

CENTER *for*  
PREVENTION  
WORKFORCE  
DEVELOPMENT

**Prevention Workforce Survey**

**Final Report – May 2006**



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# Contents

<b>EXECUTIVE SUMMARY</b> .....	i
<b>1. RESEARCH FINDINGS</b>	
Survey Methodology.....	1
Demographic Summary.....	1
Comparison of Professional and Educational Backgrounds .....	1
Comparison of Salaries, Benefits and Job Satisfaction .....	4
Job Tasks, Knowledge, Skills and Training Needs of Direct Service Providers.....	7
Recruitment, Training and Retention of Direct Service Providers.....	11
Training and Professional Development for Direct Service Providers .....	12
<b>2. SURVEY SUMMARY</b>	
Demographic.....	14
Work and Professional Background.....	14
Job Satisfaction .....	22
Prevention Competencies (Knowledge and Skills) .....	28
Training and Education .....	35
Agency Staffing and Recruitment.....	41
Support for Training Activities .....	45
Appendix 1 – Direct Service Survey.....	48

# List of Tables and Graphs

## 1. RESEARCH FINDINGS

Figure 1.1. Number of Years in the Prevention Field .....	2
Figure 1.2. Number of Years in Current Position .....	3
Figure 1.3. Number of Years Respondents Anticipate Remaining in the Prevention Field.....	4
Figure 1.4. Salary Ranges Reported by Respondents.....	4
Figure 1.5. Factors of Job Satisfaction.....	6
Figure 1.6. Factors of Job Dissatisfaction .....	7
Figure 1.7. Frequently Performed Direct Service Tasks.....	8
Figure 1.8. Important Areas of Knowledge.....	9
Figure 1.9. Maximum or Considerable Interest in Training in Specific Areas of Knowledge.....	9
Figure 1.10. Important Skill Areas.....	10
Figure 1.11. Maximum or Considerable Interest in Training in Specific Skill Areas.....	10
Figure 1.12. Reasons Agencies Have Difficulties Filling Open Direct Service Staff Positions .....	11
Figure 1.13. Suggestions for Improving Direct Service Staff Retention .....	12
Figure 1.14. Methods for Developing Skills and Abilities of Direct Service Staff .....	13

## 2. SURVEY SUMMARY

Table 2.1. Areas in which Respondents Are Currently Providing Prevention Services.....	15
Table 2.2. Number of Years Respondents Have Worked in the Prevention Field.....	16
Table 2.3. Number of Years Respondents Have Worked in their Current Positions .....	16
Table 2.4. Reasons Why Respondents Entered the Prevention Field .....	17
Figure 2.1. “Supervisor”: Number of Additional Years Anticipated Working in Prevention Field .....	17
Figure 2.2. “Direct Service Staff”: Number of Additional Years Anticipated Working in Prevention Field .....	18
Figure 2.3. “Supervisor”: Annual Salary .....	18
Figure 2.4. “Direct Service Staff”: Annual Salary.....	19
Figure 2.5. “Supervisor”: Health Insurance .....	19
Figure 2.6. “Direct Service Staff”: Health Insurance .....	19
Figure 2.7. “Supervisor”: Retirement Contributions .....	20
Figure 2.8. “Direct Service Staff”: Retirement Contributions .....	20
Figure 2.9. “Supervisor”: Certification/Licensure Status.....	21
Figure 2.10. “Direct Service Staff”: Certification/Licensure Status .....	21
Table 2.5. Factors of Job Satisfaction.....	23

Table 2.6. Factors of Job Dissatisfaction .....	23
Table 2.7. Frequency of Direct Service Tasks Performed by Staff as Rated by Both Sets of Respondents.....	25
Table 2.8. Frequency of Indirect Service Tasks Performed by Staff as Rated by Both Sets of Respondents.....	27
Table 2.9. Importance of Specific Knowledge Areas as Rated by Both Sets of Respondents .....	29
Table 2.10. Level of Knowledge in Specific Areas as Rated by “Direct Service Staff” Respondents.....	30
Table 2.11. Importance of Specific Skills as Rated by Both Sets of Respondents .....	33
Table 2.12. Level of Skill in Specific Areas as Rated by “Direct Service Staff” Respondents.....	34
Table 2.13. Impact on Staff Work in Prevention of Various Training Methods as Rated by Both Groups of Respondents.....	36
Table 2.14. Significance of Factors Used to Determine Whether or Not to Attend or Have Staff Attend Training as Rated by Both Groups of Respondents.....	37
Table 2.15. Level of Interest in Training in Particular Knowledge Areas as Rated by Both Groups of Respondents .....	39
Table 2.16. Level of Interest in Training in Particular Skill Areas as Rated by Both Groups of Respondents .....	40
Figure 2.11. “Supervisor”: Agency Has Difficulties Filling Direct Service Staff Positions.....	41
Table 2.17. Reasons for Agency Difficulties in Filling Open Prevention Positions as Rated by “Supervisor” Respondents .....	42
Table 2.18. Reasons Applicants for Prevention Positions Do Not Meet Minimum Qualifications as Rated by “Supervisor” Respondents .....	42
Table 2.19. Resources Used to Announce Open Prevention Positions as Rated by “Supervisor” Respondents .....	43
Table 2.20. Methods Agencies Use to Develop and Enhance the Skills and Abilities of Direct Service Prevention Staff as Rated by “Supervisor” Respondents .....	43
Table 2.21. Methods Agencies Could Use to Retain Good Direct Service Prevention Staff as Rated by “Supervisor” Respondents .....	44
Table 2.22. Biggest Challenges Facing the Prevention Workforce as Rated by “Supervisor” Respondents .....	45
Table 2.23. Methods of Supporting Training and Professional Development as Rated by “Supervisor” Respondents .....	43
Figure 2.12. “Supervisor”: Consecutive Days Staff Can Attend an Outside Training Event .....	46
Figure 2.13. “Supervisor”: Distance Staff Can Travel for Training.....	46
Table 2.24. Types of Training Most Useful to Agency Supervisors/ Program Directors as Rated by “Supervisor” Respondents .....	47

## EXECUTIVE SUMMARY

Currently little quantitative data relating to the substance abuse prevention workforce, either in Florida or on a national level, is available. While a number of states have performed surveys of their prevention workforce over the past 4 or 5, the methodology and utilization of such surveys for state systems planning has been inconsistent. This report, based on a study conducted during 2006 under the auspices of the Center for Prevention Workforce Development (CPWD) provides a point-in-time comprehensive look at the substance abuse treatment prevention workforce in Florida. It includes information concerning the demographics, skills, needs, and concerns of those in direct service prevention positions as well as the opinions of program managers and supervisors in Florida's prevention agencies.

**BACKGROUND INFORMATION:** The workforce survey distributed by the Center for Prevention Workforce Development was administered primarily via the internet. Approximately 10% of respondents elected to submit paper versions of the survey. The survey was adapted from the Addiction Treatment Workforce Survey and the Agency Director Survey conducted by the Southern Coast ATTC in 2003 as well as prevention workforce surveys from the states of Washington and Missouri. The CWPD measure was self-administered via internet-based electronic response. (Please see Appendix 1 for Direct Service Survey).

A total of 370 individuals responded to the Prevention Workforce Survey 2005: 138 supervisors and 232 direct services staff members. It is acknowledged that the results in this analysis are not necessarily representative of trends in the prevention field, since respondents were self-selecting and limited in number. It is difficult to identify the entire possible pool of respondents, since many persons who do substance abuse prevention work do so in agencies whose primary mission focuses on an issue other than substance abuse. Although every effort was made to have a broad base of agency settings represented within the sample, preventionists working in the education setting and those affiliated with faith-based agencies are not fully represented within these data.

Nonetheless, the results do give a somewhat clearer picture of what is occurring within the prevention workforce and raise some points that need to be clarified further in the interest of expanding the capacity of existing workers and growing the field to attract more and qualified workers.

It is the mission of the Center for Prevention Workforce Development to continue to gather and analyze data about Florida's prevention workforce and to provide training, technical assistance and resources that can help Florida's preventionists to fulfill their mission of helping Florida's citizens to lead safe, healthy and drug-free lives.

# I. RESEARCH FINDINGS

## SURVEY METHODOLOGY

The Florida Certification Board Center for Prevention Workforce Development conducted a survey of employees in the prevention field. Separate instruments were designed for completion by managers/supervisors and by direct service staff. Respondents were able to complete the survey form in writing or online. Data sets for both sets of respondents were provided for analysis. Data analysis was conducted using SPSS 13.0.

It is acknowledged that the results in this analysis are not necessarily representative of trends in the prevention field, nor are they statistically valid, particularly given the limited number of responses and the limited range of respondents.

Nonetheless, the results do give a somewhat clearer picture of what is occurring within the prevention workforce and raise some points that need to be clarified further in the interest of expanding the capacity of existing workers and growing the field to attract more and qualified workers.

## DEMOGRAPHIC SUMMARY

A total of 370 individuals responded to the Prevention Workforce Survey 2005: 138 supervisors and 232 direct services staff members.

Almost all of the respondents were female, 83% of supervisors and 82% of direct services staff.

A majority of respondents were white, 77% of supervisors and 61% of direct services staff. There was slightly more racial diversity among staff respondents, with 29% being Black or African American (compared to 16% of supervisors) and 2% describing themselves as multiracial (compared to less than 1% of supervisors). There were slightly more Hispanic staff respondents, 14% compared to 10% of supervisor respondents.

## COMPARISON OF WORK AND PROFESSIONAL BACKGROUNDS

**Arena of Service.** When asked to list the arenas in which they provided prevention services, the majority of respondents reported working in community-based agencies, 67% of supervisors and 57% of staff members. More of the supervisor respondents reported working parent training programs (35%) or in the arena of child welfare/child abuse (32%), compared to 19% of staff respondents.

More staff respondents reported working in K-12 schools (34%), an arena of service that no supervisors listed.

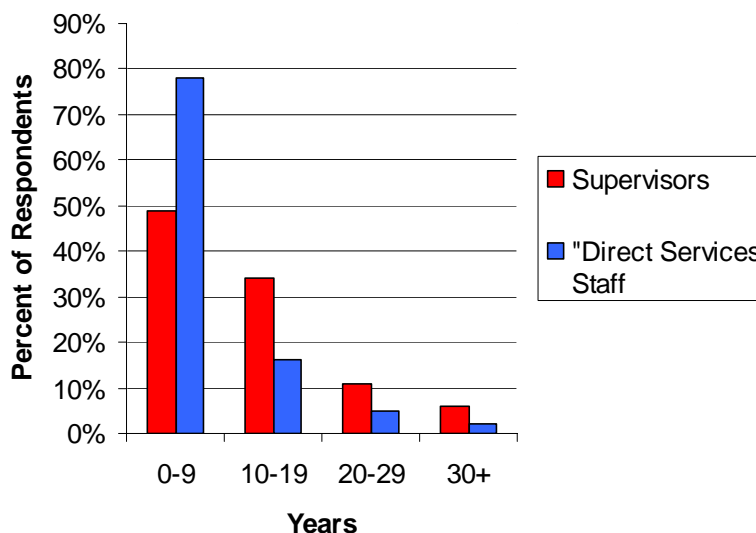
**Primary Prevention Focus.** Despite the differences in service arenas, the primary prevention focus areas were similar for both groups of respondents. Most respondents reported working in substance abuse, 49% of supervisors and 51% of staff members, or child abuse, 29% of supervisors and 25% of staff members.

**Age Group Served.** Approximately one-third of respondents from both groups stated that they work primarily with children between the ages of 10 and 17, 38% of supervisors and 33% of staff members. But more supervisors reported working with children 5 years of age or younger, 21% compared to 14% of staff members, while more staff members reported working with the general adult population (18 years of age and older), 36% compared to 26% of supervisors.

**Primary Role.** As would be expected, almost all of the respondents to the “Supervisor” survey stated they worked in a management or supervisory capacity (93%). However, almost half still provided direct services (44%). Likewise, 90% of respondents to the “Direct Services Staff” survey stated they provided services, either directly or indirectly.

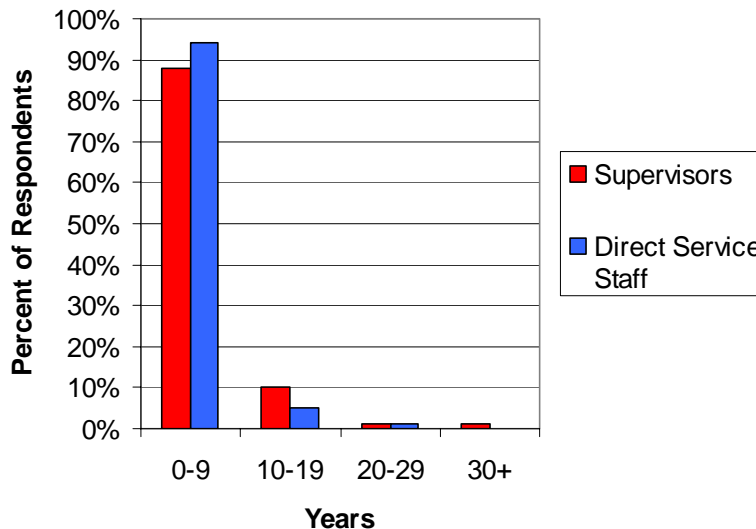
**Number of Years in Prevention Field and Current Position.** There was disparity among the responses of both groups over the number of years individuals have worked in the prevention field. Far more staff members than supervisors have been in the field less than 10 years, 78% compared to 49% of supervisors. As would be expected, more supervisors have been in the field 10 years or more, though few respondents from either group reported being in the field for 20 or more years.

**Fig. 1.1. Number of Years in the Prevention Field.**



Almost all respondents, however, reported holding their current jobs for less than 10 years, 88% of supervisors and 94% of staff.

**Fig. 1.2. Number of Years in Current Position.**



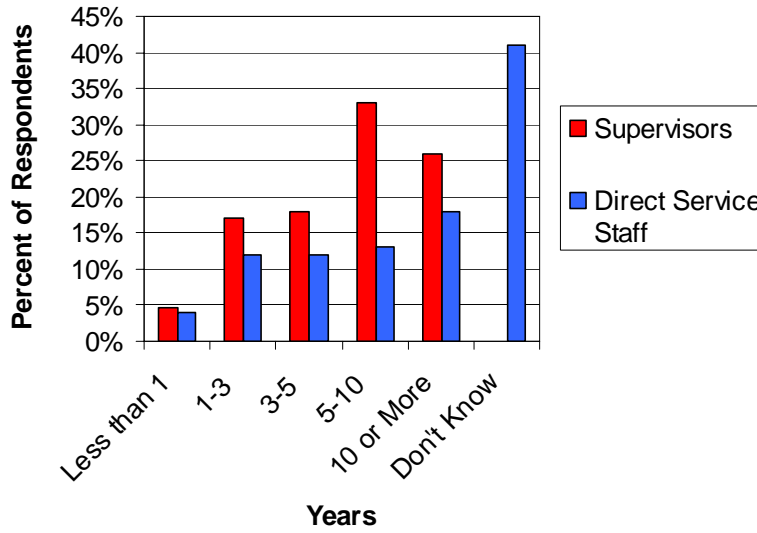
It is expected that those in staff level positions would report being in their current positions, or in the field, for fewer years than those in supervisory positions, if it is assumed that promotions are based, at least in part, on years of experience in the field. But the high number of individuals in both groups who report being in their positions for less than 10 years could indicate that there is routine job turnover and is an interesting point for further analysis.

Most "Supervisor" respondents indicated that they planned to remain in the prevention field at least an additional 5 years: one-third (33%) plan to remain between 5 and 10 years, while an additional 26% plan to remain more than 10 years.

However, the figures are quite different for staff members, with almost half (41%) indicating that they did not know how long they would continue to work in prevention. Of those who specified a time frame, the range was evenly distributed with roughly 12% each selecting 1 to 3 years, 3 to 5 years, and 5 to 10 years.

What is indicated by these figures is that those individuals in a supervisory capacity plan to stay in the field, while those in staff positions are much less certain. As later figures from this survey indicate, factors contributing to this difference in outlook could be a lack of funding for positions or time-limited (grant funded) positions, which presumably are more often staff positions than senior or supervisory positions, or working conditions that are common in the field, such as dealing with paperwork and bureaucratic process, heavy caseloads, or a feeling of having little influence. This is a trend that should be monitored over time.

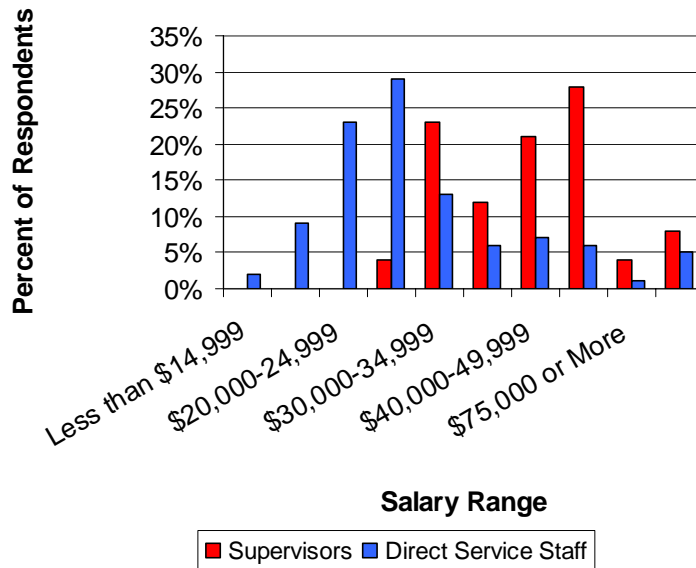
**Fig. 1.3. Number of Years Respondents Anticipate Remaining in the Prevention Field.**



### COMPARISON OF SALARIES, BENEFITS AND JOB SATISFACTION

**Salaries.** Half of the “Supervisor” respondents (53%) reported annual salaries of \$40,000 and above, and 35% earn between \$30,000 and \$39,999. And more than one-fourth, 28%, earn between \$50,000 and \$74,999 annually.

**Fig. 1.4. Salary Ranges Reported by Respondents.**



As expected, the salaries by staff members were lower than those of supervisors, with 52% of the “Direct Service Staff” respondents reporting annual salaries between \$20,000 and \$29,999. Based on responses to other survey questions, the predominance of this salary range could be the result of respondents being relatively new in the field or representative of the low wages or limited funding for positions that were cited as factors of job dissatisfaction.

Benefits arrangements were similar among both groups, and included for most respondents health insurance, retirement contributions, and tuition reimbursement, sick leave, among others.

**Health and Disability Insurance.** A majority of “Supervisor” respondents have health insurance fully provided (60%) or partially provided (35%) by their employers. Only 5% reported having no health insurance.

Similar to the “Supervisor” group, a majority of “Direct Service Staff” respondents have health insurance fully provided (51%) or partially provided (40%). However, slightly more “Supervisor” respondents had fully rather than partially covered health insurance; and 9% of staff reported having no health insurance, almost double the rate reported by supervisors.

Most “Supervisor” respondents reported having fully provided (39%) or partially provided (30%) disability insurance. Similarly, 43% of the “Direct Service Staff” respondents reported having fully provided disability insurance and 22% had it partially provided.

**Sick and Other Paid Leave.** Most “Supervisor” respondents reported having fully provided sick leave (84%) and other paid leave (78%). Nine percent (9%) reported having sick leave partially provided, and 10% reported having other paid leave partially provided.

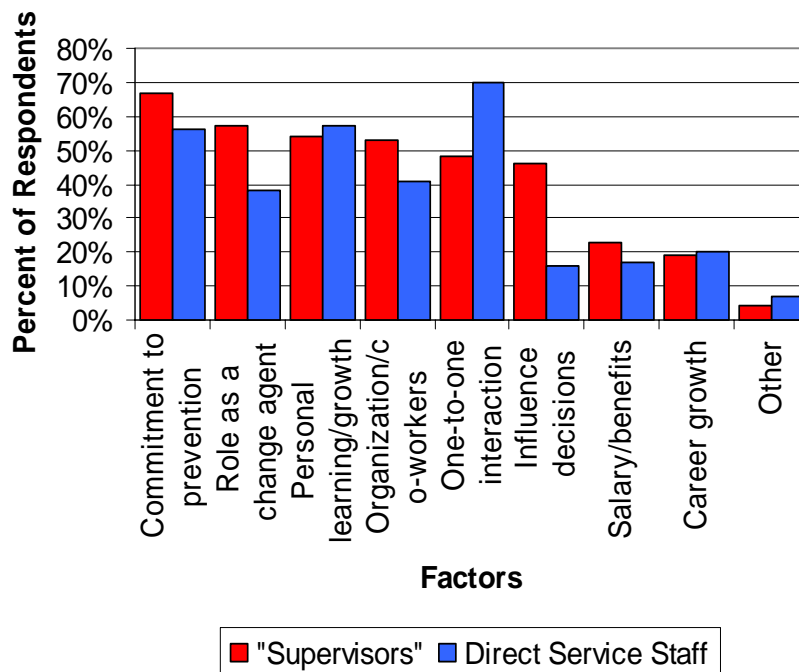
Arrangements for staff were similar, though slightly more staff reported having only partially funded leave benefits or no such benefits. Most “Direct Service Staff” respondents reported having fully provided sick leave (78%) and other paid leave (71%). But 12% stated that they had having no sick leave (compared to 7% of supervisors), and 15% of staff respondents reported having other paid leave only partially provided (compared to 10% of supervisors).

Half of the “Supervisor” respondents (50%) reported having retirement contributions fully provided by their employers and 33% reported having contributions partially provided by their employers. Slightly fewer “Direct Service Staff” respondents (46%) reported having retirement contributions fully provided by their employers and about the same, 35%, reported having contributions partially provided.

**Tuition Reimbursement.** More than half of the respondents (58% of both groups) reported receiving either full or partial tuition reimbursement. However, slightly more staff receive full rather than partial reimbursement: 34% of staff compared to 29% of supervisors.

**Factors of Job Satisfaction and Dissatisfaction.** Supervisors find the most job satisfaction in fulfilling their commitment to prevention, working as a change agent, and finding opportunities for personal learning and growth. Staff members, however, indicate that they overwhelmingly receive the most satisfaction from interacting with people on a one-to-one basis, though they, too, are committed to prevention and seek opportunities for personal growth.

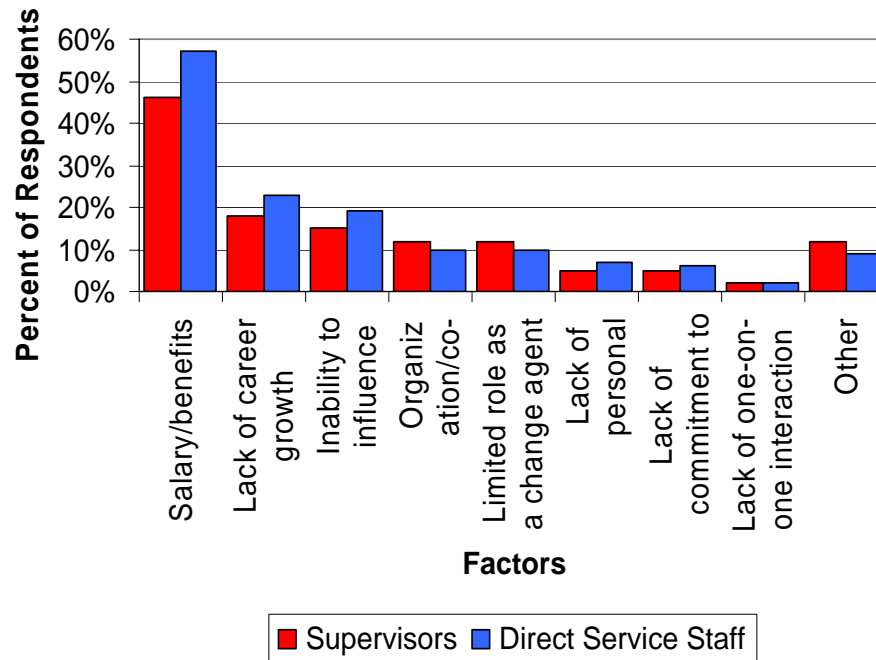
**Fig. 1.5. Factors of Job Satisfaction.**



Serving in the role of change agent and the ability to influence decisions within their own organizations are factors that are more motivating to supervisors than to staff members.

The primary areas of dissatisfaction were similar among both groups: salaries and benefits was the primary factor, followed by a lack of career growth opportunities and the inability to influence decisions within their organizations.

Fig. 1.6. Factors of Job Dissatisfaction.



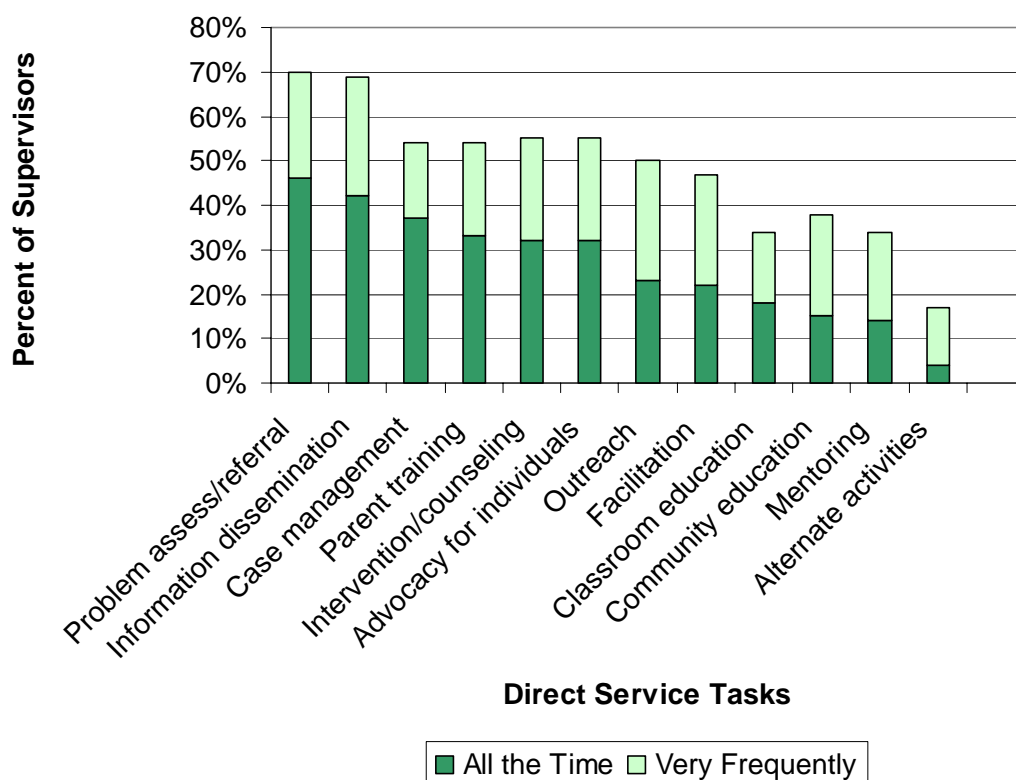
## JOB TASKS, KNOWLEDGE, SKILLS AND TRAINING NEEDS OF DIRECT SERVICE PROVIDERS

**Direct Service Tasks.** Supervisors were asked to rate how frequently their staff perform specific direct service tasks. They indicated that their staff performed the following key tasks “all the time” or “very frequently”:

- 1) Problem assessment and referral
- 2) Information dissemination
- 3) Case management
- 4) Intervention/counseling
- 5) Advocacy for individuals

Problem assessment and referral was the primary task that both groups agree staff perform on a frequent basis.

**Fig. 1.7. Frequently Performed Direct Service Tasks.**

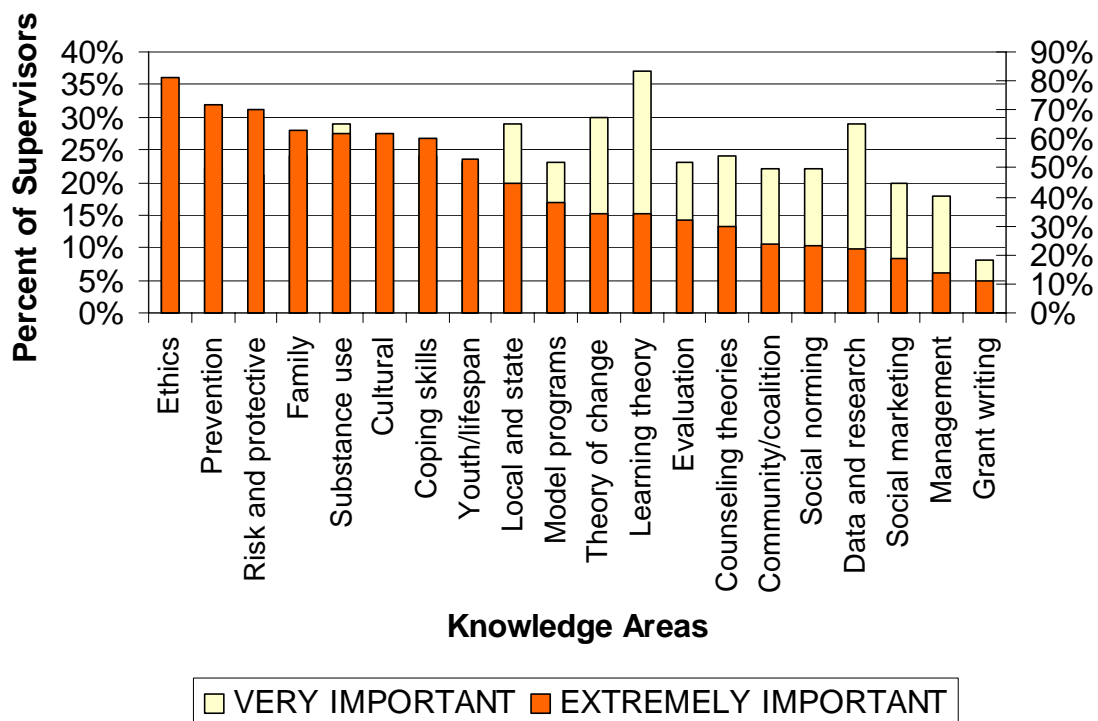


**Knowledge Needed by Direct Service Providers.** A majority of supervisors reported that the primary areas in which knowledge was “extremely important” to staff members in fulfilling their job requirements are: ethics, prevention principles and practices, and risk and protective factors. (See Fig. 1.8)

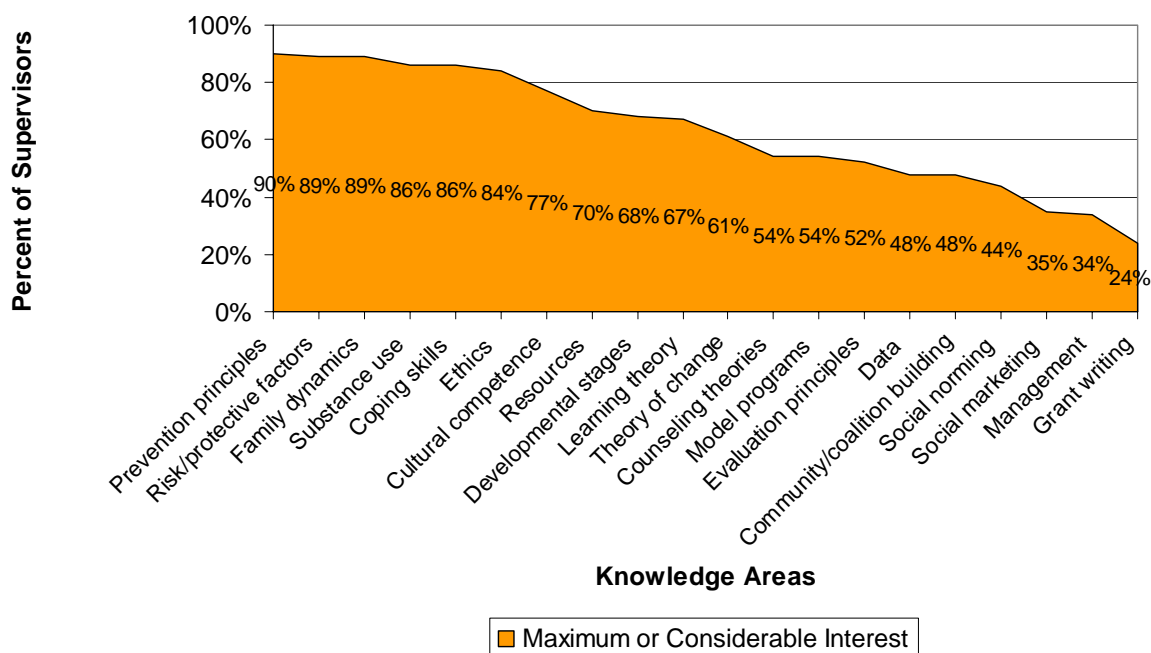
Consequently, the areas of training emphasized by supervisors are prevention principles and practices, risk and protective factors, and, to a lesser extent, ethics. However, other topics of significant interest include with family systems and dynamics, substance use/abuse/dependency, and coping skills. (See Fig. 1.9)

**Skills Needed by Direct Service Providers.** The areas in which supervisors agree that their staff members must be extremely skilled are: making appropriate referrals, motivating others, and curriculum delivery. (See Fig. 1.10)

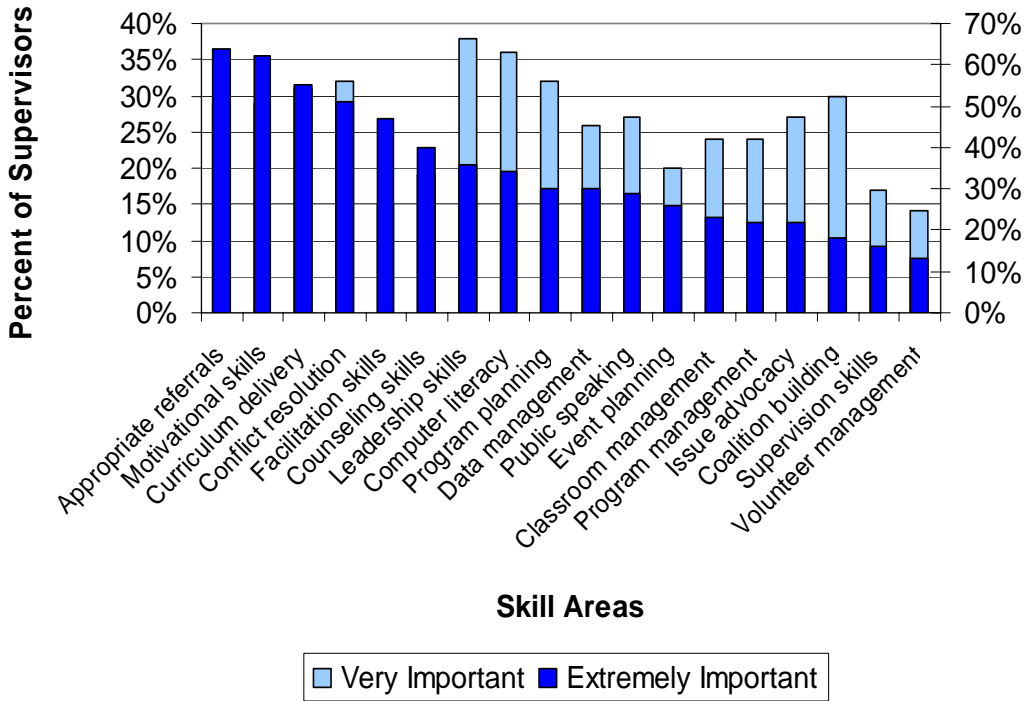
**Fig. 1.8. Important Areas of Knowledge.**



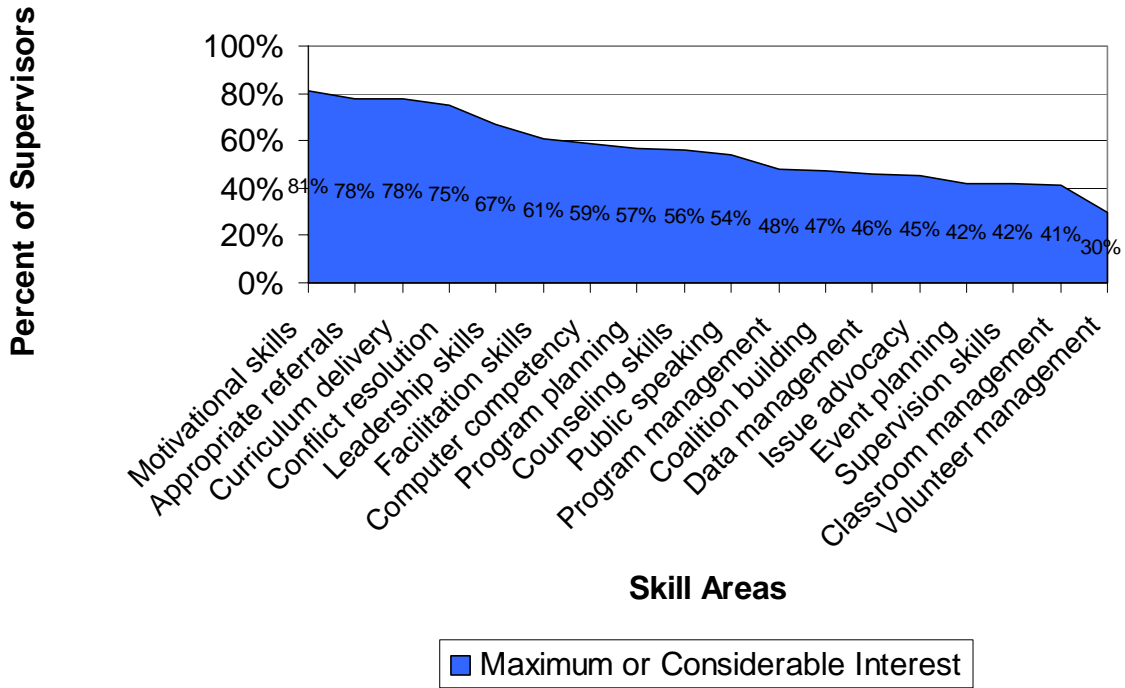
**Fig. 1.9. Maximum or Considerable Interest in Training in Specific Areas of Knowledge.**



**Fig. 1.10. Important Skill Areas.**



**Fig. 1.11. Maximum or Considerable Interest in Training in Specific Skill Areas.**



The areas of skills training that were emphasized by supervisors match those prioritized skills; motivational skills, making appropriate referrals, and curriculum

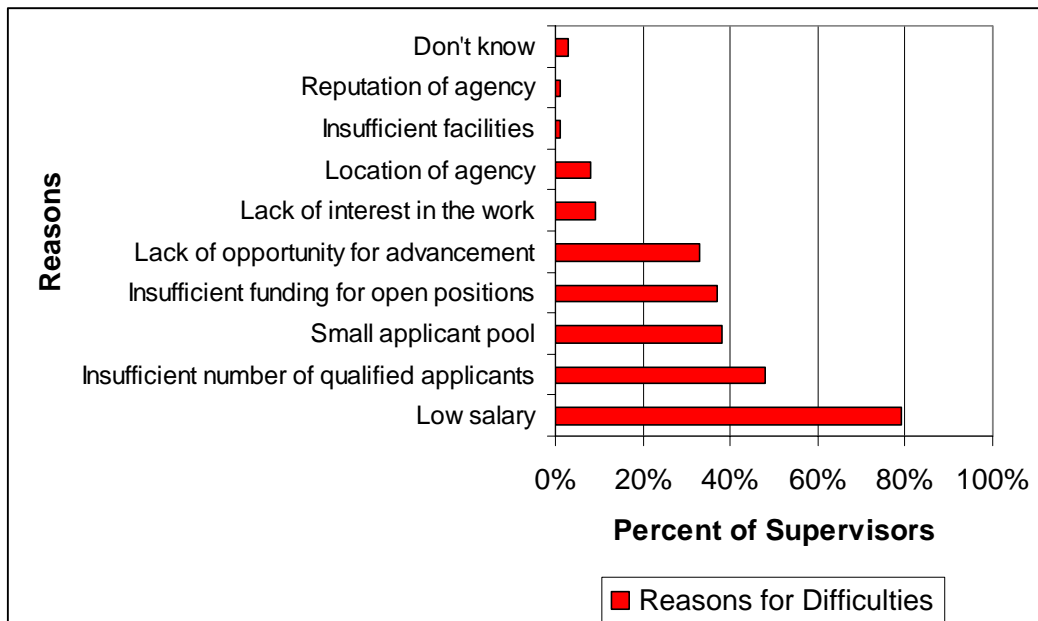
delivery, closely followed by conflict resolution skills were the training areas that received the most interest.

## RECRUITMENT, TRAINING AND RETENTION OF DIRECT SERVICE PROVIDERS

**Recruitment.** “Supervisor” respondents were divided as to whether their particular agencies have difficulties filling open positions for direct service prevention staff. Slightly more than half, 55%, indicated that their agencies experience difficulties, while 43% indicated that their agency has no problems.

Of those who indicated that their agencies did experience problems in recruiting for direct service staff, most cited low salary (79%) as the underlying reason. Supervisors also referenced an insufficient number of applicants who meet the minimum qualifications, a small applicant pool, and insufficient funding for open positions.

Fig. 1.12. Reasons Agencies Have Difficulties Filling Open Direct Service Staff Positions.

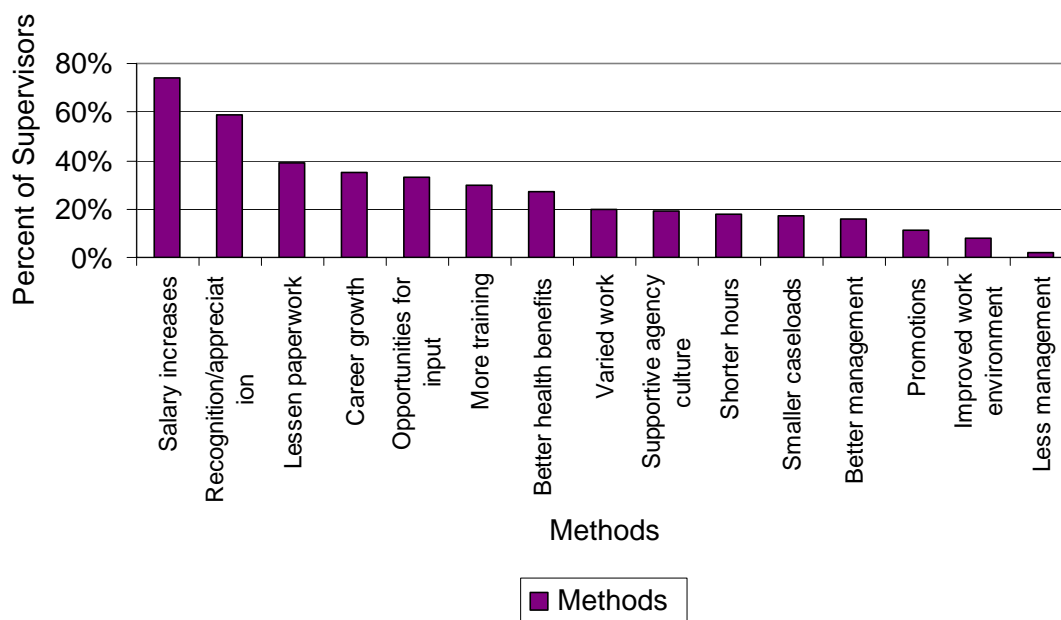


When asked to further explain why candidates might not meet their agencies' minimum qualifications, most “Supervisor” respondents indicated that applicants have a lack of sufficient training and education (41%) or little or no substance abuse prevention experience (31%).

**Retention.** To improve their agencies' ability to retain good direct service retention staff, supervisors suggested offering more frequent salary increases

(74%), more frequently recognizing or appreciating individuals (59%), and decreasing or providing assistance with paperwork (39%).

**Fig. 1.13. Suggestions for Improving Direct Service Staff Retention.**



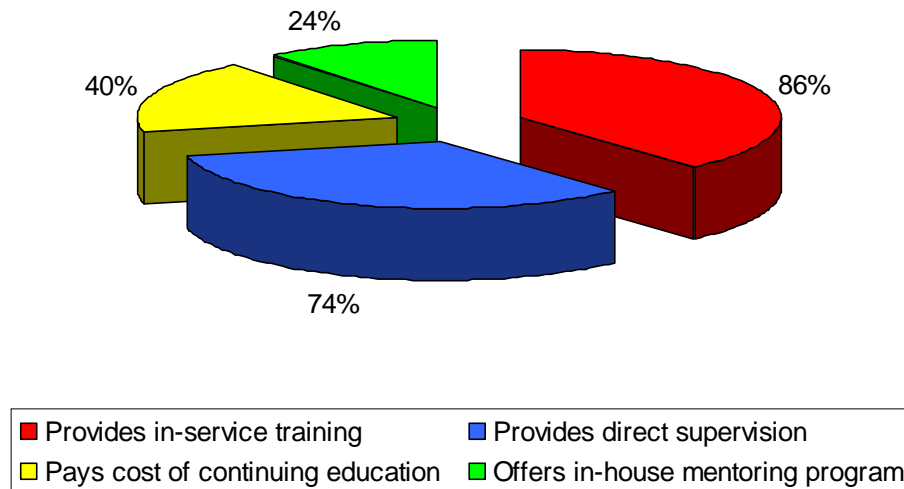
“Supervisor” respondents indicated that the biggest challenges facing the prevention workforce today are low salary and benefits (cited by 80% of respondents), also reported as a primary source of job dissatisfaction for both groups of respondents. Following closely, the second most frequently cited challenge is the lack of funding for prevention.

## **TRAINING AND PROFESSIONAL DEVELOPMENT FOR DIRECT SERVICE PROVIDERS**

All “Supervisor” respondents (99%) stated that their agencies support training and professional development. This support is most often demonstrated through provision of in-service training, allowance of paid time to attend training, staff notification of outside training opportunities, and establishment of policies that require or support training.

When asked how their agencies effectively develop and enhance the skills and abilities of direct service prevention staff, the predominant responses indicated were in-service training (86%) and direct supervision (74%).

**Fig. 1.14. Methods for Developing Skills and Abilities of Direct Service Staff.**



*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

It should be noted that while both groups of respondents indicated that in-service training had significant impact, they were divided on the method of direct supervision. “Supervisor” respondents favored direct supervision as a way of providing staff training and development (64%), but the “Direct Service Staff” respondents felt it had less impact (only 33% rated its impact as significant). The methods of training favored by both groups were face-to-face workshops and conferences.

Further, most supervisors stated that they did not set limits to the number of consecutive days staff members could attend training, nor did they limit the distance employees could travel for training. Supervisors also indicated that they were willing to allow employees to participate in distance learning activities on work time or participate on their personal time using office computers.

## 2. SURVEY SUMMARY

### DEMOGRAPHIC

**Supervisors.** A total of 138 individuals responded to the “Supervisor” survey. The majority of those respondents, 83%, were female. Almost half of respondents were born prior to 1960 (48%), making them 47 years of age or older. One in four, 24%, are between the ages of 37 and 46, being born between 1960 and 1969, and another one-fourth, 27%, are between the ages of 27 and 36, being born between 1970 and 1979. Only two respondents reported being born in 1980 or later.

Three-quarters of “Supervisor” respondents, 77%, were white, and 16% were Black or African American. Ten percent (10%) were Latino/a.

**Direct Service Staff.** A total of 232 individuals responded to the “Direct Service Staff” survey. The majority of those respondents, 82%, were female. The age grouping was similar to that of the supervisor respondents. Like the supervisors, almost half of the staff respondents are age 47 or older, having been born prior to 1960 (45%). One-fourth, 23%, were born between 1960 and 1969, and another one-fourth, 24%, between 1970 and 1979—making half of the respondents between the ages of 27 and 46. There were, however, slightly more younger staff members, with the remaining 8% of respondents being born in 1980 or later years.

Slightly more than half of those respondents, 61%, were white, and 29% were Black or African American. Fourteen percent (14%) were Latino/a.

### WORK AND PROFESSIONAL BACKGROUND

**Primary Service Arena.** Most of the “Supervisor” respondents, 67%, worked in community-based agencies. One-third worked in either parent training programs (35%) or child welfare/abuse programs (32%). The remaining respondents worked in several other service areas as illustrated below in Table 1.

“Other” categories of service areas were listed by 22 respondents and ranged from Head Start programs to participation in an improvisational troupe to consulting.

More than half of the “Direct Service Staff” respondents, 57%, worked in community-based agencies. One-third (34%) worked in K-12 schools. Remaining respondents worked in several other service areas as shown in Table 1 below.

**Table 2.1. Areas in which Respondents Are Currently Providing Prevention Services.**

Service Area	"Supervisor"		"Direct Service Staff"	
	n	%	n	%
Community-based agency	80	67%	132	57%
Parent training program	42	35%	44	19%
Child welfare/child abuse	38	32%	45	19%
Youth development	23	19%	48	21%
Coalition	23	19%	19	8%
Health Education	19	16%	44	19%
Juvenile Justice	17	14%	8	3%
Health: Primary Care	12	10%	16	7%
Faith-based agency	9	8%	15	7%
Domestic violence	9	8%	23	10%
Recreation program	8	7%	4	2%
Higher education	7	6%	9	4%
Law enforcement	2	2%	7	3%
Arts program	1	1%	2	1%
School K-12	0	0%	78	34%
Other	18	15%	21	9%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

**Primary Prevention Focus.** The primary prevention focus for the majority of those "Supervisor" respondents was substance abuse (48%), followed by child abuse, which was indicated by 29% of respondents.

These figures were similar for the "Direct Service Staff" respondents: 51% focus on substance abuse, followed by child abuse, indicated by 25% of respondents.

**Age Group Served.** More than one-third of "Supervisor" respondents (38%) reported working with youth between 10 and 17 years of age. One-fourth, 26%, worked with the general adult population, those 18 years of age and older, and 21% reported working with children 5 years of age and younger.

Similarly, one-third of "Direct Service Staff" respondents (33%) reported working with youth between 10 and 17 years of age. But slightly more staff respondents, 33%, work with the general adult population and fewer with children less than 5 years of age.

**Primary Role.** Nearly all of the “Supervisor” respondents (93%) described themselves as “management” (supervisors or administrators), as expected, yet only half of the reported managers (49%) did not have direct service responsibilities.

Most of the “Direct Service Staff” respondents (80%) described themselves as “prevention specialists providing direct services (working directly with program participants).”

**Years in the Prevention Field and Current Position.** Almost half of the “Supervisor” respondents (48%) have worked in the prevention field for nine years or less. One-third (34%) have worked in the prevention field between 10 and 19 years, and the remaining 17% have worked in the field for 20 or more years: 11% between 20 and 29 years and 6% for 30 or more years.

Three-fourths (78%) have worked in the prevention field less than 9 years. Half of the “Direct Service Staff” respondents (45%) have worked in the prevention field for less than five years.

**Table 2.2. Number of Years Respondents Have Worked in the Prevention Field.**

<b>Number of Years</b>	<b>"Supervisor"</b>	<b>"Direct Service Staff"</b>
0-9	49%	78%
10-19	34%	16%
20-29	11%	5%
30+	6%	2%

Almost all of the “Supervisor” respondents (88%) have held their current positions for less than 9 years. Almost half of those (41%) have held their current positions for less than 5 years. Similarly, the majority of “Direct Service Staff” respondents (94%) have been in their current positions for 9 years or less, and most of those individuals (70%) have held their current position for less than 5 years. However, twice the percentage of supervisors have been in their current positions for 10 or more years.

**Table 2.3. Number of Years Respondents Have Worked in Their Current Positions.**

<b>Number of Years</b>	<b>"Supervisor"</b>	<b>"Direct Service Staff"</b>
0-9	88%	94%
10-19	10%	5%
20-29	1%	1%
30+	1%	0%

**Reasons Individuals Entered the Prevention Field.** Among the “Supervisor” respondents, 41% entered the prevention field because of academic work or a degree in the field or a related field and almost as many due to personal interests (37%). Nine respondents listed additional reasons, including having “a calling,” liking to work with children, having “a passion for educating parents,” and having duties in the field assigned by a supervisor.

Among the “Direct Service Staff” respondents, one-third (35%) entered the prevention field because of prior experience with substance abuse, violence, suicide or other personal or family issues. Almost as many had academic work or a degree in prevention or a similar field (32%) or work experience in a similar field (27%). Nineteen respondents listed additional reasons, including a need to help people, having received services in the past, a desire to nurture children, a passion to give back to the community, and a desire to have a flexible work schedule.

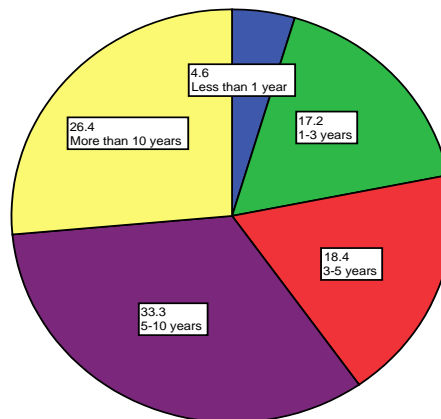
**Table 2.4. Reasons Why Respondents Entered the Prevention Field.**

Reasons	"Supervisor"	"Direct Service Staff"
Academic work/degree in this or similar field	41%	32%
Personal interest	37%	50%
Experience in a similar field	35%	27%
Experience with substance abuse, violence, suicide or other issues (personal or family)	22%	35%
Unplanned decision	21%	16%
Other	7%	8%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

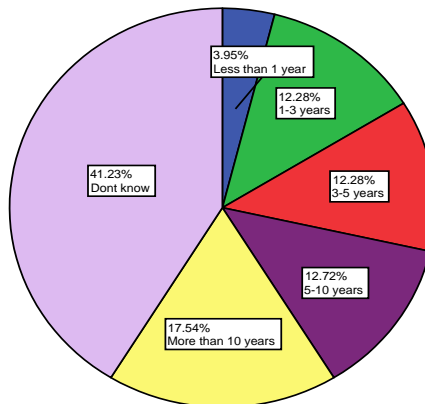
**Anticipated Years Remaining in the Field.** When asked how many years they planned to remain in the field, the majority of “Supervisor” respondents indicated at least an additional 5 years: one-third (33%) plan to remain between 5 and 10 years, while an additional 26% plan to remain more than 10 years.

**Fig. 2.1. "Supervisor": Number of Additional Years Anticipated Working in Prevention Field**



In response to the same question, many of the “Direct Service Staff” respondents (41%) indicated that they did not know. Of those who specified a time frame, the range was evenly distributed with roughly 12% each selecting 1 to 3 years, 3 to 5 years, and 5 to 10 years.

**Fig. 2.2. "Direct Service Staff": Number of Additional Years Anticipated Working in Prevention Field**



**Average Hours Worked Per Week.** Three-fourths of the “Supervisor” respondents (77%) reported working a minimum of 31 hours per week: 41% work between 31 and 40 hours while the remaining 26% work more than 40 hours per week.

Likewise, a majority of the “Direct Service Staff” respondents (70%) reported working a minimum of 31 hours per week, most worked between 31 and 40 hours: 52% work between 31 and 40 hours while the remaining 19% work more than 40 hours per week.

**Fig. 2.3. "Supervisor": Annual Salary**

**Salaries.** Half of the “Supervisor” respondents (53%) reported annual salaries of \$40,000 and above, and 35% earn between \$30,000 and \$39,999.

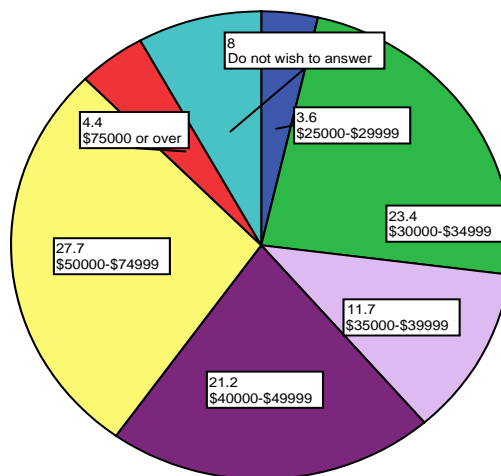
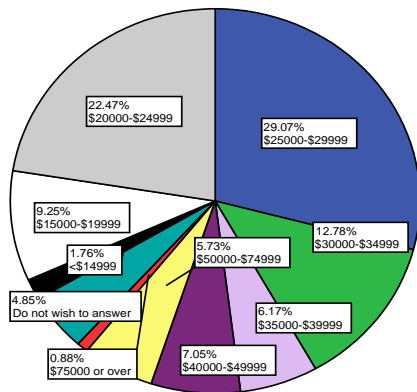


Fig. 2.4. "Direct Service Staff": Annual Salary



In contrast, half of the "Direct Service Staff" respondents (52%) (individuals who indicated that they were not volunteers) reported annual salaries between \$20,000 and \$29,999. Only 14% earned \$40,000 or above.

**Benefits.** A majority of "Supervisor" respondents have health insurance fully provided (60%) or partially provided (35%). Only 5% reported having no health insurance.

Most of the "Direct Service Staff" respondents have health insurance fully provided (51%) or partially provided (40%)—note that slightly more "Supervisor" respondents had fully rather than partially covered health insurance. Nine percent (9%) of staff reported having no health insurance, almost double the rate reported by supervisors.

Fig. 2.5. "Supervisor": Health Insurance

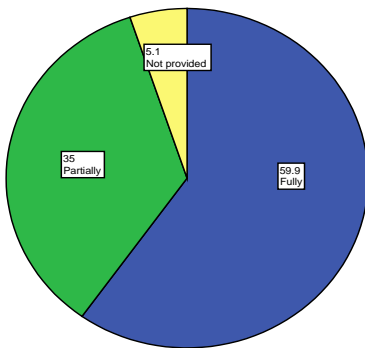
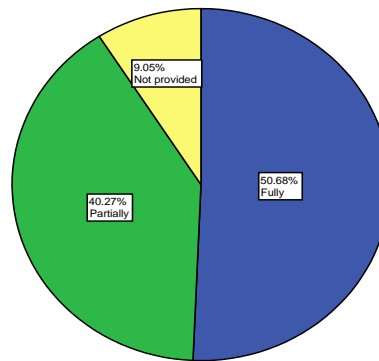


Fig. 2.6. "Direct Service Staff": Health Insurance

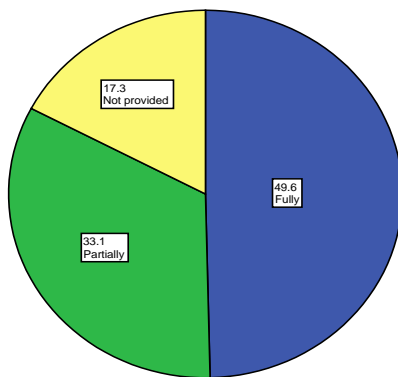


Most "Supervisor" respondents reported having fully provided (39%) or partially provided (30%) disability insurance, but the remaining 31% reported having no disability insurance. Two-thirds of the "Direct Service Staff" respondents reported having either fully provided (43%) or partially provided (22%) disability insurance, but 35% reported having no disability insurance.

Most “Supervisor” respondents reported having fully provided sick leave (84%) and other paid leave (78%). Nine percent (9%) reported having sick leave partially provided, and 10% reported having other paid leave partially provided. Of the remaining respondents, 7% had no sick leave benefits and 11% had no other paid leave benefits.

Most “Direct Service Staff” respondents reported having fully provided sick leave (78%) and other paid leave (71%). Ten percent (10%) reported having sick leave partially provided, and 15% reported having other paid leave partially provided. A slightly higher percentage of staff than supervisors had no sick or other paid leave (12% compared to 7% and 14% compared to 11%, respectively).

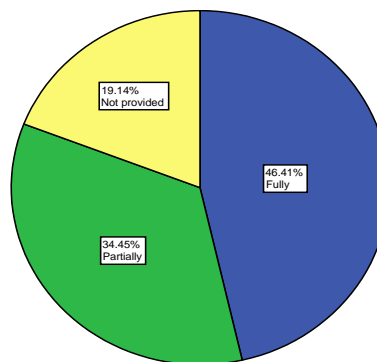
**Fig. 2.7. "Supervisor": Retirement Contributions**



Half of the “Supervisor” respondents (50%) reported having retirement contributions fully provided by their employers and 33% reported having contributions partially provided by their employers. The remaining 17% receive no retirement contributions from their employers.

Almost half of the “Direct Service Staff” respondents (46%) reported having such contributions fully provided by their employers and 35% reported having contributions partially provided. Roughly one in five respondents (19%), however, reported receiving no retirement contributions from their employers. These figures are comparable to those reported by supervisors.

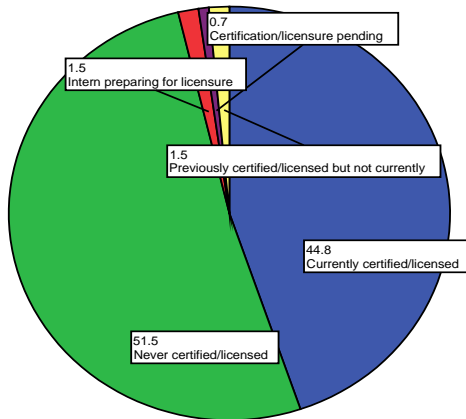
**Fig. 2.8. "Direct Service Staff": Retirement Contributions**



More than half of the “Supervisor” respondents (58%) reported receiving either full or partial tuition reimbursement, with the remaining 42% receiving no tuition reimbursement. Figures reported by the “Direct Service Staff” respondents were similar, with slightly more staff receiving full rather than partial reimbursement: one-third of staff (34%) cite full reimbursement compared to 29% of supervisors.

**Licensure/Certification and Academic Status.** Additionally, “Supervisor” respondents indicated that they received other benefits, including dental and vision insurance coverage, flex benefits, life insurance, ongoing training, pension (in addition to retirement benefits), and supervision for licensure. “Direct Service Staff” reported receiving those benefits as well as day care reimbursement, compensatory time, vacation, and travel reimbursement.

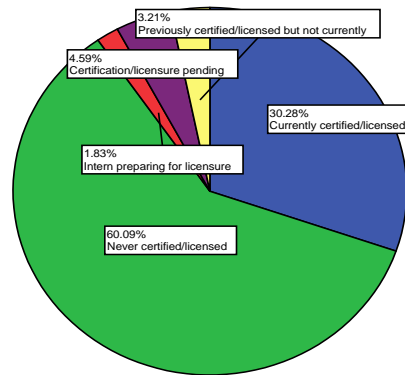
**Fig. 2.9. "Supervisor": Certification/Licensure Status**



Half of the “Supervisor” respondents (52%) have never been licensed or certified in the prevention field, but almost as many, 45% are currently licensed or certified.

More than half of the “Direct Service Staff”, 60%, have never been licensed or certified in the prevention field, and 30% are currently licensed or certified. A higher percentage of staff than supervisors are preparing for or awaiting licensure or certification.

**Fig. 2.10. "Direct Service Staff": Certification/Licensure Status**



Half of the “Supervisor” respondents, 52%, have a Master’s degree, and another one-third (33%) have a Bachelor’s degree.

Among “Direct Service Staff” respondents, 23% hold a Master’s degree and 38% hold a Bachelor’s degree. More staff respondents cite having some college or an Associate degree, but fewer have Bachelor’s or Master’s degrees, which could imply that many are working toward higher degrees, or it could be representative of a trend to promote those with higher degrees to senior positions.

**Workshops and Other Formal Training.** Almost all of the “Supervisor” and “Direct Service Staff” respondents (94%) reported completing workshops or other

types of non-academic formal training or in-service training within the past two years.

The number of completed training hours reported by “Supervisor” respondents ranged widely, with 13% completing 75 or more hours, 17% completing between 50 and 74 hours, and 36% completing between 25 and 49 hours.

The number of completed training hours also varied among “Direct Service Staff” respondents, with 13% completing 75 or more hours, 9% completing between 50 and 74 hours, and a majority, 29%, completing between 25 and 49 hours.

Among the “Supervisor” respondents, 30% indicated that their agencies paid for at least 75% of the costs of training or workshop participation and 30% indicated that outside sources paid for 75% or more of the training costs.

More than one in three “Direct Service Staff” respondents (37%) stated that their agencies paid for at least 75% of training costs. Only 15% stated that their agencies paid for less than 25% of training costs. Almost one-fifth of respondents (19%) indicated that outside agencies paid for at least 75% of training costs.

## **JOB SATISFACTION**

**Job Satisfaction.** “Supervisor” respondents indicated that they receive the greatest satisfaction from a commitment to prevention (67%), performing the role of change agent (57%), having opportunities for personal learning and growth (54%), and working with their particular colleagues and organization (53%). Respondents also listed additional sources of job satisfaction, including the ability to visit clients in their homes, ability to work with parents, interacting with community organizations and empowering young people.

Similarly, “Direct Service Staff” respondents reported receiving satisfaction from interacting with people one-on-one (70%), having opportunities for learning and personal growth (57%), and fulfilling a commitment to prevention (56%). Additional factors for satisfaction included autonomy, being a positive role model, being able to make a difference, love of children, and job flexibility. (See Table 2.5)

**Job Dissatisfaction.** The primary sources of dissatisfaction reported by “Supervisor” and “Direct Service Staff” respondents were identical: salary/benefits (46% and 57%), lack of career growth opportunities (18% and 23%), and inability to influence decisions within their own organizations (15% and 19%). (See Table 2.6)

**Table 2.5. Factors of Job Satisfaction.**

Factors of Job Satisfaction	"Supervisor"		"Direct Service Staff"	
	n	%	n	%
Commitment to prevention	91	67%	130	56%
Role as a change agent	78	57%	88	38%
Opportunities for personal learning/growth	74	54%	131	57%
My organization/co-workers	72	53%	94	41%
One-to-one interaction with people	65	48%	162	70%
Ability to influence decisions within organization	62	46%	36	16%
Salary/benefits	31	23%	39	17%
Career growth opportunities	26	19%	47	20%
Other	6	4%	17	7%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

**Table 2.6. Factors of Job Dissatisfaction.**

Factors of Job Dissatisfaction	"Supervisor"		"Direct Service Staff"	
	n	%	n	%
Salary/benefits	59	46%	133	57%
Lack of career growth opportunities	23	18%	53	23%
Inability to influence decisions within organization	19	15%	44	19%
My organization/co-workers	16	12%	24	10%
Limited role as a change agent	15	12%	23	10%
Lack of personal learning/growth opportunities	7	5%	17	7%
Lack of commitment to prevention	6	5%	13	6%
Lack of one-on-one interaction with people	2	2%	5	2%
Other	16	12%	21	9%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

The list of additional sources of dissatisfaction was lengthy and quite varied, including being micro-managed, bureaucratic and cumbersome processes, lack of career growth opportunities, inability to earn "top dollar," frequent changes in programs, lack of funding and resources, poor management/leadership from supervisors, too much paperwork, high costs of certification renewals, lack of

understanding from decision makers at all levels (within and outside the organization), overwhelming workload, and not enough client contact.

## **JOB TASKS**

**Direct Service Tasks.** Both groups of respondents were asked to rate how frequently they or their staff perform specific direct service tasks. A summary of the results is illustrated in Table 2.7. A majority of the “Supervisor” respondents indicated that their staff performed the following tasks “all the time”:

- 1) Problem assessment and referral (46%)
- 2) Information dissemination (42%)
- 3) Case management (37%)

The frequency of these tasks was echoed by the “Direct Service Staff” respondents, though with slight variation in the ranking. For instance, where 46% of “Supervisors” reported their employees working on problem assessment and referral “all the time”, only 28% of direct service employees made this claim. Nonetheless, problem assessment and referral was a task that both groups agree staff perform on a frequent basis.

Other key tasks that supervisors feel are performed “very frequently” are:

- 1) Outreach to specific populations
- 2) Advocacy for individuals
- 3) Program or group facilitation
- 4) Mentoring
- 5) Community education on prevention
- 6) Intervention/counseling

And again, ratings by staff members were consistent.

The tasks “Supervisor” respondents indicated that their staff “never” performed are:

- 1) Classroom education on prevention (26%)
- 2) Case management (20%)
- 3) Alternate activities (19%)

The “never” ratings of both groups were similar, though there were variations appearing in the reported frequency of parent training (14% of employees and 8% of supervisors), outreach to individuals (13% of employees and 6% of supervisors), information dissemination (10% of employees and 4% of supervisors), and alternate activities (25% of employees and 19% of supervisors). (See Table 2.7)

**Table 2.7. Frequency of Direct Service Tasks Performed by Staff as Rated by Both Sets of Respondents.**

FREQUENCY:	ALL THE TIME		VERY FREQUENTLY		NEVER	
	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"
<b>Job Tasks</b>						
Problem assessment and referral	46%	28%	24%	25%	5%	6%
Information dissemination	42%	31%	27%	22%	4%	10%
Case management	37%	27%	17%	13%	20%	23%
Parent training	33%	20%	21%	12%	8%	14%
Intervention/counseling	32%	26%	23%	25%	13%	10%
Advocacy for individuals	32%	18%	23%	17%	7%	11%
Outreach to specific populations	23%	25%	27%	17%	6%	13%
Program or group facilitation	22%	26%	25%	17%	12%	12%
Classroom education on prevention	18%	21%	16%	16%	26%	23%
Community education on prevention	15%	16%	23%	16%	16%	19%
Mentoring	14%	15%	20%	19%	12%	13%
Alternate activities	4%	8%	13%	12%	19%	25%
Other	48%	9%	23%	4%	19%	10%

**Indirect Service Tasks.** Both groups were also asked to rate how frequently they or their staff members perform specified indirect service tasks. A summary of the results is pictured in Table 2.8.

The indirect task that the majority of “Supervisor” respondents (42%) indicated that their staff performed “all the time” was the distribution of prevention materials. Staff responses concur.

Other tasks performed “very frequently” according to supervisors are:

- 1) Data analysis and reporting
- 2) Computer research on prevention topics
- 3) Staff training and development
- 4) Program management
- 5) Program planning
- 6) Program evaluation

Though staff responses were, overall, in agreement, there was variation in the ratings of data analysis and reporting, program management, program evaluation, staff and volunteer supervision, community organization and coalition building, training and professional development, and grant writing, with “Supervisors” assigning higher frequencies than “Direct Service Staff”.

Supervisors reported that the staff members they supervise “never” perform the following indirect service tasks:

- 1) Grant writing (53%)
- 2) Staff or volunteer supervision (41%)
- 3) Staff or volunteer recruitment and hiring (37%)
- 4) Writing/developing prevention materials (35%)

Interestingly, the percentage of “Direct Service Staff” who stated that they never perform the specified tasks was significantly higher than the percentage cited by “Supervisors” for every task but one; that one task was conducting community needs assessments, which many more supervisors than staff rated as “never”.

Some of the variation in the figures in these two tables is attributable to the fact that while “Supervisor” respondents are reporting on their staff, the “Direct Services Staff” respondents may not work under the responding “Supervisors” and there was diversity in the types of service organizations represented by respondents. Thus, there can be no correlation made between the two sets of data, which most likely reflect widely varied job descriptions and responsibilities. However, the variation is interesting and could warrant further exploration.

Table 2.8. Frequency of Indirect Service Tasks Performed by Staff as Rated by Both Sets of Respondents.

FREQUENCY:	ALL THE TIME		VERY FREQUENTLY		NEVER	
	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"
<b>Job Tasks</b>						
Distribution of prevention materials	42%	35%	28%	19%	4%	12%
Data analysis and reporting	17%	16%	26%	16%	21%	35%
Program management	15%	13%	17%	7%	29%	46%
Program evaluation	12%	11%	18%	10%	19%	37%
Computer research on prevention topics	10%	16%	25%	18%	14%	25%
Program planning	9%	11%	22%	17%	9%	28%
Resource acquisition	9%	7%	14%	7%	20%	32%
Staff or volunteer supervision	9%	7%	11%	6%	41%	60%
Staff training/professional development	8%	9%	25%	13%	11%	28%
Community organizing/coalition building	8%	5%	13%	5%	21%	40%
Community needs assessment	6%	3%	9%	7%	29%	3%
Technical assistance	5%	4%	8%	9%	19%	35%
Program/curriculum development	5%	10%	17%	18%	19%	31%
Writing/developing prevention materials	5%	4%	6%	7%	35%	45%
Staff or volunteer recruitment and hiring	5%	3%	9%	6%	37%	64%
Advocacy for policy change	3%	2%	9%	9%	15%	35%
Grant writing	3%	2%	8%	3%	53%	69%

## **PREVENTION COMPETENCIES (KNOWLEDGE AND SKILLS)**

Both groups of respondents were asked to rate the importance of having knowledge in specific areas. A summary of the results is shown in Table 2.9.

“Supervisors” cited that the knowledge in the following areas was “extremely important”:

- 1) Ethics (81%)
- 2) Prevention principles and practices (72%)
- 3) Risk and protective factors (70%)
- 4) Family dynamics/family systems (63%)
- 5) Understanding substance abuse, use and dependency (62%)
- 6) Cultural competence (62%)
- 7) Coping skills (60%)
- 8) Youth and lifespan developmental stages (53%)

Half or more of “Direct Service Staff” respondents agree with the rankings above, citing many of the same areas of priority.

Other key areas that were rated as “very important” were learning theories and styles and theory of change.

More than one-quarter of both groups (29%) indicated that knowledge of grant writing was “not at all important,” not unusual since it was a task that both groups agree staff seldom perform.

Additionally, “Direct Service Staff” respondents were asked to rate their own level of knowledge in those particular knowledge areas. A summary is provided in Table 2.10.

A majority of respondents reported being “completely” or “mostly knowledgeable” in:

- 1) Ethics (82%)
- 2) Understanding substance use, abuse and dependency (80%)
- 3) Prevention principles and practices (76%)
- 4) Risk and protective factors (73%)
- 5) Coping skills (69%)
- 6) Family systems/family dynamics (67%)
- 7) Cultural competency (65%)
- 8) Youth and lifespan development stages (62%)
- 9) Counseling theories and techniques (61%)
- 10) Learning theory/learning styles (57%)
- 11) Local and state resources (55%)
- 12) Understanding data and research (52%)

**Table 2.9. Importance of Specific Knowledge Areas Rated by Both Sets of Respondents.**

IMPORTANCE:	EXTREMELY IMPORTANT		VERY IMPORTANT		NOT AT ALL IMPORTANT	
	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"
<b>Knowledge Areas</b>						
Ethics	81%	71%	14%	16%	1%	0%
Prevention principles and practice	72%	66%	22%	20%	1%	0%
Risk and protective factors	70%	66%	21%	21%	1%	0%
Family dynamics/family systems	63%	57%	24%	27%	0%	0%
Understanding substance use, abuse and dependency	62%	66%	29%	21%	1%	0%
Cultural competence	62%	50%	25%	23%	2%	1%
Coping skills	60%	54%	24%	23%	2%	0%
Youth and lifespan development stages	53%	45%	23%	28%	14%	1%
Local and state resources	45%	53%	29%	24%	2%	0%
Model programs/evidence-based practices	38%	40%	23%	24%	4%	3%
Theory of change	34%	35%	30%	22%	3%	1%
Learning theory/learning styles	34%	42%	37%	26%	1%	0%
Evaluation principles and practices	32%	37%	23%	27%	7%	1%
Counseling theories and techniques	30%	46%	24%	18%	8%	2%
Elements of community organizing/coalition building	24%	27%	22%	20%	9%	9%
Social norming	23%	34%	22%	20%	4%	3%
Understanding data and research	22%	37%	29%	27%	3%	1%
Social marketing	19%	28%	20%	18%	7%	6%
Management principles and practices	14%	21%	18%	14%	15%	13%
Grant writing	11%	17%	8%	11%	29%	29%

**Table 2.10. Level of Knowledge in Specific Areas Rated by “Direct Service Staff” Respondents.**

<b>LEVEL OF KNOWLEDGE:</b>	<b>COMPLETELY or MOSTLY KNOWLEDGEABLE</b>	<b>SOMEWHAT KNOWLEDGEABLE</b>	<b>LACKING KNOWLEDGE or NO KNOWLEDGE</b>
<b>Knowledge Areas</b>			
Ethics	82%	10%	3%
Understanding substance use, abuse and dependency	80%	14%	3%
Prevention principles and practice	76%	15%	4%
Risk and protective factors	73%	16%	4%
Coping skills	69%	19%	6%
Family dynamics/family systems	67%	20%	7%
Cultural competence	65%	23%	8%
Youth and lifespan development stages	62%	20%	10%
Counseling theories and techniques	61%	21%	11%
Learning theory/learning styles	57%	24%	12%
Local and state resources	56%	29%	9%
Understanding data and research	53%	28%	11%
Evaluation principles and practices	49%	28%	14%
Model programs/evidence-based practices	49%	24%	19%
Theory of change	48%	28%	14%
Social norming	45%	31%	18%
Elements of community organizing/coalition building	39%	22%	30%
Social marketing	38%	28%	25%
Management principles and practices	35%	23%	32%
Grant writing	20%	17%	51%

*Totals may not equal 100% as some respondents were unsure how to rank their knowledge levels.*

These levels of knowledge are compatible with the knowledge areas that both groups rated most important. Ethics, understanding of substance abuse, use and dependency, and risk and protective factors were given the highest ratings in both Tables 2.9 and 2.10.

Conversely, ratings indicate that a relatively significant percentage of “Direct Service Staff” respondents feel they have limited knowledge, or are lacking knowledge, in the following areas:

- 1) Grant writing (51%), which is not a priority for supervisors and is a task both groups agree staff seldom perform.
- 2) Management practices and principles (32%), which was not given great weight by either group.
- 3) Elements of community organizing/coalition building (30%), which one-fourth of both groups rated as “extremely important” yet which 21% of supervisors and 40% of staff reported as a task that staff seldom perform.
- 4) Social marketing (25%), which at least one in five respondents from both groups felt was “extremely important”.
- 5) Model programs/evidence-based practices (19%), which was not given weight by either group.
- 6) Social norming (18%), rated as “extremely important” by 23% of supervisors and 34% of staff

The areas in which staff respondents feel least knowledgeable—management principles and practices, grant writing, and elements of community organizing/coalition building—not unexpectedly, are those areas that received the least amount of emphasis from either group. And they were the tasks that both groups agreed are seldom performed by staff.

Both groups were also asked to rate the importance of specific skills that they or the individuals they supervise need (shown in Table 2.11). The skills deemed “extremely important” by “Supervisor” respondents were:

- 1) Making appropriate referrals (64%).
- 2) Motivational skills (62%).
- 3) Curriculum delivery (55%)
- 4) Conflict resolution (51%)

“Supervisor” respondents cited the following skills as either “very important” or “somewhat important”:

- 1) Leadership skills
- 2) Computer literacy
- 3) Program planning
- 4) Coalition building
- 5) Issue advocacy

- 6) Public speaking/presentation skills
- 7) Data management and reporting

The ratings by “Direct Service Staff” respondents are in line with those of supervisors, though staff also cited leadership skills (54%) and public speaking/presentation skills (44%) as “extremely important.”

There was also agreement in rating the skill areas that were unimportant, with two exceptions. Twice as many “Supervisor” respondents as staff respondents felt that volunteer management and recruitment and classroom management were “not at all important.”

“Direct Service Staff” respondents were also asked to rate their own level of expertise with respect to those skills; the results is shown in Table 2.12.

At least half of the respondents reported being “extremely” or “mostly skillful” in the following areas:

- 1) Making appropriate referrals (71%)
- 2) Motivational skills (71%)
- 3) Curriculum delivery (70%)
- 4) Leadership skills (69%)
- 5) Computer literacy (68%)
- 6) Conflict resolution (67%)
- 7) Group facilitation skills (65%)
- 8) Public speaking/presentation skills (63%)
- 9) Program planning (60%)
- 10) Counseling skills (59%)
- 11) Event planning (55%)
- 12) Program management (51%)
- 13) Data management and reporting (50%)

Areas in which a significant percentage of respondents feel they are only “somewhat skilled” or “lacking skills” are:

- 1) Volunteer management and recruitment (22%). This skill was not ranked as important by either group of respondents.
- 2) Coalition building (22%). This skill was not ranked as important by either group of respondents.
- 3) Data management and reporting (18%), which is an area that one-third of both groups rated as “extremely important”.
- 4) Issue advocacy (16%)
- 5) Supervision skills (16%). This is also a skill not deemed important by either group.
- 6) Classroom management (16%)
- 7) Program management (16%)

Table 2.11. Importance of Specific Skills as Rated by Both Groups of Respondents.

IMPORTANCE:  Skill Areas	EXTREMELY IMPORTANT		VERY IMPORTANT		NOT AT ALL IMPORTANT	
	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"
Making appropriate referrals	64%	57%	29%	23%	1%	1%
Motivational skills	62%	56%	29%	24%	1%	1%
Curriculum delivery	55%	51%	31%	24%	2%	3%
Conflict resolution	51%	47%	32%	26%	3%	0%
Group facilitation skills	47%	44%	15%	19%	8%	4%
Counseling skills	40%	41%	19%	19%	11%	3%
Leadership skills	36%	54%	38%	22%	1%	1%
Computer literacy	34%	38%	36%	27%	2%	1%
Program planning	30%	44%	32%	25%	3%	3%
Data management and reporting	30%	35%	26%	25%	5%	4%
Public speaking/presentation skills	29%	44%	27%	22%	6%	3%
Event planning	26%	28%	20%	22%	9%	6%
Classroom management	23%	33%	24%	15%	20%	11%
Program management	22%	35%	24%	21%	13%	5%
Issue advocacy	22%	28%	27%	24%	5%	4%
Coalition building	18%	30%	30%	23%	8%	6%
Supervision skills	16%	24%	17%	20%	15%	6%
Volunteer management and recruitment	13%	20%	14%	13%	22%	9%

**Table 2.12. Level of Skill in Specific Areas Rated by “Direct Service Staff” Respondents.**

<b>LEVEL OF SKILL:</b>	<b>EXTREMELY or MOSTLY SKILLFUL</b>	<b>SOMEWHAT SKILLFUL</b>	<b>LACKING SKILLS or NOT SKILLED</b>
<b>Skill Areas</b>			
Making appropriate referrals	71%	16%	5%
Motivational skills	71%	18%	2%
Curriculum delivery	70%	14%	4%
Leadership skills	69%	18%	5%
Computer literacy	68%	16%	7%
Conflict resolution	67%	18%	5%
Group facilitation skills	65%	17%	8%
Public speaking/presentation skills	63%	19%	7%
Program planning	60%	16%	11%
Counseling skills	59%	19%	9%
Event planning	55%	20%	13%
Program management	51%	17%	16%
Data management and reporting	50%	20%	18%
Classroom management	49%	21%	16%
Supervision skills	44%	24%	16%
Issue advocacy	41%	29%	16%
Coalition building	38%	28%	22%
Volunteer management and recruitment	33%	29%	22%

*Totals may not equal 100% as some respondents were unsure how to rank their skill levels.*

## TRAINING AND EDUCATION

Both groups of respondents were asked to rate the impact of various training and education methods on their or their employees' work in prevention. A summary of the results is provided in Table 2.13.

Methods that were reported to have a "significant level of impact" by supervisors were direct supervision (64%), face-to-face workshops (52%), agency in-service (35%), and peer mentoring (35%). Methods cited as having a moderate or some level of impact were agency in-service training (60%) and college coursework (52%).

Among "Direct Service Staff" respondents, the methods having a "significant level of impact" were face-to-face workshops or conferences (52%), agency in-service training (41%), and direct supervision (33%). "Direct Service Staff" respondents did not rate direct supervision as effective as did the "Supervisor" respondents, and they were more supportive of internet resources and professional publications.

In deciding whether or not to send employees to training, a majority of both groups of respondents felt that all of the factors listed were "extremely" or "very significant" (see Table 2.14).

Respondents stated that what was most important in their decision to attend or to send staff to training was that the training offer opportunity for skill development (93% of supervisors, 86% of staff), is required by a supervisor or the agency (89% of supervisors, 75% of staff), is required by the funder (83% of supervisors, 65% of staff), or is low cost or free (82% of supervisors, 74% of staff). Still significant, but mattering less, is whether the training offers continuing education credits, provides opportunities to interact with other professionals, or meets degree or certification requirements.

**Table 13. Impact on Staff Work in Prevention of Various Training Methods as Rated by Both Groups of Respondents.**

LEVEL OF IMPACT:	SIGNIFICANT IMPACT		MODERATE or SOME IMPACT		NO IMPACT	
	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"
<b>Training/Education Methods</b>						
Direct supervision	64%	33%	32%	39%	0%	4%
Face-to-face workshops or conferences	52%	52%	45%	35%	0%	0%
Agency in-service training	35%	41%	60%	43%	1%	1%
Peer mentoring	35%	26%	44%	38%	1%	5%
College coursework	19%	15%	52%	57%	5%	1%
Internet resources	12%	21%	77%	60%	3%	2%
Videos	8%	12%	78%	64%	4%	6%
Distance education via the Internet	8%	13%	38%	33%	8%	6%
Professional journals and other professional publications	3%	12%	56%	56%	11%	6%
Home study products	2%	9%	40%	41%	10%	7%

**Table 14. Significance of Factors Used to Determine Whether or Not to Attend or Have Staff Attend Training as Rated by Both Groups of Respondents.**

LEVEL OF SIGNIFICANCE:	EXTREMELY or VERY SIGNIFICANT		SOMEWHAT SIGNIFICANT		NOT SIGNIFICANT	
	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"
<b>Factors</b>						
Offers opportunity for skill development	93%	86%	5%	10%	2%	4%
Required by agency or supervisor	89%	75%	9%	17%	2%	8%
Required by funder	83%	65%	12%	19%	5%	16%
Training is low cost or free	82%	74%	14%	19%	4%	7%
Trainer has a good reputation	80%	77%	18%	17%	2%	6%
Recommended by agency or supervisor	79%	72%	19%	19%	2%	9%
Is scheduled flexibly or conveniently	79%	73%	16%	18%	5%	9%
Sponsoring organization has a good reputation	75%	73%	21%	18%	4%	9%
Meet requirements for certification or degree	70%	64%	15%	16%	15%	20%
Provides opportunity for interaction with other professionals	64%	71%	30%	21%	6%	8%
Offers continuing education credits	61%	61%	14%	19%	25%	20%

Both groups were also asked to rate their interest in receiving additional training in several areas, both skill- and knowledge-based. The results are summarized in Tables 2.15 and 2.16.

Respondents indicated that there was either “maximum” or “considerable interest” in participating in or having their employees participate in training in the following knowledge areas:

- 1) Prevention principles and practices
- 2) Risk and protective factors
- 3) Family dynamics/family systems
- 4) Coping skills
- 5) Understanding substance abuse, use and dependency
- 6) Ethics
- 7) Cultural competence

In addition, “Direct Service Staff” respondents also emphasized learning more about counseling theories and techniques and evaluation principles and practices.

Grant writing and management principles and practices were the two training areas in which the least amount of interest (though supervisors showed less interest than staff), which follows based on the low level of importance attributed to these knowledge areas.

Half of “Direct Service Staff” respondents reported “maximum” or “considerable interest” in having training in every one of the areas listed on the survey, which would indicate their rather strong desire to build knowledge and capacity.

With regard to specific skill areas, “maximum or considerable” interest was expressed for:

- 1) Motivational skills
- 2) Making appropriate referrals
- 3) Curriculum delivery
- 4) Conflict resolution

Table 2.15. Level of Interest in Training in Particular Knowledge Areas as Rated by Both Groups of Respondents.

LEVEL OF INTEREST:	MAXIMUM or CONSIDERABLE INTEREST		MODERATE INTEREST		LITTLE or NO INTEREST	
	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"
<b>Knowledge Areas</b>						
Prevention principles and practices	90%	79%	9%	15%	1%	6%
Risk and protective factors	89%	74%	9%	21%	2%	5%
Family dynamics/family systems	89%	74%	9%	19%	2%	6%
Understanding substance use, abuse and dependency	86%	76%	13%	16%	1%	8%
Coping skills	86%	72%	10%	21%	4%	7%
Ethics	84%	65%	12%	26%	4%	9%
Cultural competence	77%	65%	19%	22%	4%	13%
Local and state resources	70%	74%	22%	19%	8%	7%
Youth and lifespan developmental stages	68%	71%	25%	22%	7%	7%
Learning theory/learning styles	67%	70%	26%	22%	7%	8%
Theory of change	61%	65%	27%	27%	12%	8%
Counseling theories and techniques	54%	75%	26%	17%	20%	8%
Model programs/evidence-based programs	54%	60%	30%	26%	16%	14%
Evaluation principles and practices	52%	62%	30%	25%	18%	13%
Understanding data and research	48%	52%	32%	30%	20%	18%
Elements of community organizing/coalition building	48%	57%	25%	27%	27%	16%
Social norming	44%	58%	34%	28%	22%	14%
Social marketing	35%	55%	36%	27%	29%	18%
Management principles and practices	34%	50%	31%	30%	35%	20%
Grant writing	24%	50%	28%	22%	48%	28%

Table 2.16. Level of Interest in Training in Particular Skill Areas as Rated by Both Groups of Respondents.

LEVEL OF INTEREST:	MAXIMUM or CONSIDERABLE INTEREST		MODERATE INTEREST		LITTLE or NO INTEREST	
	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"	"Supervisor"	"Direct Service Staff"
Skill Areas						
Motivational skills	81%	73%	15%	19%	26%	8%
Making appropriate referrals	78%	68%	14%	18%	23%	14%
Curriculum delivery	78%	70%	13%	18%	8%	12%
Conflict resolution	75%	71%	18%	21%	36%	8%
Leadership skills	67%	72%	22%	19%	15%	9%
Group facilitation skills	61%	72%	24%	15%	32%	13%
Computer competency	59%	59%	24%	22%	45%	19%
Program planning	57%	65%	21%	21%	9%	14%
Counseling skills	56%	75%	21%	14%	23%	11%
Public speaking/presentation skills	54%	66%	29%	18%	20%	16%
Program management	48%	58%	20%	24%	7%	18%
Coalition building	47%	53%	27%	29%	11%	18%
Data management and reporting	46%	47%	28%	29%	17%	24%
Issue advocacy	45%	56%	35%	24%	17%	20%
Event planning	42%	54%	26%	25%	32%	21%
Supervision skills	42%	56%	31%	24%	26%	20%
Classroom management	41%	55%	23%	21%	22%	24%
Volunteer management and recruitment	30%	46%	25%	27%	4%	27%

In addition, “Direct Service Staff” respondents rated counseling skills rather highly.

A significant percentage of respondents from both groups expressed little or no interest in training in event management, supervision skills, classroom management, public speaking/presentation skills, issue advocacy or data management and reporting.

More supervisors than staff had little or no interest in training in motivational skills, making appropriate referrals, conflict resolution, group facilitation skills, computer competency, counseling skills. Though many of these areas were rated as important by both groups, they are also the areas in which staff indicated being completely or mostly knowledgeable.

A larger percentage of staff expressed little or no interest in training in volunteer management and recruitment, likely because this is one of the areas that was not emphasized as important by either group and was one that both groups agreed staff seldom perform.

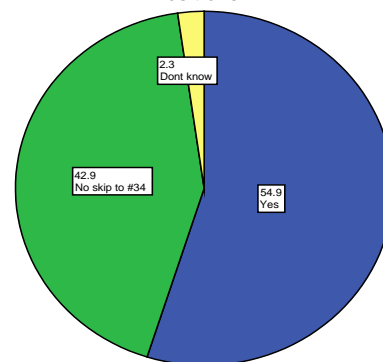
As above, half of “Direct Service Staff” respondents expressed “maximum” or “considerable interest” in having training in every one of the areas listed on the survey.

## AGENCY STAFFING AND RECRUITMENT

The following questions were asked only of “Supervisors”.

“Supervisor” respondents were divided as to whether their particular agencies have difficulties filling open positions for direct service prevention staff. Slightly more than half, 55%, indicated that their agency does experience difficulties, while 43% indicated that their agency has no problems.

Fig. 2.11. “Supervisor”: Agency Has Difficulties Filling Direct Service Staff Positions



The most common reasons cited by respondents whose agencies experience difficulties filling positions were: low salary (79%), insufficient number of applicants who meet the minimum qualifications (48%), small applicant pool (38%), and insufficient funding for open positions (37%).

**Table 2.17. Reasons for Agency Difficulties in Filling Open Prevention Positions as Rated by “Supervisor” Respondents.**

<b>Reasons for Difficulties Filling Open Positions</b>	<b>n</b>	<b>%</b>
Low salary	62	79%
Insufficient number of applicants who meet minimum qualifications	38	48%
Small applicant pool	30	38%
Insufficient funding for open positions	29	37%
Lack of opportunity for advancement	26	33%
Lack of interest in nature of the work (stigma)	7	9%
Location of agency	6	8%
Insufficient facilities	1	1%
Reputation of agency	1	1%
Don't know	2	3%
Other	4	5%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

Additional reasons in the “other” category included insecurity of grant-funded positions, lack of benefits, low mileage reimbursement rate, amount of travel time, and lack of individuals competent in reading and writing both Spanish and English.

**Table 2.18. Reasons Applicants for Prevention Positions Do Not Meet Minimum Qualifications as Rated by “Supervisor” Respondents.**

<b>Reasons Applicants Do Not Meet Minimum Qualifications</b>	<b>n</b>	<b>%</b>
Insufficient or inadequate education and training	32	41%
Little or no experience in substance abuse prevention	24	31%
Lack of practical/applied skills	21	27%
Lack of appropriate certification	16	21%
Lack of social or interpersonal skills	10	13%
Not applicable, generally applicants are qualified	21	27%
Don't know	5	6%
Other	3	4%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

When asked to further explain why candidates might not meet their agencies’ minimum qualifications, “Supervisor” respondents indicated that applicants have a lack of sufficient training and education (41%), little or no

substance abuse prevention experience (31%), and lack of practical or applied skills (16%).

Additional cited reasons in the "other" category included an applicant's inability to pass a background screening and a lack of experience working with children and families. One respondent also stated that applicants are overqualified and the pay is too low.

According to "Supervisor" respondents, agencies typically post prevention positions openings newspaper advertisements (76%) and their agencies' human resource departments (64%). Web site advertising was cited by half of the respondents.

**Table 2.19. Resources Used to Announce Open Prevention Positions as Rated by "Supervisor" Respondents.**

<b>Position Announcement Resources</b>	<b>n</b>	<b>%</b>
Newspaper advertisements	101	76%
Agency human resources department	85	64%
Web site	68	51%
Personal/informal contacts	40	30%
E-mail networking	35	23%
State human resources department	20	15%
Agency newsletter(s)	14	11%
Agency mailing list	6	5%
Professional journals	4	3%
Don't know	1	1%
Other	4	3%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

**Table 2.20. Methods Agencies Use to Develop and Enhance the Skills and Abilities of Direct Service Prevention Staff as Rated by "Supervisor" Respondents.**

<b>Methods of Enhancing Staff Skills and Abilities</b>	<b>n</b>	<b>%</b>
Provides in-service training	114	86%
Provides direct supervision	98	74%
Pays cost of continuing education	53	40%
Offers in-house mentoring program	32	24%
Has no method/program to develop skills of staff	8	6%
Other	5	4%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

When asked how their agencies effectively develop and enhance the skills and abilities of direct service prevention staff, the predominant responses were indicated in-service training (86%) and direct supervision (74%). (See Table 2.20)

It should be noted that while both groups of respondents indicated that in-service training had significant impact, they were divided on the method of direct supervision. “Supervisor” respondents favored direct supervision as a way of providing staff training and development (64%), but the “Direct Service Staff” respondents felt it had less impact (only 33% rated its impact as significant). The methods of training favored by both groups were face-to-face workshops and conferences.

To improve their agencies’ ability to retain good direct service retention staff, the most frequently given responses were more frequent salary increases (74%), more individual recognition or appreciation (59%), and decrease or provide assistance with paperwork (39%).

**Table 2.21. Methods Agencies Could Use to Retain Good Direct Service Prevention Staff as Rated by “Supervisor” Respondents.**

<b>Methods to Promote Staff Retention</b>	<b>n</b>	<b>%</b>
More frequent salary increases	97	74%
More individual recognition/appreciation	78	59%
Lessen/provide assistance with paperwork	51	39%
Promote career growth	46	35%
Increased opportunities for input	44	33%
More/improved on-going training	39	30%
Better health coverage and health benefits	36	27%
More varied work opportunities	26	20%
More supportive agency culture	25	19%
Shorter hours/flex time/job sharing	24	18%
Smaller caseloads	23	17%
Better management/supervision	21	16%
More frequent promotions	15	11%
Improved physical work environment	10	8%
Less management/supervision	3	2%
Don't know	6	5%
Other	4	3%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

Reducing the burden of paperwork was listed in the “other” category, as was eliminating units of services or the need to bill for time, finding stable or hard funding, and funding additional positions.

“Supervisor” respondents indicated that the biggest challenges facing the prevention workforce today are low salary and benefits (cited by 80% of respondents), also reported as a primary source of job dissatisfaction for both groups of respondents. Following closely, the second most frequently cited challenge is the lack of funding for prevention. (See Table 22)

Additional “other” reasons provided by respondents included division within the field, having to bill for time spent with clients, lack of funding for long-term follow-up services, and lack of permanent funding.

**Table 2.22. Biggest Challenges Facing the Prevention Workforce as Rated by “Supervisor” Respondents.**

<b>Biggest Challenges</b>	<b>n</b>	<b>%</b>
Low salary and benefits	105	80%
Lack of funding for prevention	94	71%
Retaining qualified staff	60	46%
Lack of public support for prevention	58	44%
Recruitment of qualified workers	56	42%
Low status of prevention workers	50	38%
Lack of promotional opportunities/career tracks	46	35%
Lack of formal academic programs for prevention	39	30%
Lack of training for staff	24	18%
Lack of leadership in the field	17	13%
Aging of the workforce	15	11%
Lack of transition planning	10	8%
Other	4	3%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

## **SUPPORT FOR TRAINING ACTIVITIES**

These questions were asked only of “Supervisor” respondents.

All “Supervisor” respondents (99%) stated that their agencies support training and professional development.

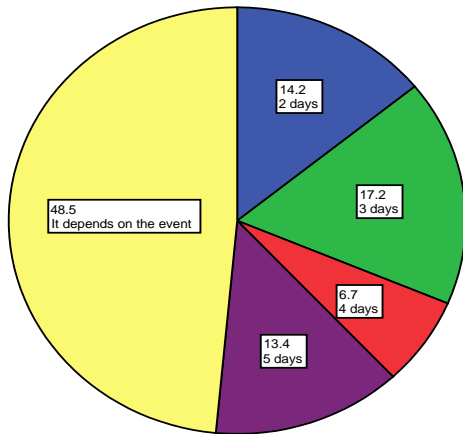
According to respondents, agency support of training and professional development is most often demonstrated through provision of in-service training, allowance of paid time to attend training, staff notification of outside training opportunities, and establishment of policies that require or support training.

**Table 2.23. Methods of Supporting Training and Professional Development as Rated by “Supervisor” Respondents.**

Methods of Supporting Training and Staff Development	n	%
Provide in-service training	119	91%
Allow paid time for training attendance	113	86%
Notify staff of outside training opportunities	91	70%
Have policies that require/support training	85	65%
Pay for outside training	80	61%
Have in-house training staff	59	45%
Offer tuition reimbursement	58	44%
Assist staff with professional development plans	39	30%
Provide recognition for training attendance	33	25%
Offer salary incentives for education/certification	26	20%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

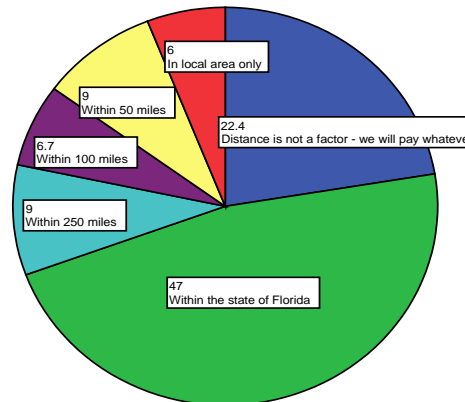
**Fig. 2.12. "Supervisor": Consecutive Days Staff Can Attend an Outside Training Event**



When asked how many consecutive days they would allow their staff members to attend training, most “Supervisor” respondents (49%) stated that it would depend upon the event.

When asked about travel restrictions to attend training, most “Supervisor” respondents indicated that they were willing to allow staff members to attend training anywhere in the state (47%), and an additional 22% reported that distance was not a factor.

**Fig. 2.13. "Supervisor": Distance Staff Can Travel for Training**



Most “Supervisor” respondents indicated that they would allow staff members to use work time to participate in online or distance learning programs (89%). And almost all indicated that they would allow staff members to use agency computers on their own time to do so (95%).

Most “Supervisor” respondents felt that for them, as supervisors or program directors, regional training events, on-site training, and statewide conferences were the most useful types of training.

**Table 2.24. Types of Training Most Useful to Agency Supervisors/Program Directors as Rated by “Supervisor” Respondents.**

<b>Useful Training Methods</b>	<b>n</b>	<b>%</b>
Regional training events	98	74%
On-site training	86	65%
Statewide conferences	81	61%
Internet or web-based training	62	47%
Written curriculum for in-house training	54	41%
Video conferences	38	29%

*Note: Totals exceed 100% as multiple responses were allowed; percentages are based on number of cases.*

## APPENDIX 1 DIRECT SERVICE STAFF SURVEY

*Please fill in your response for each question. Where requested, please write in your answer.*

### Demographic

1. What is your gender?       Male       Female

2. What is your date of birth? For question 2, please fill in bubbles for both columns.  
For

example, if your answer is "5," fill in the bubbles for ① & ⑤

<u>Month</u>		<u>Day</u>		<u>Year: 19</u>	
①	①	①	①	①	①
②	②	②	②	②	②
③	③	③	③	③	③
④	④	④	④	④	④
⑤	⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨

1. Are you Hispanic or Latino/a?       Yes       No

2. What is your *primary* racial identification?

- |  |   |
|--|---|
| <input type="radio"/> Alaska Native<br><input type="radio"/> American Indian<br><input type="radio"/> Asian<br><input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian or Other Pacific Islander<br><input type="radio"/> White<br><input type="radio"/> Multi-racial<br><input type="radio"/> Other ( <i>specify</i> ): _____ |
|--|---|

## ***Your Work & Professional Background***

---

**5. In what arena(s) are you currently providing prevention services? (Check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="radio"/> Community-based agency    | <input type="radio"/> Recreation Program | <input type="radio"/> School – K-12    |
| <input type="radio"/> Arts Program              | <input type="radio"/> Juvenile Justice   | <input type="radio"/> Parent Training  |
| <input type="radio"/> Program                   |  |  |
| <input type="radio"/> Faith-based organization  | <input type="radio"/> Law Enforcement    | <input type="radio"/> Higher Education |
| <input type="radio"/> Health: Primary Care      | <input type="radio"/> Coalition          | <input type="radio"/> Health Education |
| <input type="radio"/> Child Welfare/child abuse | <input type="radio"/> Domestic violence  | <input type="radio"/> Youth            |
| <input type="radio"/> Development               |  |  |
| <input type="radio"/> Other _____               |  |  |

**6. What is your primary prevention focus? (Check one)**

- |                                       |   |                                   |
|---------------------------------------|---|-----------------------------------|
| <input type="radio"/> Substance Abuse | <input type="radio"/> HIV/AIDS          | <input type="radio"/> Health      |
| <input type="radio"/> Violence        | <input type="radio"/> Delinquency       | <input type="radio"/> Suicide     |
| <input type="radio"/> Crime           | <input type="radio"/> Domestic Violence | <input type="radio"/> Child abuse |
| <input type="radio"/> Other _____     |   |                                   |

**7. Please check the primary age group of the people you serve: (Check one)**

- |                                      |  |
|--------------------------------------|--|
| <input type="radio"/> 0-5 years      | <input type="radio"/> 18 to 24 years – specifically young adults |
| <input type="radio"/> 5 to 10 years  | <input type="radio"/> 18 and over – general adult population     |
| <input type="radio"/> 10 to 17 years | <input type="radio"/> 60 and over – older adults                 |

**8. How many hours per week are you currently providing prevention services?**

- |   |  |
|---|--|
| <input type="radio"/> Less than 5 hours | <input type="radio"/> 21 to 30 hours     |
| <input type="radio"/> 5 to 10 hours     | <input type="radio"/> 31 to 40 hours     |
| <input type="radio"/> 11 to 20 hours    | <input type="radio"/> More than 40 hours |

**9. What is your primary role in prevention services? (Please fill in only one)**

- Prevention Specialist providing direct services (working directly with program participants)
- Prevention Specialist providing indirect services (coalition, community education, etc.)
- Management (supervisor, administrator, etc. **without** direct service responsibilities)
- Management (supervisor, administrator, etc. **with** direct service responsibilities)

**11. Please provide your job title:**

\_\_\_\_\_

**12. What is your annual salary at your current position?**

- |   |   |
|---|---|
| <input type="radio"/> Not applicable, volunteer | <input type="radio"/> Do not wish to answer |
| <input type="radio"/> <\$14,999                 | <input type="radio"/> \$35,000–\$39,999     |
| <input type="radio"/> \$15,000–\$19,999         | <input type="radio"/> \$40,000–\$49,999     |
| <input type="radio"/> \$20,000 – \$24,999       | <input type="radio"/> \$50,000–\$74,999     |
| <input type="radio"/> \$25,000–\$29,999         | <input type="radio"/> \$75,000 or over      |
| <input type="radio"/> \$30,000–\$34,999         |   |

**13. Which of the following benefits are provided, partially or fully, through your employment? (Please check all that apply)**

Benefit	Fully	Partially	Not provided
Health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other paid leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement contributions by your employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuition Reimbursement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other benefit (specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For questions 14 and 15, please fill in bubbles for both columns. For example, if your answer is “5,” fill in the bubbles for ① & ⑤**

<p><b>14. How many years have you worked in the prevention field?</b></p> <table style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">①</td><td style="text-align: center;">①</td></tr> <tr><td style="text-align: center;">②</td><td style="text-align: center;">②</td></tr> <tr><td style="text-align: center;">③</td><td style="text-align: center;">③</td></tr> <tr><td style="text-align: center;">④</td><td style="text-align: center;">④</td></tr> <tr><td style="text-align: center;">⑤</td><td style="text-align: center;">⑤</td></tr> <tr><td style="text-align: center;">⑥</td><td style="text-align: center;">⑥</td></tr> <tr><td style="text-align: center;">⑦</td><td style="text-align: center;">⑦</td></tr> <tr><td style="text-align: center;">⑧</td><td style="text-align: center;">⑧</td></tr> <tr><td style="text-align: center;">⑨</td><td style="text-align: center;">⑨</td></tr> </table>	①	①	②	②	③	③	④	④	⑤	⑤	⑥	⑥	⑦	⑦	⑧	⑧	⑨	⑨	<p><b>15. How many years have you worked in your current position?</b></p> <table style="margin-left: auto; margin-right: auto;"> <tr><td style="text-align: center;">①</td><td style="text-align: center;">①</td></tr> <tr><td style="text-align: center;">②</td><td style="text-align: center;">②</td></tr> <tr><td style="text-align: center;">③</td><td style="text-align: center;">③</td></tr> <tr><td style="text-align: center;">④</td><td style="text-align: center;">④</td></tr> <tr><td style="text-align: center;">⑤</td><td style="text-align: center;">⑤</td></tr> <tr><td style="text-align: center;">⑥</td><td style="text-align: center;">⑥</td></tr> <tr><td style="text-align: center;">⑦</td><td style="text-align: center;">⑦</td></tr> <tr><td style="text-align: center;">⑧</td><td style="text-align: center;">⑧</td></tr> <tr><td style="text-align: center;">⑨</td><td style="text-align: center;">⑨</td></tr> </table>	①	①	②	②	③	③	④	④	⑤	⑤	⑥	⑥	⑦	⑦	⑧	⑧	⑨	⑨
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⑦	⑦																																				
⑧	⑧																																				
⑨	⑨																																				

**16. Why did you decide to enter the field of prevention? (Please fill in all that apply)**

- |   |   |
|---|---|
| <input type="radio"/> Experience with substance abuse, violence, suicide or other issues (personal or family) | <input type="radio"/> Academic work/degree in this or similar field |
| <input type="radio"/> Personal interest   | <input type="radio"/> Unplanned decision                            |
| <input type="radio"/> Experience in a similar field   |   |

Other (please specify) \_\_\_\_\_

**17. How much longer will you stay working in the prevention field? (Please check one)**

- |  |  |
|--|--|
| <input type="radio"/> Less than 1 year | <input type="radio"/> 5 -10 years        |
| <input type="radio"/> 1-3 years        | <input type="radio"/> More than 10 years |
| <input type="radio"/> 3-5 years        | <input type="radio"/> Don't know         |

**18. What is your certification/licensure status in the prevention field? (Please fill in only one)**

- |  |  |
|--|--|
| <input type="radio"/> Currently certified/licensed           | <input type="radio"/> Certification/licensure pending    |
| <input type="radio"/> Never certified/licensed not currently | <input type="radio"/> Previously certified/licensed, but |
| <input type="radio"/> Intern preparing for licensure         |  |

**19. Indicate type(s) of current or pending certification: (Please spell out acronyms)**

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**20. What is your highest academic degree status?**

- |  |   |
|--|---|
| <input type="radio"/> No high school diploma or equivalent | <input type="radio"/> Associate Degree  |
| <input type="radio"/> High school diploma or equivalent    | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> Some college, no degree              | <input type="radio"/> Master's Degree   |
| <input type="radio"/> Other _____                          | <input type="radio"/> Doctoral Degree   |

**21. Have you completed workshops or training (i.e. continuing education, non-academic training, formal in-service education) in prevention in the past two years?**

- Yes       No

**If yes, please indicate approximately how many hours you have completed in the last two years.** Please fill in bubbles for both columns. For example, if your answer is "5," fill in the bubbles for ① & ⑤

①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
⑧	⑧
⑨	⑨

Approximately what percentage of the training hours listed above was provided by:

Your agency \_\_\_\_\_%      Outside Sources \_\_\_\_\_%

### ***Job Satisfaction***

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**22. What in your work gives you job satisfaction? (*Please fill in all that apply*)**

- |  |  |
|--|--|
| <input type="radio"/> Nothing, I am not satisfied            | <input type="radio"/> One-to-one interaction with people   |
| <input type="radio"/> Salary/benefits<br>learning/growth     | <input type="radio"/> Opportunities for personal           |
| <input type="radio"/> Career growth opportunities            | <input type="radio"/> My organization/co-workers           |
| <input type="radio"/> Role as a change agent<br>organization | <input type="radio"/> Ability to influence decisions in my |
| <input type="radio"/> My commitment to prevention<br>_____   | <input type="radio"/> Other ( <i>specify</i> ) _____       |

**23. What in your work leaves you dissatisfied? (*Please fill in all that apply*)**

- |  |  |
|--|--|
| <input type="radio"/> Nothing, I am satisfied                    | <input type="radio"/> Lack of career growth opportunities    |
| <input type="radio"/> Limited role as a change agent<br>people   | <input type="radio"/> Lack of one-to-one interaction with    |
| <input type="radio"/> Salary/benefits<br>organization            | <input type="radio"/> Inability to influence decisions in my |
| <input type="radio"/> Organization/co-workers<br>learning/growth | <input type="radio"/> Lack of opportunities for personal     |
| <input type="radio"/> Lack of commitment to prevention           |  |
| <input type="radio"/> Other ( <i>specify</i> ) _____             | _____  |

## Job Tasks

24. For your current position, please rate how frequently you perform the following direct service tasks.

	All the time					
	Very Frequently		Somewhat Frequently			
	Somewhat Infrequently		Very Infrequently			
	Never					
	0	1	2	3	4	5
Problem assessment and referral	0	1	2	3	4	5
Intervention/counseling	0	1	2	3	4	5
Parent training	0	1	2	3	4	5
Alternative activities (recreation, arts, sports, community svc.)	0	1	2	3	4	5
Program or group facilitation	0	1	2	3	4	5
Outreach to specific populations	0	1	2	3	4	5
Mentoring	0	1	2	3	4	5
Case management	0	1	2	3	4	5
Advocacy for individuals	0	1	2	3	4	5
Classroom education on prevention	0	1	2	3	4	5
Community education on prevention	0	1	2	3	4	5
Information dissemination	0	1	2	3	4	5
Other	0	1	2	3	4	5

25. For your current position, please rate how frequently you perform the following indirect service tasks.

	All the time					
	Very Frequently		Somewhat Frequently		Somewhat Infrequently	
	Very Infrequently		Never			
	0	1	2	3	4	5
Advocacy for policy change	0	1	2	3	4	5
Technical Assistance	0	1	2	3	4	5
Staff training/Professional development	0	1	2	3	4	5
Program planning	0	1	2	3	4	5
Program/Curriculum development	0	1	2	3	4	5
Grant writing	0	1	2	3	4	5
Community needs assessment	0	1	2	3	4	5
Community organizing/coalition building	0	1	2	3	4	5
Resource acquisition	0	1	2	3	4	5
Writing/developing prevention materials	0	1	2	3	4	5
Distribution of prevention materials	0	1	2	3	4	5
Program management	0	1	2	3	4	5
Staff or volunteer recruitment and hiring	0	1	2	3	4	5
Staff or volunteer supervision	0	1	2	3	4	5
Program evaluation	0	1	2	3	4	5
Data analysis and reporting	0	1	2	3	4	5
Computer research on prevention topics	0	1	2	3	4	5

## Prevention Competencies (Knowledge and Skills)

26. For the requirements of your current position, please rate the importance of having knowledge in each of the following areas.

	Unsure how to rate importance						
	Extremely important						
	Very important						
	Somewhat important						
	Somewhat unimportant						
	Mostly unimportant						
	Not at all important						
Understanding substance use, abuse and dependency	0	1	2	3	4	5	6
Prevention principles and practices	0	1	2	3	4	5	6
Ethics	0	1	2	3	4	5	6
Counseling theories and techniques	0	1	2	3	4	5	6
Risk and protective factors	0	1	2	3	4	5	6
Family dynamics/family systems	0	1	2	3	4	5	6
Understanding data and research	0	1	2	3	4	5	6
Local and state resources	0	1	2	3	4	5	6
Evaluation principles and practices	0	1	2	3	4	5	6
Youth and lifespan developmental stages	0	1	2	3	4	5	6
Theory of change	0	1	2	3	4	5	6
Coping skills	0	1	2	3	4	5	6
Learning theory/learning styles	0	1	2	3	4	5	6
Social marketing	0	1	2	3	4	5	6
Social norming	0	1	2	3	4	5	6
Cultural competence	0	1	2	3	4	5	6
Model programs/Evidence-based practices	0	1	2	3	4	5	6
Grant writing	0	1	2	3	4	5	6
Management principles and practices	0	1	2	3	4	5	6
Elements of community organizing/coalition building	0	1	2	3	4	5	6
Other (specify)	0	1	2	3	4	5	6

27. For the requirements of your current position, please rate your own level of knowledge in each of the following key areas.

	0	1	2	3	4	5	6
	Unsure how to rate my knowledge						
	Completely knowledgeable						
	Mostly knowledgeable						
	Somewhat knowledgeable						
	Somewhat lacking knowledge						
	Mostly lacking knowledge						
	Have no knowledge						
Understanding substance use, abuse and dependency	0	1	2	3	4	5	6
Prevention principles and practices	0	1	2	3	4	5	6
Ethics	0	1	2	3	4	5	6
Counseling theories and techniques	0	1	2	3	4	5	6
Risk and protective factors	0	1	2	3	4	5	6
Family dynamics/family systems	0	1	2	3	4	5	6
Understanding data and research	0	1	2	3	4	5	6
Local and state resources	0	1	2	3	4	5	6
Evaluation principles and practices	0	1	2	3	4	5	6
Youth and lifespan developmental stages	0	1	2	3	4	5	6
Theory of change	0	1	2	3	4	5	6
Ethics	0	1	2	3	4	5	6
Coping skills	0	1	2	3	4	5	6
Learning theory/learning styles	0	1	2	3	4	5	0
Social marketing	0	1	2	3	4	5	6
Social norming	0	1	2	3	4	5	6
Cultural competence	0	1	2	3	4	5	6
Model Programs/Evidence-based Practices	0	1	2	3	4	5	6
Grant writing	0	1	2	3	4	5	6
Management principles and practices	0	1	2	3	4	5	6
Elements of community organizing/coalition building	0	1	2	3	4	5	6
Other (specify)	0	1	2	3	4	5	6

28. For the requirements of your current position, please indicate the level of importance of each of the skills below.

	Unsure how to rate importance						
	Extremely important						
	Very important						
	Somewhat important						
	Somewhat unimportant						
	Mostly unimportant						
	Not at all important						
Counseling skills	0	1	2	3	4	5	6
Making appropriate referrals	0	1	2	3	4	5	6
Curriculum delivery	0	1	2	3	4	5	6
Program planning	0	1	2	3	4	5	6
Classroom management	0	1	2	3	4	5	6
Conflict resolution	0	1	2	3	4	5	6
Program management	0	1	2	3	4	5	6
Event planning	0	1	2	3	4	5	6
Group facilitation skills	0	1	2	3	4	5	6
Leadership skills	0	1	2	3	4	5	6
Coalition building	0	1	2	3	4	5	6
Motivational skills	0	1	2	3	4	5	6
Volunteer management and recruitment	0	1	2	3	4	5	6
Computer literacy	0	1	2	3	4	5	6
Issue Advocacy	0	1	2	3	4	5	6
Public speaking/Presentation skills	0	1	2	3	4	5	6
Data management and reporting	0	1	2	3	4	5	6
Supervision skills	0	1	2	3	4	5	6
Other (specify)	0	1	2	3	4	5	6

29. For the requirements of your current position, please rate your own level of skill in each of the following key areas.

	Unsure how to rate my skill						
	Extremely Skillful						
	Mostly skillful						
	Somewhat skillful						
	Somewhat lacking skill						
	Mostly lacking skill						
	Have no skill						
Counseling skills	0	1	2	3	4	5	6
Making appropriate referrals	0	1	2	3	4	5	6
Curriculum delivery	0	1	2	3	4	5	6
Program planning	0	1	2	3	4	5	6
Classroom management	0	1	2	3	4	5	6
Conflict resolution	0	1	2	3	4	5	6
Program management	0	1	2	3	4	5	6
Event planning	0	1	2	3	4	5	6
Group facilitation skills	0	1	2	3	4	5	6
Leadership skills	0	1	2	3	4	5	6
Coalition building	0	1	2	3	4	5	6
Motivational skills	0	1	2	3	4	5	6
Volunteer management and recruitment	0	1	2	3	4	5	6
Computer literacy	0	1	2	3	4	5	6
Issue advocacy	0	1	2	3	4	5	6
Public speaking/Presentation skills	0	1	2	3	4	5	6
Data management and reporting	0	1	2	3	4	5	6
Supervision skills	0	1	2	3	4	5	6
Other (specify)	0	1	2	3	4	5	6

## ***Training and Education***

**30. If you have received training/education by any of the following methods, rate the level of impact that the training had on your work in prevention:**

	Significant level of impact				
	Moderate level of impact				
	Some level of impact				
	No impact				
	Have not received training in this venue				
Face-to-face workshops or conferences	0	1	2	3	4
Agency in-service training	0	1	2	3	4
Direct supervision	0	1	2	3	4
Peer mentoring	0	1	2	3	4
Videos	0	1	2	3	4
Internet resources	0	1	2	3	4
Home study products	0	1	2	3	4
Professional journals and other professional publications	0	1	2	3	4
College coursework	0	1	2	3	4
Distance education via the Internet	0	1	2	3	4

**31. Please indicate how significant each of the following factors is in your decision to participate in training activities.**

	Extremely Significant				
	Very Significant				
	Somewhat Significant				
	Not Very Significant				
	Not at all Significant				
Meets requirements for certification or degree	0	1	2	3	4
Offers continuing education credits	0	1	2	3	4
Required by funder	0	1	2	3	4
Required by agency or supervisor	0	1	2	3	4
Recommended by agency or supervisor	0	1	2	3	4
Provides opportunity for interaction with other professionals	0	1	2	3	4
Offers opportunity for skill development	0	1	2	3	4

**Question 31 (continued). Please indicate how significant each of the following factors is in your decision to participate in training activities**

	Extremely Significant				
	Very Significant				
	Somewhat Significant				
	Not Very Significant				
	Not at all Significant				
Training is low cost or free	0	1	2	3	4
Trainer has a good reputation	0	1	2	3	4
Sponsoring organization has a good reputation	0	1	2	3	4
Is scheduled flexibly or conveniently	0	1	2	3	4

**32. Please indicate your interest in participating in a training activity in each of the following knowledge areas.**

	Maximum interest				
	Considerable interest				
	Moderate interest				
	Very little interest				
	No interest				
Understanding substance use, abuse and dependency	0	1	2	3	4
Prevention principles and practices	0	1	2	3	4
Ethics	0	1	2	3	4
Counseling theories and techniques	0	1	2	3	4
Risk and protective factors	0	1	2	3	4
Family dynamics/family systems	0	1	2	3	4
Understanding data and research	0	1	2	3	4
Local and state resources	0	1	2	3	4
Evaluation principles and practices	0	1	2	3	4
Youth and lifespan developmental stages	0	1	2	3	4
Theory of change	0	1	2	3	4
Ethics	0	1	2	3	4
Coping skills	0	1	2	3	4
Learning theory/learning styles	0	1	2	3	4

**Question 32 continued on next page**

**32. (continued) Please indicate your interest in participating in a training activity in each of the following knowledge areas.**

	Maximum interest				
	Considerable interest				
	Moderate interest				
	Very little interest				
	No interest				
Social Marketing	0	1	2	3	4
Social Norming	0	1	2	3	4
Cultural Competence	0	1	2	3	4
Model Programs/Evidence-based Practices	0	1	2	3	4
Grant Writing	0	1	2	3	4
Management principles and practices	0	1	2	3	4
Elements of community organizing/coalition building	0	1	2	3	4

**33. Please indicate your interest in participating in a training activity in each of the following skill areas.**

	Maximum interest				
	Considerable interest				
	Moderate interest				
	Very little interest				
	No interest				
Counseling skills	0	1	2	3	4
Making appropriate referrals	0	1	2	3	4
Curriculum delivery	0	1	2	3	4
Program planning	0	1	2	3	4
Classroom management	0	1	2	3	4
Conflict resolution	0	1	2	3	4
Program Management	0	1	2	3	4
Event Planning	0	1	2	3	4
Group facilitation skills	0	1	2	3	4
Leadership skills	0	1	2	3	4
Coalition building	0	1	2	3	4

33. (continued) Please indicate your interest in participating in a training activity in each of the following skill areas.

	Maximum interest				
	Considerable interest				
	Moderate interest				
	Very little interest				
	No interest				
Motivational skills	0	1	2	3	4
Volunteer management and recruitment	0	1	2	3	4
Computer competency	0	1	2	3	4
Issue Advocacy	0	1	2	3	4
Public Speaking/Presentation Skills	0	1	2	3	4
Data management and reporting	0	1	2	3	4
Supervision skills	0	1	2	3	4
Other (specify)	0	1	2	3	4

**Thank you for your participation.**