health, substance use/misuse/misuse and other behavioral health disorders
- C. Conduct information gathering and data review/interpretation
  - 1. Information gathering techniques
  - 2. Data literacy
- D. Utilize prevention theory
  - 1. Health disparities
  - 2. Social determinants of health and mental health
  - 3. Continuum of care
  - 4. Risk and Protective Factors Theory
  - 5. Public health approach
  - 6. Theory of Change
  - 7. Human developmental theories
- E. Develop a comprehensive prevention plan
  - 1. Logic models as a planning and evaluation tool
  - 2. Evidence-based prevention interventions
  - 3. Work plans
  - 4. Sustainability strategies
- F. Identify prevention program evaluation strategies.
  - 1. Evaluation instruments/models
  - 2. Validity and reliability of evaluation instruments/models
  - 3. Interpretation and application
- G. Conduct evaluation activities and identify opportunities to improve outcomes.
  - 1. Program fidelity assessment
  - 2. Adaptation evaluation
  - 3. Process and outcomes
- H. Utilize strategies to enhance sustainability of prevention program outcomes.
  - 1. Community capacity building
  - 2. Grant research and writing
  - 3. Data reporting
  - 4. Community ownership
  - 5. Resource assessment and development

## **Domain 2: Prevention Education and Service Delivery**

- A. Coordinate prevention activities
  - 1. Group processes
  - 2. Training techniques
  - 3. Interagency dynamics/power relationships/reciprocity
  - 4. Sustainable relationships and alliances
  - 5. Engagement strategies
  - 6. Existing community structures and norms
  - 7. Involvement of diverse populations
  - 8. Equitable access
- B. Implement prevention education and skill development activities
  - 1. Learning styles, instructional strategies, and presentation methods
  - 2. Curriculum training
- C. Utilize strategies for maintaining program fidelity
  - 1. Principles of and guidelines for fidelity and adaptation
  - 2. Instructional materials modification
  - 3. Core component maintenance

## **Domain 3: Communication**

- A. Demonstrate methods for promoting the science of prevention
  - 1. Interactions and strategies with the media and public
  - 2. Media literacy, media advocacy, and social marketing
- B. Utilize marketing techniques for prevention programs
  - 1. Effective marketing strategies and impact
  - 2. Communication models
- C. Apply principles of effective listening
  - 1. Active listening
  - 2. Interviewing techniques
- D. Apply principles of public speaking
  - 1. Logical presentation, organization, and key points
  - 2. Storytelling, use of examples, and building rapport
  - 3. Strategies to promote discussion
  - 4. Visual aids and other presentation resources
- E. Employ effective facilitation skills.
  - 1. Audience characteristics
  - 2. Meeting agenda and action items
  - 3. Professional behaviors and communication skills
  - 4. Safe/inclusive spaces and conflict management
  - 5. Time management

- F. Demonstrate interpersonal communication competency.
  - 1. Written and interpersonal communication skills
  - 2. Networking and community outreach

## **Domain 4: Community Organization**

- A. Identify community demographics and norms
- B. Utilize strategies to recruit and engage a diverse group of stakeholders
  - 1. Community sector representation and perspectives
  - 2. Current and emerging community leaders/influencers
- C. Utilize strategies to build community ownership and provide technical assistance
  - 1. Community engagement strategies
  - 2. Capacity-building strategies
  - 3. Roles in community ownership
  - 4. Shared leadership
  - 5. Patterns of group and organizational communication
  - 6. strategies for empowering community members
  - 7. Advocacy strategies
  - 8. Training and mentoring community members
  - 9. Coalition development and sustainability
  - 10. Strategic planning activities
  - 11. Education resources for community members
- D. Utilize negotiation and collaboration strategies to build and sustain alliances with other service providers
  - 1. Formal agreements
  - 2. Referrals
- E. Integrate prevention strategies into physical and behavioral health planning and activities
  - 1. Global behavioral health systems and their strategic goals
  - 2. Prevention participation in related health initiatives
  - 3. Behavioral health epidemiology
  - 4. Spectrum of behavioral health services

## **Domain 5: Public Policy and Environmental Change**

- A. Utilize strategies and resources to promote environmental change
  - 1. Evidence-based environmental strategies and policies
  - 2. Education of decision makers
- B. Demonstrate advocacy skills in public health promotion and prevention
  - 1. Political processes
  - 2. Difference between lobbying and advocacy
  - 3. Public policy development and advocacy for healthy and safe communities
  - 4. Change agents and policy makers
  - 5. Negotiations
  - 6. Social justice

## **Domain 6: Professional Growth and Responsibility**

- A. Demonstrate adherence to legal, professional, and ethical principles
  - 1. Prevention Code of Ethics
  - 2. Ethical use of funds
  - 3. Conflicts of interest
  - 4. Confidentiality
  - 5. Mandated abuse and neglect reporting
  - 6. Recipient rights and informed consent
  - 7. Copyright laws and reference procedures
  - 8. Strategies to ensure the safety of program participants
  - 9. Prevention professional scope of practice
  - 10. Ethical fundraising
  - 11. Ethical use of social media and technology
- B. Incorporate cultural responsiveness and health equity into prevention processes
  - 1. Culturally responsive organizational structures
  - 2. Focus population inclusion
- C. Demonstrate healthy behaviors and self-care
  - 1. Community resources that support health and well-being
  - 2. Healthy living strategies and wellness promotion
  - 3. Conflict resolution and stress management strategies
  - 4. Seeking and utilizing support from peers
  - 5. Recognition of personal limitations
- D. Recognize importance of participation in professional associations
  - 1. Professional associations and organizations related to behavioral health
  - 2. Networking and relationship building
- E. Demonstrate knowledge of the science of substance use/misuse disorders
  - 1. Biases, beliefs, and cultural assumptions related to substance use/misuse

2. Signs, symptoms, and progressive stages of substance use/misuse disorders
  3. Family dynamics
  4. Effects of drugs on the brain and the body
  5. Prevention within a recovery-oriented system of care
  6. Co-occurring disorders
  7. Brief intervention and referral
  8. Harm reduction
- F. Demonstrate knowledge of mental, emotional, and behavioral health issues
1. Effects of mental, emotional, and behavioral health on the family
  2. Biases, beliefs, and cultural assumptions related to mental health
  3. Signs and symptoms of behavioral health conditions/disorders
  4. Trauma-informed lens
- G. Prepare and maintain reports, records, and documents
1. Fiscal responsibility
  2. Grant compliance
  3. Best practices in documentation

# Sample Questions

1. When obtaining support of community members to deal with a substance use/misuse issue, it is important to recruit people who
  - (A) need to be convinced that the substance use/misuse issue is a problem.
  - (B) are already interested in addressing the concern.
  - (C) presently use the substance.
  - (D) have children who are at risk of using the drug.
2. Effective continuing education programs for Prevention Specialists should
  - (A) bring together a diverse staff.
  - (B) develop and maintain relationships with students.
  - (C) combine academic and community approaches.
  - (D) combine academic and experiential learning.
3. Planning for a substance use/misuse prevention program starts with
  - (A) assessing the level of substance use/misuse in the community.
  - (B) selecting a school-based prevention curriculum.
  - (C) convening a meeting of stakeholders.
  - (D) offering multiple interventions across the community.
4. Recommendations to policy makers for an improved infrastructure to address mental, emotional, and behavioral outcomes among young people should cover three domains: research and innovation, training, and
  - (A) information dissemination.
  - (B) alternative strategies.
  - (C) delivery of successful interventions.
  - (D) referrals to appropriate programs.
5. Which of the following are collected in conducting a community assessment?
  - (A) Quantitative and qualitative data
  - (B) Survey and archival data
  - (C) Focus groups and environmental data
  - (D) Disaggregated and ethnic data



6. According to the Social Development Strategy, one of the conditions necessary to build bonding is to
- (A) provide information on drugs and their effect on adolescent brain development.
  - (B) discuss community attitudes toward substance use/misuse among youth.
  - (C) invite guest speakers from law enforcement and criminal justice.
  - (D) provide opportunities for youth to contribute to their communities, families, peer groups, and schools.
7. Prevention programs should be tailored to address risk specific to population or audience characteristics, such as
- (A) socioeconomic status and education level.
  - (B) hobbies and extracurricular activities.
  - (C) personal goals and achievements.
  - (D) physical ability and endurance.
8. Kelly is a prevention specialist facilitating a youth prevention program. Scott, who is 16 years of age, entered the program a few months ago. Scott states that he was referred to the program by the school guidance counselor due to his low grades, high absenteeism, and suspected substance misuse. Scott has just completed the educational classes that Kelly facilitates. The youth prevention program Scott attended is
- (A) a universal program.
  - (B) a selective program.
  - (C) an indicated program.
  - (D) a treatment program.
9. In a social marketing campaign, **NOT** fitting in with peers is an example of
- (A) product.
  - (B) price.
  - (C) place.
  - (D) promotion.
10. The entity that can establish that Alcohol, Tobacco, and Other Drugs (ATOD) are a societal problem that local people can solve, thereby increasing the likelihood that people will support and sustain efforts they help create, is the
- (A) city government.
  - (B) health care provider.
  - (C) youth-serving agency.
  - (D) community coalition.

Answers:

1. B
2. D
3. A
4. C
5. A
6. D
7. A
8. C
9. B
10. D

## Reference List

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

### Examination Reference List

Revised October 2022

1. Academy for Educational Development. (2005). *Facilitating Meetings: A Guide for Community Planning Groups*. Retrieved from [http://preventiontrainingservices.com/resources/Facilitating%20Meetings%20version\\_2\\_005.pdf](http://preventiontrainingservices.com/resources/Facilitating%20Meetings%20version_2_005.pdf).
2. Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al. (2010). *Alcohol: No Ordinary Commodity*. Research and Public Policy (2nd ed.). Oxford: Oxford University Press.
3. Center for Substance Abuse Prevention. (2009). *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. HHS Pub. No. (SMA) 09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://preventiontrainingservices.com/wp/wp-content/uploads/identifying-and-selecting-evidence-based-interventions-samhsa-2009.pdf>
4. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Primer Series*. Retrieved from
  - a. [\*\*Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals. \(2018\).\*\*](#)
  - b. [\*\*Capacity Primer: Building Membership, Structure and Leadership. \(2018\).\*\*](#)
  - c. [\*\*Planning Primer: Developing a Theory of Change, Logic Models and Strategic and Action Plans. \(2018\).\*\*](#)
  - d. [\*\*Implementation Primer: Putting Your Plan into Action. \(2018\).\*\*](#)
  - e. [\*\*Evaluation Primer: Setting the Context for a Drug-Free Communities Coalition Evaluation. \(Revised 2018\).\*\*](#)

- f. [Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan. \(2018\).](#)
  - g. [Sustainability Primer: Fostering Long-Term Change to Create Drug-Free Communities. \(2018\).](#)
5. Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute. *Beyond the Basics Series*. Retrieved from.
    - a. [People Power: Mobilizing Communities for Policy Change. \(2012\).](#)
    - b. [Telling the Coalition Story: Comprehensive Communication Strategies. \(2010\).](#)
    - c. [The Coalition Impact: Environmental Prevention Strategies. \(2010\).](#)
  6. Compton, M. T. (Ed.). (2010). *Clinical manual of prevention in mental health*. American Psychiatric Publishing.
  7. Corey, G., Corey, M. S., & Callanan, P. (2015). *Issues and Ethics in the Helping Professions* (9th ed.). Belmont: Brooks/Cole.
  8. Imm, Pamela, Matthew Chinman, Abraham Wandersman, David Rosenbloom, Sarah Guckenbug, and Roberta Leis, Preventing Underage Drinking: Using Getting To Outcomes™ with the SAMHSA Strategic Prevention Framework to Achieve Results. Santa Monica, CA: RAND Corporation, 2007. Retrieved from: [https://www.rand.org/pubs/technical\\_reports/TR403.html](https://www.rand.org/pubs/technical_reports/TR403.html).
  9. National Academies of Sciences, Engineering, and Medicine. (2019, September 11). Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda. Links to an external site. National Academies Press. Retrieved from: <https://nap.nationalacademies.org/catalog/25201/fostering-healthy-mental-emotional-and-behavioral-development-in-children-and-youth>
  10. National Institute of Drug Abuse. (2018). *Drugs, Brains, and Behavior-The Science of Addiction*. Retrieved from <http://www.drugabuse.gov/publications/science-addiction>.
  11. Substance Abuse and Mental Health Services Administration, *Focus on Prevention*. HHS Publication No. (SMA) 10–4120. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, Revised 2017. Retrieved from <http://store.samhsa.gov/product/Focus-onPrevention/SMA10-4120>.
  12. White, W. L., & Popovits, R. M. (2001). *Critical Incidents: Ethical Issues in the Prevention and Treatment of Addiction* (2nd ed.). Bloomington: Lighthouse Institute.

## About IC&RC

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

Quality and integrity are the foundation of IC&RC's work. IC&RC's credentials use the latest research on evidence-based practices, and they are updated regularly to stay relevant to changes in the field. Examinations are subjected to an extensive process of peer review, written by Subject Matter Experts, and supported by current references.

# 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