



West Virginia Certification Board for Addiction and Prevention
Professionals

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**CERTIFIED
PREVENTION SPECIALIST**

Manual

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West Virginia Certification Board for Addiction and Prevention Professionals, Inc.

Revised July 2008

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Section I — Authority for Certification of Addiction and Prevention Professionals

Certification is the process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.

The authority of the West Virginia Certification Board for Addiction and Prevention Professionals (WVCBAPP) is derived from the persons who are dedicated to service as addiction and prevention professionals and who will be most affected by certification.

Application for certification is entirely voluntary. No governmental entity requires this certification.

Individuals seeking it choose to do so of their own free will and must agree to accept the decision of the WVCBAPP.

Value of credence of certification should be based on knowledge of the certification standards and experience with Certified Addictions and Prevention Professionals. The Certification Board has incorporated the standards developed by the Role Delineation Study of the ICRC/AODA* as those standards prevention professionals in West Virginia will meet in order to attain the highest level of certification.

The credibility of the certification process results from standards which are maintained and upgraded. The Certification Board's major role is to assure that professional competence and integrity are attained and maintained.

As a member of the ICRC/AODA, the West Virginia Certification Board for Addiction and Prevention Professionals adheres to the ICRC's minimal standards and meets their quality improvement guidelines.

*Alcohol Tobacco and Other Drug Abuse Prevention Specialist Role Delineation Study of the International Certification Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. prepared by Columbia Assessment Services, Inc.

Section II — Purpose for Certification

Establishing consistent standards to measure the quality of services along with a system of voluntary, professional certification of prevention professionals is intended to assure quality services to the consumer and to help define, communicate and promote the profession.

The purpose of the certification of prevention professionals:

- To establish and recognize basic standards for professional competence in the field;
- To establish the credibility of the prevention profession with consumers, employers and funders; and
- To provide standards for the evaluation of persons seeking employment in the prevention field.

Certification as a Prevention Specialist is heavily based on both knowledge and demonstrated competency. An applicant is required to demonstrate competency as defined in this manual.

Prevention Specialist I Certified Prevention Specialist I (CPSI) is granted to professionals whose primary duties are to provide direct services to the consumer (e.g., delivering school prevention programs, facilitating youth and community groups, etc.)

A Prevention Specialist I is a person who has demonstrated experience in the field of prevention. This person has functioned with skilled supervision and has demonstrated the knowledge and skills commensurate with a minimum of a four year degree (in community, health, education or related field approved by the WVCBAPP), training, and/or experience in the field of prevention. At least one year must be in direct services to the consumer.

Prevention Specialist II Certified Prevention Specialist II (CPSII) is granted to professionals involved in a broad spectrum of prevention services (e.g., coordinating, advising, planning, administration, research and development, etc.) This person is highly skilled, knowledgeable and able to function with little or no supervision. This person demonstrates a skill level commensurate with a minimum of a bachelor's degree in Behavioral Science (or a related field approved by WVCBAPP), and 2 years of paid experience in the field.

The type of certification sought depends on the applicant's type of current work involvement, experiences in the field, educational background and knowledge base.

Section III — Criteria for the Certified Prevention Specialist I (CPSI)

Qualifying experience— a minimum of 4 years qualifying experience that includes:

Work Experience

At least 1 year of paid or volunteer work experience in which an average of 8 hours per week is devoted to planning or delivering prevention services. Volunteer work experience will not count for more than 2 years of qualifying experience.

Formal Education

A minimum of a 4-year degree from an accredited university or college in community health, health, education or related field approved by WVCBAPP.

Education/Training

A minimum of 180 documented clock hours of prevention education and/or training with a minimum of 70 hours specific to the performance domains identified by WVCBAPP. These hours may include accredited degree work. 50 hours of education must be specific to Alcohol, Tobacco & Other Drugs. In addition 6 hours of ethics specific to addiction and prevention is required.

Supervised Practical Experience

150 completed hours of supervised practical experience with a minimum of 10 hours in each of the 5 performance domains.

Knowledge Base

Competence in the performance knowledge areas demonstrated by obtaining a passing score on the 1CRC written examination.

Skill Base

Competence in the performance domain skill areas as defined by the WVCBAPP.

Professional Code of Ethics

Applicant must subscribe to the WVCBAPP's adopted Code of Ethics (see section XI.)

Section IV — Criteria for the Certified Prevention Specialist II (CPSII)

Qualifying Experience — a minimum of 6 years of qualifying experience, which includes:

Work Experience

At least 2 years of paid work experience specific to prevention.

Formal Education

A minimum of a Bachelors Degree from an accredited university or college in community, health, education or related field approved by WVCBAPP.

Education/Training

A minimum of 270 documented clock hours of prevention education and/or training with a minimum of 105 hours specific to the 5 performance domains identified by WVCBAPP. These hours may include accredited degree work.

Supervised Practical Experience

300 completed hours of supervised practical experience with a minimum of 20 hours in each of the 5 performance domains.

Knowledge Base

Competence in the performance knowledge areas demonstrated by obtaining a passing score on the ICRC written examination.

Skill Base

Competence in the performance domain skill areas as defined by the WVCBAPP.

Professional Code of Ethics

Applicants must subscribe to the WVCBAPP's adopted Code of Ethics

Section V — Definition of Prevention and the Prevention Professional/Specialist

In establishing standards for the certification of the Prevention Professional/Specialist, it is necessary to define both the concept of Prevention as well as the role of the individual. In November 1996, the ICRC began changing the definition from strictly *addiction* prevention to a broader based concept in the sense that the work of prevention is intended to alleviate a wide range of at-risk behaviors.

ICRC Definition of Prevention — Prevention is a pro-active process of helping individuals, families and communities to develop the resources needed to develop and maintain healthy lifestyles. Prevention focuses upon the development of innovative programs and carefully planned interventions that are implemented before the onset of physical, psychological, emotional, or social problems. Prevention is broad based in the sense that it is intended to alleviate a wide range of at-risk behaviors including, but not limited to, alcohol, tobacco, and other drug abuse, crime and delinquency, violence, vandalism, mental health problems, family

conflict, parenting problems, stress and burnout, child abuse, learning problems, school failure, school dropouts, teenage pregnancy, depression and suicide.

Consistent with this change in definition of the concept, the definition of the role of Prevention Professionals also changed.

Definition of a Prevention Professional - Prevention professionals, through a combination of education, specialized training, supervised work experiences, and human service skills, help individuals, families, and communities to use their physical, intellectual, emotional, social, vocational and spiritual resources to promote personal well being. They do this by fostering:

- awareness, knowledge, competency and skills;
- self-esteem and self-reliance;
- increased coping ability;
- support systems in families, schools, work places and the community;
- conditions for healthy lifestyles and resistance to physical and psychological illness and disease;
- environmental conditions that insure a healthy community; and
- cultural competency and awareness.

Section VI — Performance Domains of the Prevention Specialist

The professional activities of the prevention specialist will, of necessity, cover a broad range of techniques and modalities appropriate for the infinite variety (age, sex, religion, ethnicity, education, economic and social status) of groups, organizations and individuals in our communities. However, there is a set of functions common to all prevention specialists, regardless of practice settings, life experience and educational background. These functions are comprised of the following domains:

- Domain I. Planning and Evaluation
- Domain II. Education and Skill Development
- Domain III. Community Organization
- Domain IV. Public and Organizational Policy
- Domain V. Professional Growth & Responsibility

Section VII — Domains, Tasks, Knowledge, Skill and Attitude Statements

Performance Domain I — Planning and Evaluation

Tasks:

- 1.1 Use needs assessment strategies to gather relevant data for ATOD prevention planning.
- 1.2 Identify gaps and prioritize needs based on the assessment of community conditions.
- 1.3 Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- 1.4 Develop an ATOD prevention plan based on research and theory that addresses community needs and desired outcomes.
- 1.5 Identify resources to sustain prevention activities.
- 1.6 Identify appropriate ATOD prevention program evaluation strategies.
- 1.7 Conduct evaluation activities to document program implementation and effectiveness.
- 1.8 Use evaluation findings to determine whether and how to adapt ATOD prevention strategies.

In order to perform the tasks identified in Domain 1, professionals will have to possess the following knowledge, skills, and/or attitudes.

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize and interpret data.
- c. Knowledge of strategic planning processes.
- d. Ability to conduct strategic planning activities.
- e. Knowledge of current ATOD prevention program best practices, logic-models, and the continuum of care.
- f. Knowledge of the components of effective ATOD prevention program planning.
- g. Ability to develop effective, outcome focused ATOD prevention programming.
- h. Knowledge of financial and non-financial resources.
- i. Ability to access financial and non-financial resources
- j. Knowledge of ATOD prevention program evaluation instruments/models.
- k. Ability to participate in ATOD prevention program evaluation activities.
- l. Ability to interpret and apply ATOD prevention program evaluation findings.
- m. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

Performance Domain II — Education and Skill Development

Tasks:

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

In order to perform the tasks identified in Domain 2, professionals will have to possess the following knowledge, skills, and/or attitudes.

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize and interpret data.
- c. Knowledge of current ATOD prevention program best practices, models, and the continuum of care.
- d. Knowledge of current ATOD theory and models.

- e. Ability to synthesize ATOD prevention and ATOD theory models to develop education and skill development programs.
- f. Ability to maintain program fidelity when modifying and/or implementing evidence-based programs.
- g. Knowledge of accurate and timely ATOD content resources for instructional programming.
- h. Knowledge of copyright issues.
- i. Ability to obtain copyright permission prior to implementing copyrighted materials/content.
- j. Knowledge of adult learning styles, instructional strategies, and presentation methods.
- k. Ability to develop, modify, or implement instructional materials.
- l. Knowledge of training and group facilitation techniques.
- m. Knowledge of group processes (consensus building, conflict resolution, etc.).
- n. Knowledge of cultural diversity.
- o. Ability to demonstrate cultural competence and sensitivity.
- p. Ability to implement educational/skill building programs and facilitate group processes.
- q. Knowledge of training evaluation models, instruments and processes.
- r. Ability to interpret evaluation data and revise programming as necessary.
- s. Knowledge of the policies, procedures, and legal/programmatic limitations that guide the practice of related professions.
- t. Knowledge of interagency dynamics and/or power relationships within the community, agency or institution and their impact on the intended audience.
- u. Ability to successfully work within existing organizational and community structures.
- v. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

Performance Domain III — Community Organization

Tasks:

- 3.1 Identify the community's demographic characteristics and core values.
- 3.2 Identify key community leaders to ensure diverse representation in ATOD prevention programming activities.
- 3.3 Build community ownership of ATOD prevention programs by collaborating with key community leaders/members when planning, implementing and evaluating prevention activities.
- 3.4 Provide technical assistance to community members/leaders in implementing ATOD prevention activities.
- 3.5 Develop capacity within the community by recruiting, training, and mentoring ATOD prevention-focused volunteers.
- 3.6 Assist in creating and sustaining community-based coalitions.

In order to perform the tasks identified in Domain 3, professionals will have to possess the following knowledge, skills, and/or attitudes.

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize and interpret data.
- c. Knowledge of cultural diversity
- d. Ability to demonstrate cultural competence and sensitivity.

- e. Knowledge of group processes (consensus building, conflict resolution, etc.).
- f. Ability to facilitate group processes.
- g. Knowledge of intercommunity organizational structures and patterns of communication.
- h. Knowledge of informal and formal power systems.
- i. Ability to work successfully within existing community structures and norms.
- j. Ability to identify current and emerging community leaders.
- k. Knowledge of capacity-building strategies.
- l. Ability to implement capacity-building strategies among diverse groups.
- m. Knowledge of training and group facilitation techniques.
- n. Ability to train, mentor, and organize community groups, volunteers, etc.
- o. Understanding of the role of community ownership.
- p. Ability to foster community ownership of ATOD prevention programs.
- q. Ability to transfer ownership of ATOD prevention programs to the community.
- r. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

Performance Domain IV — Public and Organizational Policy

Tasks:

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

In order to perform the tasks identified in Domain 4, professionals will have to possess the following knowledge, skills, and/or attitudes.

- a. Knowledge of information gathering techniques and data sources.
- b. Ability to collect, organize, and interpret data.
- c. Ability to analyze and evaluate data against a standard.
- d. Knowledge of effective social marketing strategies.
- e. Ability to design, develop, and implement social marketing strategies.
- f. Knowledge of effective ATOD prevention policies.
- g. Ability to effectively communicate ATOD prevention policies to decision makers.
- h. Knowledge of environmental change strategies.
- i. Ability to implement environmental change strategies.
- j. Knowledge of political processes.
- k. Ability to work successfully within local political systems.
- l. Knowledge of group processes (consensus building, conflict resolution, etc.).
- m. Ability to facilitate group processes.
- n. Knowledge of and ability to demonstrate effective written and interpersonal communications skills.

Performance Domain V — Professional Growth and Responsibility

Tasks:

- 5.1 Maintain personal knowledge, skills, and abilities related to current ATOD
- 5.2 Network with others to develop personal and professional relationships.
- 5.3 Adhere to all legal, professional, and ethical standards.
- 5.4 Build skills necessary for effectively working within the cultural context of the community.
- 5.5 Demonstrate self-care consistent with ATOD prevention messages.

In order to perform the tasks identified in Domain 5, professionals will have to possess the following knowledge, skills, and/or attitudes.

- a. Knowledge of resources for on-going education, training and professional development related to ATOD issues.
- b. Knowledge of professional associations and organizations.
- c. Ability to apply new ATOD knowledge to professional and personal activities.
- d. Knowledge of group processes (consensus building, conflict resolution, etc.).
- e. Ability to facilitate group processes.
- f. Knowledge of federal and local confidentiality laws.
- g. Knowledge of professional codes of conduct/ethics.
- h. Knowledge of recipient rights and informed consent.
- i. Ability to demonstrate ethical decision-making.
- j. Knowledge of cultural diversity.
- k. Ability to demonstrate cultural competence and sensitivity.
- l. Knowledge of stress reduction, time management, and healthy living techniques.
- m. Ability to demonstrate personal use of stress reduction, time management, and healthy living techniques.
- n. Knowledge of personal biases, beliefs, limitations, and cultural assumptions. Ability to perform as a prevention specialist when personal issues differ with professional issues.
- o. Knowledge of and ability to demonstrate effective written and interpersonal communication skills.

Section VIII - Recertification

Every individual who has attained certification (at either of the two credentialing levels) must seek recertification by the end of the two-year certification period, in order to maintain an active credential.

STEPS TO RECERTIFICATION:

1. Complete the required application form. The recertification application must be postmarked by August 30th. Application forms will be mailed to the individual at least 60 days prior to their certification expiration date. It is still the responsibility of the prevention specialist to notify the board office or download the recertification application from the website, wvcbapp.org.
2. Payment of required fee.
3. Complete 40 hours of continuing education which includes 6 hours specific to addiction. These hours must consist of a minimum of 40 contact hours of training that has been given continuing education approval status by WVCBAPP. (NOTE: Candidates must maintain

documentation of continuing education in the event that they are randomly selected to submit these records.)

OBTAINING APPROVED STATUS FOR TRAINING:

Certification Board approval for continuing education hours/events may be gained in a variety of ways:

- a. By the sponsoring agent: The individual, agency or institution sponsoring the training submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.
- b. By the individual attending the training: The individual attending the training submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.
- c. By the trainer or faculty member: The person teaching the course or workshop submits an application and fee to the Certification Board. The Board reviews the materials and, if appropriate, approves a set number of contact hours.

Procedures and applications for these processes may be obtained from the Certification Board.

LATE FEE:

A late fee of \$75.00 is charged to any re-certification applicant if the application has not been postmarked by August 30th.

INACTIVE STATUS:

Once a certified professional fails to submit the re-certification packet by August 30th of the year in which he/she is supposed to re-certify, the credential is considered to be “inactive” and may not be used until re-certification is obtained. The individual may not identify him/herself as a Certified Prevention Specialist (CPSI or CPSII, Certified Addiction Counselor (CAC), Counselor in Service (CIS), Certified Clinical Addiction Counselor, Certified Clinical Supervisor (CCS), or Certified Criminal Justice Addiction Professional and must notify his/her employer of the inactive status of the credential in question. Since the Certified Clinical Supervisor (CCS) credential requires that the individual holds an active CAC credential, one’s CCS will also become inactive if the CAC or CCAC credential becomes inactive.

The individual can regain his/her credential up to 90 days past the expiration date by completing the re-certification process and paying all late fees (\$75.) After the 90 day period, your certification will be null and void and the individual will have to re-apply, complete all certification paperwork and take all tests in order to be re-credentialed.

Section IX — Upgrade of Certification Level

Those persons who have been granted certification at the Certified Prevention Specialist I level by the WVCBAPP and who have maintained such certification may apply for an upgraded level when appropriate criteria for the Certified Prevention Specialist II has been met. Applications, fees and procedures will be available through the WVCBAPP upon written request. Such applications are voluntary, and individuals must agree to accept decisions of the WVCBAPP.

Section X - Procedure for an Appeal to WVCBAPP Decision

Purpose: The appeal process will determine if a decision rendered on certification/recertification status of an application was arbitrary or capricious.

Procedures:

1. An individual desiring to appeal a decision regarding certification status must do so in writing addressed to the President of the WVCBAPP within 30 days of the postmark of the announcement of the certification status being appealed. This letter must include the following information:

- a) The specific decision being appealed
- b) The outcome desired
- c) The justification for the outcome

2. The review committee will review the appeal and all appropriate data. The President will respond to the appeal letter within 30 days with a letter clearly stating the action taken by the review committee regarding the outcome. The review team will be chosen from an alphabetical listing of the board members on a rotating basis. Board members not participating in the original evaluation would compose the committee. Rotations of members will occur with each new appeal.

3. If the applicant is not satisfied with the review committee's response at this point, he/she may request a personal appearance before the Board. This appearance must be requested in writing within 30 days of the receipt of the initial appeal response from the review committee. This appearance must be held within 60 days of the written request.

4. The person of his/her choice may accompany the applicant to this personal appearance. However, it should be noted that the appeal interview is not a re-interview. It is a review to determine whether the Board acted in an arbitrary or capricious manner.

5. The applicant may present information to the Board to demonstrate that the decision rendered by the Board was arbitrary and capricious.

6. A set time allowance for presentation of information will be established prior to the beginning of the appearance.

7. The applicant will be notified in writing of the Board's decision within seven (7) days of the Board Review.

Section XI – Code of Ethical Standards

The practice of prevention work is based on shared knowledge, skills, and values. It is the purpose of the West Virginia Certification Board for Addiction and Prevention Professionals to promote minimum standards among Prevention Specialists. The following ethical standards shall govern the professional's daily involvement in prevention activities and emphasize the professional concern for the rights and interests of the consumer. They are modeled after the Ethical Standards accepted by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) Board of Directors.

Principle 1 – Non Discrimination

Prevention Specialists shall not discriminate in the delivery of services on the basis of age, ancestry, color, gender, handicap, national origin, race, or sexual orientation.

Principle 2 – Responsibility

Prevention Specialists shall espouse objectivity and integrity and maintain the highest standards in the services offered.

- a. They shall recognize their primary obligation to promote the health and welfare of individuals and communities in order to prevent substance abuse and dependency.
- b. They shall recognize their obligation to support the prevention process.

Principle 3 – Competence

Prevention Specialists shall recognize that the profession is founded on standards of competency that promote the best interests of society, of the individual consumer, and of the profession as a whole.

- a. They shall recognize the limits of their competency and shall provide only those services with which they are familiar.
- b. They shall maintain the willingness and ability to acknowledge when it is in the consumer's best interest to refer to another individual or program.
- c. They shall be committed to upgrading their knowledge and skills in the prevention field through ongoing education and training.
- d. Those who are aware of unethical conduct or of unprofessional modes of practice shall report such violations to the WV Certification Board for Addiction and Prevention Professionals.
- e. They shall recognize personal impairment related to professional performance and shall be willing to seek appropriate treatment.

Principle 4 – Legal and Moral Standards

Prevention Specialists shall uphold the legal and accepted moral codes which pertain to professional conduct.

- a. They shall avoid misrepresentations of their qualifications and limitations.
- b. In the professional setting, they shall model a healthy lifestyle by refraining from the use of alcohol and/or other mood-altering drugs (unless prescribed.) They shall adhere to agency policies in regard to ATOD use.
- c. They shall not associate with or permit their name to be used in connection with any services or products in a way that is incorrect or misleading.
- d. Those associated with the development or promotion of books or other products shall be responsible for ensuring that such books or product are presented in a professional and factual way.

Principle 5 – Public Statement

Prevention Specialists shall respect the limits of present knowledge in public statements concerning alcohol, tobacco, and other drug information.

- a. Those who represent the field to consumers shall report the appropriate information fairly and accurately.
- b. They shall acknowledge and document materials and techniques used.

- c. Those who conduct training in prevention skills or techniques shall indicate to the audience that requisite training/qualifications are required to perform the skills and techniques properly.

Principle 6 – Publication Credit

Prevention Specialists shall assign credit to all who have contributed to the published material and for work upon which the publication is based.

- a. When major contributions of a professional character are made by several persons to a common project, they shall recognize joint authorship. The author who has made the principle contribution shall be listed first.
- b. Minor contributions of a professional character, extensive clerical or similar assistance, and other contributions shall be acknowledged in footnotes or in an introductory statement.
- c. They shall acknowledge, through specific citations, unpublished as well as published materials that have directly influenced the research and writing.
- d. Those who compile and edit for publication the contributions of others shall list themselves as editors, along with the names of others who have contributed.

Principle 7 – Consumer Welfare

Prevention Specialists shall respect the integrity and protect the welfare of the consumer.

- a. They shall be committed to providing the highest quality of services through personal efforts and by utilizing any other health professionals and/or services as needed.
- b. They shall define for self and others the nature and direction of responsibilities and keep all concerned parties informed of these commitments.
- c. In the presence of professional conflict, they shall be concerned primarily with the welfare of the consumer.
- d. They shall not use an individual in a demonstration role in an education/workshop setting where such participating would potentially harm the individual.

Principle 8 – Confidentiality

Prevention Specialists shall adhere to the rules of confidentiality of all records, materials, and knowledge concerning an individual, in accordance with current federal and state regulations.

Principle 9 – Consumer Relationships

Prevention Specialists shall maintain professional conduct between themselves and the consumer.

Principle 10 – Interpersonal Relationships

Prevention Specialists shall treat colleagues with respect and fairness, and shall afford the same professional courtesy to other professionals.

Principle 11 – Remuneration

Prevention Specialists shall establish financial arrangements, when needed, in professional practice and in accord with standards that safeguard the best interests of the consumer, and of the profession. They shall consider carefully the ability of the consumer to meet the financial cost in establishing rates for services.

Principle 12 – Societal Obligations

Prevention Specialists may advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by the disease of alcoholism and other forms of drug addiction. They may inform the public through active circulation and professional participation in community affairs about the effects of drug addiction, and may act to guarantee that all persons, especially the needy and disadvantaged, have access to the necessary resources and services. Prevention Specialists shall adopt a personal and professional stance which promotes the well-being of the community.