

TECHNICAL COMPETENCIES

for Canada's Substance
Use Workforce v. 3



Canadian Centre
on Substance Use
and Addiction

Evidence. Engagement. Impact.



Canadian Centre
on Substance Use
and Addiction

All behavioural indicators across proficiency levels are examples only and can be adapted or tailored to meet individual organizational needs and mandates.

For CCSA's competencies, substance use is inclusive of situations where professionals are working with individuals who use or have used substances, are diagnosed with a medically recognized substance use disorder or are experiencing harms as a result of using substances. For more information, please refer to the criteria for substance use disorders in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5).

For more information on sex- and gender-based analysis (SGBA+), please visit www.ccsa.ca/sex-and-gender-based-analysis

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For additional copies, contact
CCSA, 75 Albert St., Suite 500
Ottawa, ON K1P 5E7
Tel.: 613-235-4048
Email: competencies@ccsa.ca

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UNDERSTANDING SUBSTANCE USE

Background or contextual knowledge of substances and substance use as defined in the Competencies, including the sex-specific neurological effects of different substances and the impact of use on cognitive function, and as required to properly inform specific aspects of a professional's work with people.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Explains what substance use is and: <ol style="list-style-type: none"> Its prevalence in Canada The neuroscientific basis of substance use and how it can impact cognitive function and development The neurological, physiological and behavioural impacts of different substances The bio-psycho-social-spiritual risk and protective factors for development of substance use concerns The various reasons for substance use Describes the types of substances often used in the professional's locale Explains the social determinants of health that have an impact on people who use substances and their families and communities, and identifies some of those key factors, for example, genetics, sex, gender, poverty, income, housing insecurity, being racialized, etc. Explains key processes that exacerbate substance use such as stigma, racism, violence and trauma, and experiences of colonialism (e.g., residential schools) Explains exposure to substances in utero as a risk for fetal and child development issues Explains evidence-informed approaches to managing substance use (e.g., harm reduction or abstinence-based approaches) 	<ol style="list-style-type: none"> Applies evidence-informed approaches to identify the severity of the individual's substance use and any other concurrent issues (e.g., physical, psychological, social and polysubstance use issues) Explains the way that substances that alter mood, behaviour and cognitive processes are categorized or classed (e.g., stimulant, sedative) and cites the proper and the street names, if applicable, for key drugs within those categories or classes Explains the range of factors that can increase risk or protection against developing substance use concerns, and works with people to identify such factors in their cases; for example: <ol style="list-style-type: none"> Age, sex, gender identity, sexual orientation and being racialized Social support Biological markers and genetic vulnerability Historical, social and cultural factors (colonialism) Trauma, violence and adverse childhood experiences Explains the prevalence of concurrent conditions and histories of trauma and violence that may be present for people who use substances, and applies this knowledge when working with them Explains in general terms the impact that stigma, trauma and violence, and cultural and historical events can have on people, and applies this understanding in working with them 	<ol style="list-style-type: none"> Explains and applies an understanding of the social determinants of health that work alone or together to increase or mitigate risk, and how these factors may vary in different populations and cultures Accesses current research and integrates and applies this knowledge when developing and adapting evidence-informed approaches Works with complex or sensitive cases requiring a sophisticated understanding of: <ol style="list-style-type: none"> Most aspects of substance use Substance-induced mental health issues (i.e., psychosis) Various cultures and sub-populations The impact of adverse childhood experiences on the brain Applies an understanding of medications, side effects and contra-indications to provide adequate support (see Medications competency for additional details) Participates in planning and conducting research on current trends in various aspects of the prevention, diagnosis and treatment of substance use 	<ol style="list-style-type: none"> Supervises or coaches others in developing their knowledge of causality, prevention, diagnosis and treatment of substance use, and integrating this new knowledge into their work with people receiving services Supervises or coaches colleagues working with complex and sensitive cases requiring a sophisticated understanding of all aspects of substance use and concurrent conditions Initiates, facilitates or participates in collaborative research that: <ol style="list-style-type: none"> Advances knowledge about prevention, screening and assessment, and treatment of substance use Explores the range of sex and gender, social, political, economic, spiritual and cultural factors likely to have an impact on substance use Contributes to professional development, including training, skill building, consultation, coaching and mentoring, and exchanges of current knowledge on substance use Develops new tools, techniques and support materials to assist the substance use workforce Advocates at the micro, meso and macro levels for developing and implementing public policy designed to minimize risk while enhancing resiliency Advocates for funding of research and programs designed to improve the lives of all people who use substances

UNDERSTANDING SUBSTANCE USE

Background or contextual knowledge of substances and substance use as defined in the Competencies, including the sex-specific neurological effects of different substances and the impact of use on cognitive function, and as required to properly inform specific aspects of a professional's work with people.

EXAMPLES

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<p>7. Explains concurrent conditions and how they affect the prevalence, prevention, diagnosis and treatment of substance use conditions</p>	<p>6. Explains the concepts of the family and social supports as systems with the potential to support or undermine the individual, and the type of impact an individual's substance use can have on the family as a system</p> <p>7. Explains the concept of recovery capital and how it can contribute to improved outcomes</p> <p>8. Consults a wide range of evidence-informed resources, including the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, to develop and apply an enhanced understanding of people who use substances</p> <p>9. Explains in general terms withdrawal management, treatment and recurrence prevention approaches, and applies this knowledge in working with people</p> <p>10. Explains in general terms how and why medications are used in the treatment of substance use and integrates a practical and level-appropriate knowledge of medications when working with people</p> <p>11. Explains in general terms the interactions that medications and other drugs can have and applies this understanding in working with people (see Medications competency for additional details)</p> <p>12. Monitors current research to update and enhance the knowledge base applied when interacting with people</p> <p>13. Explains evidence-informed considerations when treating people who are using different substances, such as opioids, amphetamines, alcohol and cannabis</p>		

UNDERSTANDING CONCURRENT SUBSTANCE USE AND MENTAL HEALTH CONDITIONS

Knowledge and skills required to inform specific aspects of a professional's work with people with concurrent substance use and mental health concerns. For more information please refer to the criteria for concurrent disorders in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p>1. Explains:</p> <ul style="list-style-type: none"> a. What is meant by concurrent conditions (co-occurring substance use and mental health concerns) and the importance of treating both together b. The impact that concurrent conditions have on other co-occurring issues (e.g., behavioural or process addictions) c. Factors that contribute to concurrent conditions in general and in specific populations and cultures (e.g., Indigenous or racialized groups) d. The stigma associated with concurrent conditions, and how it may vary in racialized populations and marginalized cultures (e.g., multi-layered stigma) e. The relationship between mental health and substance use and the prevalence of concurrent substance use and mental health conditions f. The prevalence of trauma and violence in the lives of people who use substances or have concurrent conditions, and the impact it can have on their substance use and treatment g. Risks associated with concurrent substance use and mental health conditions, including suicidality 	<ul style="list-style-type: none"> 1. Explains the major categories, signs and symptoms of mental health concerns and mental health diagnoses that can be concurrent with substance use concerns 2. Explains frequent causes of and treatments for the categories cited 3. In transparent dialogue with people, provides objective descriptions of signs and symptoms of suspected concurrent substance use and mental health concerns when referring them to or consulting with specialist practitioners 4. Collaborates with people to integrate results of consultations or referrals in their treatment plans 5. Integrates trauma and violence-informed approaches into treatment strategies, supports and services 6. Integrates practical, level-appropriate knowledge of medications into treatment strategies, supports and services 7. Collaborates with people to understand the impact of stigma and identifies evidence-informed strategies to address different levels of stigma including, self, social, organizational and structural stigma 8. Collaborates with people to identify personal and systemic factors (e.g., experiences of trauma and violence, and social determinants of health) that contribute to or protect against developing concurrent substance use and mental health conditions 	<ul style="list-style-type: none"> 1. Explains the impact of and relationship between intersectional factors and multiple layers of stigma (e.g., culture, gender identity, sexual orientation, being racialized, etc.) on people with concurrent conditions and collaborates with them to address these issues 2. Develops and implements evidence-informed strategies that appropriately address: <ul style="list-style-type: none"> a. The relative severity of both the person's substance use and mental health concerns b. The specific needs related to the person's cultural context c. The full range of the person's socioeconomic challenges d. The need to collaborate with others 3. Collaborates with colleagues in integrating knowledge with practice 4. Collaborates with other agencies and service providers to address challenges like employment, housing and other social determinants of health that intersect with concurrent substance use and mental health conditions 5. Demonstrates initiative in cross-training opportunities with other professionals 	<ul style="list-style-type: none"> 1. Supervises or coaches other professionals working with people with concurrent substance use and mental health conditions 2. Collaborates and takes a leadership role in developing and implementing a seamless, evidence-informed approach to the delivery of services to people with concurrent conditions across all sectors and disciplines 3. Collaborates and takes a leadership role initiating or facilitating cross-training opportunities with specialist practitioners in mental health and substance use 4. Advocates for, facilitates and contributes to collaborations among the full range of professionals involved in diagnosing and treating people with concurrent conditions 5. Advocates for, initiates, facilitates or participates in research focused on the appropriate integration of treatment for concurrent substance use and mental health concerns

UNDERSTANDING CONCURRENT SUBSTANCE USE AND MENTAL HEALTH CONDITIONS

Knowledge and skills required to inform specific aspects of a professional's work with people with concurrent substance use and mental health concerns. For more information please refer to the criteria for concurrent disorders in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p>2. Explains that substance use professionals need to:</p> <ul style="list-style-type: none"> a. Learn about concurrent conditions b. Know the most important evidence-based references and resources that should inform their learning, including the <i>Diagnostic and Statistical Manual of Mental Disorders</i>, the Mental Health Act, and mental health examinations and assessments c. Understand the interplay between substance use and mental health conditions (specifically masking and mimicking) d. Understand that family, caregiver and social support and a host of other broad determinants of health can contribute to or protect against developing concurrent conditions e. Practice within the confines of their knowledge and scope of practice and consult and collaborate with others, as required <p>3. Engages with all individuals, their families, caregivers and social supports courteously, responsively and non-judgmentally</p> <p>4. Demonstrates the ability to support or assist more senior professionals working with people with concurrent conditions of varying levels of severity</p>	<p>9. Monitors evidence-informed knowledge about the best approaches to treating concurrent substance use and mental health conditions and working with people living with these conditions</p>		

COLLABORATIVE CARE PLANNING

Meeting people who use substances where they are at and facilitating their movement within and between service providers. It includes providing information on programs and services to people so they can make informed decisions about the services they receive; maintaining accurate documentation, sharing information appropriately and with consent, and collaborating with other services providers.

*It is recommended that this competency be used in conjunction with the Behavioural Competency, Person-directed Care.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Demonstrates the ability to assist colleagues who are in care planning in an administrative or support capacity to ensure care planning is completed collaboratively within and between services Explains the importance of care planning and how it is related to counselling, screening, assessment and treatment planning Explains the process of referral to and from other service providers, including protocols that determine how, when and with whom information and documentation should be shared; explains services and programs to people so they can make informed decisions about the services they receive Explains the benefits of and process for conducting case conferences and teleconferences, and the situations in which each is appropriate Adheres to all legislation, guidelines, procedures and protocols about confidentiality and professional ethics Explains limits of confidentiality in various situations and their implications, as described in applicable legislation and guidelines Consults regularly with others, internally and externally, to facilitate coordinated and collaborative care planning 	<ol style="list-style-type: none"> Establishes and maintains collaborative working relationships with people, and with internal and external colleagues Monitors a range of resources to become familiar with current service options available to people and maintains up-to-date records of available services and resources Consults with people to match them with and refer them to the most appropriate available services and supports, using information obtained through dialogue with people and through screening and assessment processes Initiates and participates in case conferences and teleconferences, and promptly conducts all necessary follow-up Uses virtual, telehealth sites and online tools (e.g., video conferencing) to facilitate care planning activities Collaborates with people and their social supports on care planning recommendations and activities Advocates for people when working with related services and supports 	<ol style="list-style-type: none"> Establishes and maintains treatment plans as part of a multi-disciplinary team, as appropriate Establishes and maintains therapeutic rapport with people to establish trust and support them in reducing barriers to achieve their well-being goals Conducts on-going assessments and evaluates treatment plans in collaboration with people, adjusting plans, as appropriate Establishes collaborative relationships with a broad range of internal and external services and supports, using these relationships to facilitate referrals Implements changes to service delivery to improve peoples' outcomes (e.g., increased engagement, efficiencies) Collaborates with people to support them to make and follow through on decisions about treatment planning 	<ol style="list-style-type: none"> Supervises or coaches others in: <ol style="list-style-type: none"> Undertaking general care planning tasks Evaluating complex treatment plans and collaborating with people and other resources to make changes, as required Innovating solutions when conventional strategies have been unsuccessful Ensuring compliance with care planning protocols and changing protocols, when necessary Reviews counsellors' care planning documentation Approves provision of case-management documentation to people using services and other collaborators, on a case-by-case basis Initiates and facilitates case conferences and teleconferences, as appropriate

COMMUNITY DEVELOPMENT

Working together to identify community needs and resources, build capacity and plan, support or guide collective action.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Demonstrates an understanding of the needs of Indigenous and racialized communities (e.g., using the Truth and Reconciliation Calls to Action) 2. Accesses literature related to community development and substance use service delivery systems 3. Explains principles of community development (e.g., sustainable, inclusive, equitable, etc.) 4. Explains the role of community members in initiating and supporting community development activities 5. Acts as first-line point of contact for community members 6. Professionally engages with, encourages and responds to all community members and stakeholders 7. Maintains contact with community resources and referral sources 8. Maintains list of gender- and culturally sensitive specialist community resources 9. Works collaboratively and develops rapport with community members and groups 	<ol style="list-style-type: none"> 1. Establishes and maintains contacts and networks to further community involvement in developing and delivering services to enhance community well-being 2. Promotes fairness and good judgment in planning and undertaking community development activities 3. Builds awareness in the community about the specific needs of people affected by substance use, including the impact of stigma on their well-being 4. Collaborates with people most affected to: <ol style="list-style-type: none"> a. Assess and prioritize their needs, issues and resources b. Generate collaborative solutions to community challenges c. Promote community ownership of constructive change d. Build tailored capacity within the community to achieve goals and desired outcomes 5. Advocates for the inclusion of people with lived and living experience and their families and friends in community development activities 	<ol style="list-style-type: none"> 1. Collaborates with people most affected to: <ol style="list-style-type: none"> a. Leverage community capacity b. Ensure that programs and services are culturally safe and gender-sensitive c. Generate solutions to complex community development issues 2. Mobilizes and supports community members to: <ol style="list-style-type: none"> a. Take a proactive role in developing evidence-informed health promotion practices and policies tailored for specific populations b. Reduce stigma associated with substance use c. Promote a healthy lifestyle 3. Performs or participates in needs assessments by collecting, analyzing and interpreting relevant community data, in partnership with other community members 	<ol style="list-style-type: none"> 1. Provides leadership in shaping an organizational vision and service delivery system that reflects evidence-informed practices in community development 2. Provides leadership in developing and implementing evidence-informed, gender- and culturally sensitive community health promotion practices and policies 3. Communicates and collaborates with key stakeholders and decision makers (e.g., police services, school boards, municipal, provincial, federal governments, subject-matter experts, etc.), within and outside the community, to obtain their input on and commitment to engage in relevant policy and program reform and development 4. Incorporates relevant research findings and knowledge of gender, culture and other determinants of health into program planning 5. Assesses new community initiatives and—if resources and circumstances permit—approves those consistent with evidence-informed practices in community development

Applying a comprehensive range of evidence-informed counselling styles, techniques and methodologies aimed at improving the overall well-being of people affected by substance use.

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Establishes and maintains therapeutic relationships characterized by courtesy, warmth, genuineness, empathy, trust and concreteness 2. Explains: <ol style="list-style-type: none"> a. Evidence-informed individual and group counselling approaches and techniques b. The importance of building trust and rapport when working with people c. Recurrence, risk and protective factors d. The importance of collaborative treatment, support and services e. Life skills conducive to well-being, like managing personal finances f. The range of approaches that can enhance counselling (e.g., mutual help, self-help, psychotherapy, etc.) 3. Describes the fundamentals of trauma- and violence-informed practice and interacts with people to facilitate their well-being and avoid re-traumatization 4. Uses plain language in all communication with people receiving services 5. Participates in creating a gender-sensitive and culturally safe environment, including screening for immediate safety concerns 6. Provides virtual counselling services, when required 7. Adheres to all legislation, guidelines, procedures and protocols about confidentiality and professional ethics 	<ol style="list-style-type: none"> 1. Collaborates with people to: <ol style="list-style-type: none"> a. Understand the impact that the family as a system can have on the individual's substance use b. Establish rapport and trust by effectively applying skills such as understanding barriers to engagement, being empathetic and supporting self-efficacy c. Develop coping strategies and building on strengths to deal with challenging circumstances 2. Matches people's unique needs and life challenges to appropriate treatment and support options (e.g., harm-reduction services, outpatient or aftercare programs, abstinence-based approaches, etc.) 3. Delivers brief interventions for people, when and if required 4. Integrates evidence-informed counselling approaches based on each individual's comprehensive assessment and treatment plans, when working with individuals and with groups 5. Adapts counselling approaches to meet peoples' specific needs (e.g., family counselling, vocational counselling, mother-child attachment counselling) 6. Collaborates with people to develop and implement evidence-informed recurrence prevention plans 7. Monitors and identifies, symptoms of recurrence and takes proactive steps during counselling to prevent recurrence for all people, especially those with a higher recurrence risk 	<ol style="list-style-type: none"> 1. Applies a broad range of gender- and culturally appropriate, evidence-informed counselling approaches (e.g., land-based or Indigenous ways of healing) tailored to the needs of individuals, groups, couples and families 2. Responds constructively and effectively to significant counselling challenges like aggression, suicidal ideation and substance-induced psychosis 3. Employs a neuroscientific understanding of substance use to accurately assess an individual's developmental and cognitive strengths 4. Engages people in discovering the connection between their substance use and their experiences and circumstances 5. Collaborates with people to identify and address behaviours that are inconsistent with well-being 6. Selects and adjusts approaches to counselling based on the severity of substance use 7. Prioritizes peoples' access to services and supports based on signs and symptoms of recurrence 	<ol style="list-style-type: none"> 1. Engages with people who present with complex backgrounds and needs (e.g., traumatic brain injury) 2. Applies mastery of substance use counselling theory and skills when working with people 3. Innovates counselling approaches based on theory, research, trends, promising practices and new knowledge 4. Advocates for and integrates the use of technology to provide counselling services, especially to people living in rural and remote locations 5. Collaborates with professionals in other fields of study to gather insight on alternative approaches to counselling 6. Supervises or coaches colleagues to promote evidence- and gender-informed practices in all aspects of counselling and awareness of the needs of specialized populations (e.g., through the Truth and Reconciliation Calls to Action) 7. Leads research to advance knowledge in the field and stays current with emerging science and research findings 8. Recognizes the value of a range of lived and living expertise and seeks opportunities to incorporate this expertise into research and practice

COUNSELLING

Applying a comprehensive range of evidence-informed counselling styles, techniques and methodologies aimed at improving the overall well-being of people affected by substance use.

EXAMPLES

1 = Foundational

2 = Developing

3 = Proficient

4 = Advanced

8. Collaborates with people to facilitate the development of strengths and life skills associated with well-being
9. Collaborates with other practitioners to provide integrated care for people
10. Engages in self-analysis with clinical supervisor and critical self-reflection to recognize personal or professional limitations and biases that can impede ability to work constructively with people and works to mediate and resolve those limitations and biases

8. Collaborates with people to identify when existing services are no longer needed; demonstrates awareness and compassion during transitions and, in collaboration with people, develops plans that include long-term sustainable supports and wrap around, follow-up services as needed (e.g., harm reduction services, injectable opioid agonist therapy, abstinence-based approaches, housing, mental health services, etc.)

CRISIS INTERVENTION

Recognizing and responding in a timely and evidence-informed manner when people affected by substance use are in a risky or dangerous situation, such as a physical, sexual, emotional, psychosocial or financial crisis.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Defines “crisis” and explains the principles of evidence-informed crisis intervention 2. Develops and maintains a network of resources and supports available for people in crisis 3. Explains the risk factors and signs and symptoms associated with various crises, such as suicidality, self-harm and harm to others, harms related to substance use (including drug poisoning or overdose), and psychosocial crises (e.g., loss of housing or income, child apprehension, intimate partner violence, etc.) 4. Identifies the essential components of evidence-informed models of crisis prevention action plans 5. Notifies more senior professionals or relevant services and support systems if risk factors, signs or symptoms appear to be present 6. Describes the subtle and overt signs of crisis 7. Knows and applies safety screening, as appropriate 	<ol style="list-style-type: none"> 1. Establishes a gender- and trauma-informed (physically and emotionally safe) environment for people in crisis, based on their unique needs 2. Discusses risks associated with substance use with people and refers people in crisis to appropriate resources and supports 3. Collaborates with people and their families to create plans for crisis prevention and intervention 4. Collaborates with people and their families to assess and improve the skills they can use to cope during times of crisis 5. Monitors peoples’ emotional state and responds in a timely manner 6. Calms escalating and potentially volatile situations, using a range of verbal and non-verbal communication skills 7. Supports people in crisis, promoting safety and stability for them, alone or with their partners, children, families or communities 8. Implements crisis prevention plans, where required 	<ol style="list-style-type: none"> 1. Responds quickly to people in crisis, intervening as appropriate at each stage of crisis 2. Monitors factors, such as medications, that might contribute to individual crisis and takes appropriate actions, such as referring the individual to a practitioner who is knowledgeable in addictions and can prescribe medications, to attend to these factors 3. Assesses and monitors people at risk of suicidality and other harms related to substance use, and initiates appropriate interventions or referral, as required 4. Re-assesses and revises an individual’s treatment plan, supports and services following a crisis, as necessary 	<ol style="list-style-type: none"> 1. Employs clinical expertise to work with people to identify underlying factors that contribute to a crisis and to develop strategies to cope with those factors 2. Employs a range of tailored intervention strategies and creative solutions to stabilize complex crisis situations 3. Demonstrates increased understanding of structural, gendered factors contributing to crises, such as child apprehension, intimate partner violence or homelessness 4. Supervises or coaches other professionals to enhance their gender- and trauma-informed practice and crisis intervention skills 5. Monitors research and introduces new evidence-informed crisis management approaches and techniques, as appropriate

FAMILIES, CAREGIVERS* AND SOCIAL SUPPORTS

Working collaboratively with individuals, families, caregivers, partners, Elders, groups and communities who are positioned to support the well-being goals of people who use substances. It includes acknowledging families, caregivers and other people providing social support as partners in care and recognizing the value of family-based interventions. Considers the role of other-than-human supports (e.g., companion and service animals, connections to nature, land-based healing, etc.) in achieving well-being.

*Caregivers are often family members, but not always. They play a unique role that typically includes a variety of unpaid activities, from acting as informal case managers, advocates and systems navigators, to monitoring symptoms and providing crisis intervention (Canadian Mental Health Association, 2006). Working collaboratively with caregivers, when appropriate, can be a powerful resource for the service provider. See references to additional resources, below.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Engages with people and listens to gain insight into their lived and living experience of substance use, challenges and goals for well-being Engages people to identify resources, both internal and external, that are shown to improve outcomes, which includes identifying meaningful sources of social support (e.g., family members, caregivers, partners, Elders, friends, persons or groups within the individual's community or network of social relationships) and resources such as access to safe and affordable housing, income and employment Engages with identified sources of support to assess their willingness and suitability; collaboratively develops a plan of engagement to ensure that supportive relationships are not excluded Demonstrates an understanding of the role and contribution of caregivers, and recognizes the value of engaging them in the development of person-directed care plans that involve family, caregiver, partners and social support, where appropriate Collaboratively and regularly reviews the engagement of people involved in the individual's support network to respond to people's changing needs over time 	<ol style="list-style-type: none"> Collaborates with people, their families, caregivers, partners and social support networks to: <ol style="list-style-type: none"> Identify relevant power dynamics that help or hinder the development of healthy, supportive relationships Assess the needs of all and factor them into plans for meaningful support of people and, when appropriate, their families, caregivers, partners and social support networks Facilitates dialogue with the individual's family, caregiver, partner and social support network to improve: <ol style="list-style-type: none"> Their understanding of the impact that substance use is likely to have on them and their support for the individual Their understanding of and ability for self-care Their ability to access services they need to support themselves and their efforts, referring them to other resources, as required 	<ol style="list-style-type: none"> Identifies and implements actions in collaboration with people that will lead to improved relationships with family, caregivers, partners and social supports Assesses the health of the family, caregiver, partner and social support as a cohesive network and works with them to increase cohesion and build support for the individual's efforts to pursue goals for well-being and develop and implement an effective plan to achieve well-being Facilitates access to individual, couples and family counselling when such services are identified as helpful in addressing relationship concerns Assists in rebuilding trust and stability in relationships affected by the individual's substance use Works with people and their families, caregivers, partners and social support networks to collaboratively develop support plans for family members, caregivers, partners and others supporting the individual, when needed and identified, including consultations and referrals, when appropriate 	<ol style="list-style-type: none"> Collaborates with people to develop a deeper understanding of the family, caregiver, partner and social support as a cohesive network, and to identify changes that could be made to improve the well-being of the people involved Conducts interventions in complex situations in which multiple relationship, family, caregiver, partner or social support factors or risks are likely to have an impact on one another Supervises or coaches others developing and applying gender- and evidence-informed interventions in their responses to complex challenges impacting the family, caregiver, partner and social support network Develops strategies to promote the value of well-being within the family, caregiver, partner and social support network Develops and promotes anti-stigma initiatives and includes family members, caregivers, partners and social supports in the design, delivery and evaluation of these initiatives (e.g., Moms Stop the Harm, Families for Addiction Recovery)

FAMILIES, CAREGIVERS* AND SOCIAL SUPPORTS

Working collaboratively with individuals, families, caregivers, partners, Elders, groups and communities who are positioned to support the well-being goals of people who use substances. It includes acknowledging families, caregivers and other people providing social support as partners in care and recognizing the value of family-based interventions. Considers the role of other-than-human supports (e.g., companion and service animals, connections to nature, land-based healing, etc.) in achieving well-being.

*Caregivers are often family members, but not always. They play a unique role that typically includes a variety of unpaid activities, from acting as informal case managers, advocates and systems navigators, to monitoring symptoms and providing crisis intervention (Canadian Mental Health Association, 2006). Working collaboratively with caregivers, when appropriate, can be a powerful resource for the service provider. See references to additional resources, below.

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EXAMPLES	<ul style="list-style-type: none"> 6. Obtains consent from people about who, from their support network, should be consulted and in what circumstances, except where duty to report requirements overrides consent; ensures the people so identified are kept informed of any developments in the individual's goals for well-being 7. Where a decision to exclude certain family members, caregivers or partners occurs, engages further with people to gain insight and listens to enhance understanding about these relationships 8. Initiates contact with family, caregivers, partners or social support network for input, where appropriate 9. Educates family, caregivers, partners and social support network on evidence-informed practices and services 10. Recognizes the significance of family, caregiver, partner and social support relationships, including other-than-human supports (e.g., companion or service animals), to achieving and managing well-being and preventing recurrence; involves these supports throughout the process of prevention planning as well as before and after access to services 	<ul style="list-style-type: none"> 3. Assesses risks to safety and well-being of children, dependents, family members, caregivers, partners and any other people in the individual's network of social support relationships (e.g., risks of intimate partner violence; child abuse, etc.); and when assessed risks are high, takes appropriate next steps (i.e., duty to report) 4. Advocates for unique and creative supports in response to individualized situations and needs 5. Recognizes that it is sometimes necessary and appropriate for the individual to disengage from family, friends, caregivers, partners or other social relationships, and the challenges in doing so; facilitates and supports a healthy transition from, or closure to, such relationships 6. Recognizes when it is appropriate and necessary to respectfully bring closure to the therapeutic relationship with the individual, their family, caregiver, partner or social support network 		<ul style="list-style-type: none"> 6. Advocates at municipal, provincial and federal levels for recognizing and respecting families, caregivers, partners and social supports as central to an individual's well-being in a way that is respectful to people experiencing substance use 7. Educates individuals, families, caregivers, partners and social supports about adverse childhood experiences and directs people and service providers towards evidence-informed approaches (e.g., trauma- and violence-informed care models; sex- and gender- informed approaches) 8. Explains and advocates for the support of caregivers and their unique role as partners in care and their involvement in policy development

FAMILIES, CAREGIVERS* AND SOCIAL SUPPORTS

Working collaboratively with individuals, families, caregivers, partners, Elders, groups and communities who are positioned to support the well-being goals of people who use substances. It includes acknowledging families, caregivers and other people providing social support as partners in care and recognizing the value of family-based interventions. Considers the role of other-than-human supports (e.g., companion and service animals, connections to nature, land-based healing, etc.) in achieving well-being.

*Caregivers are often family members, but not always. They play a unique role that typically includes a variety of unpaid activities, from acting as informal case managers, advocates and systems navigators, to monitoring symptoms and providing crisis intervention (Canadian Mental Health Association, 2006). Working collaboratively with caregivers, when appropriate, can be a powerful resource for the service provider. See references to additional resources, below.

	1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
EXAMPLES	<ol style="list-style-type: none"> 11. Demonstrates an understanding of the bi-directional impact of an individual's substance use on family, caregiver, partner and social support relationships, and how those relationships impact an individual's substance use; engages the individual's family, caregiver, partner and social support relationships in supporting well-being 12. Describes the process of navigating and accessing gender- and culturally sensitive community resources that are available to people and their families, caregivers, partners and social support networks 13. Engages with families, caregivers, partners and social support networks in a courteous, helpful and professional manner, recognizing them as partners in achieving collaborative goals for well-being 14. Engages people in accessing family-based interventions and resources for well-being 15. Educates the individual and their families, caregivers, partners or social support networks about evidence-informed practices, services, approaches and interventions 			

FAMILIES, CAREGIVERS* AND SOCIAL SUPPORTS

Working collaboratively with individuals, families, caregivers, partners, Elders, groups and communities who are positioned to support the well-being goals of people who use substances. It includes acknowledging families, caregivers and other people providing social support as partners in care and recognizing the value of family-based interventions. Considers the role of other-than-human supports (e.g., companion and service animals, connections to nature, land-based healing, etc.) in achieving well-being.

*Caregivers are often family members, but not always. They play a unique role that typically includes a variety of unpaid activities, from acting as informal case managers, advocates and systems navigators, to monitoring symptoms and providing crisis intervention (Canadian Mental Health Association, 2006). Working collaboratively with caregivers, when appropriate, can be a powerful resource for the service provider. See references to additional resources, below.

	1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
EXAMPLES	16. Demonstrates an understanding of the significance of non-judgmental, gender- and culturally sensitive and collaborative support for the individual 17. Respects and recognizes people's autonomy in decision making around goals for well-being 18. Demonstrates an understanding of the indications and contraindications for family-based interventions 19. Articulates the four types of family work: <ul style="list-style-type: none"> • family orientation • family education • family counselling • family therapy 			

ADDITIONAL RESOURCES FOR FAMILY, CAREGIVERS AND SOCIAL SUPPORT COMPETENCY

Family Mental Health Alliance. (2006). *Caring Together: Families as Partners in the Mental Health and Addiction System*.

Ontario Caregiver Organization. (2020). *Caregivers as Partners eLearning for Healthcare Providers* (three 20-minute modules).

Mental Health Commission of Canada. (2013). *National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses*.

Mental Health Commission of Canada. (2020). *Caregiver Mobilization Toolkit*.

Ontario Centre of Excellence for Child and Youth Mental Health. (2019). *Family Engagement* (resource hub).

Vancouver Coastal Health. (2013). *Family Involvement with Mental Health & Addiction Services*.

GROUP FACILITATION

Using evidence-informed approaches to work with people affected by substance use in group settings.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Explains the role of group approaches in working with people Explains the differences between group counselling, group therapy and psycho-educational groups Supports more senior professionals in facilitating group education, as required Observes group sessions and consults the lead about perceptions of gendered and cultural group dynamics Interacts with people in the group under close supervision by the lead facilitator Explains behaviours that lead to positive change and those that may impede change Ensures the group setup is conducive to safety and promotes positive interactions for all Explains the principles of adult learning and education, and teaching theory and methods 	<ol style="list-style-type: none"> Explains the primary characteristics of a range of group facilitation approaches Leads information sessions or similar psycho-educational groups, consulting and debriefing with more senior colleagues Screens and assesses group members for suitability and compatibility, consulting with more senior colleagues Considers the need for groups that address gender, cultural, age and racial discrimination; addresses specific topics and advocates for such groups Encourages the development of healthy social skills in all group members Engages with groups and develops rapport by using a range of facilitative techniques Encourages and models healthy group dynamics Adjusts facilitation style and approach to address individual behaviours that pose challenges in promoting positive group interactions Identifies and responds to gendered group dynamics that can result in silencing or unequal attention given to group members Facilitates manual-based groups with fidelity to the manual; consults senior staff or leadership if deviating from the manual 	<ol style="list-style-type: none"> Facilitates larger groups and groups with people with more complex needs using a range of proactive approaches and techniques to spur and enhance group problem solving and individual and group goal achievement Designs and implements strategies and techniques to meet group needs Continuously monitors and assesses group dynamics to maintain a safe, productive environment for all, intervening as necessary Works to equalize power and gendered imbalances in relationships within the group Acquires expertise in the delivery of groups that meet the needs of specific populations Intervenes appropriately and decisively if a crisis is developing or escalating by being aware of and attending to the group process (e.g., by ending the session early or separating or temporarily removing members of the group) Assesses and reconfigures groups, as required, to improve group functioning and address individual needs 	<ol style="list-style-type: none"> Demonstrates agility in facilitating a variety of groups. Innovates, develops, adapts and applies group materials designed to respond to a range of complex situations, maintaining an evidence-informed approach Supervises or coaches other group facilitators to promote evidence-informed practices, gender- and trauma-informed approaches, culturally responsive, high-quality interventions, and adherence to service standards and program integrity Researches and promotes new evidence-informed approaches to group facilitation by explaining and demonstrating techniques and approaches and by sharing resources with others Leads in developing and implementing groups that address specific needs and topics, such as groups for pregnant women at risk, women with a child with fetal alcohol syndrome disorder, women who have experienced violence, men with trauma histories, young gay men, etc.

MEDICATIONS

Explains the use of medications in the treatment and management of substance use and mental health conditions and responds to ongoing needs related to medication management and treatment.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Explains in general terms the type of medications that are the most prone to producing dependency and those that are used: <ol style="list-style-type: none"> a. To treat substance use b. To address mood, behaviour and cognitive processes c. To treat pain d. To treat co-related conditions, like organ failure, heart and lung diseases, hepatitis, HIV and AIDS, etc. 2. Explains the common side effects of medications used to treat substance use and the potential sex-differentiated impacts of using them incorrectly 3. Explains the signs and symptoms of adverse drug reactions, and consults with more senior professionals if adverse reactions are suspected 4. Monitors people for signs of incorrect use of medication, and consults with more senior professionals if incorrect usage is suspected 5. Explains prescription take-back initiatives 	<ol style="list-style-type: none"> 1. Explains the way that medications that alter mood, behaviour and cognitive processes are: <ol style="list-style-type: none"> a. Administered b. Likely to interact with other substances, including alcohol And explains the impact: <ol style="list-style-type: none"> c. When use of the drug is stopped d. When the drug is used improperly 2. Reviews research about medications, such as methadone or buprenorphine, that are used to treat substance use 3. Consults with professionals prescribing medications, when necessary 4. Discusses with people their right to use or not use medications 5. Supports individual access to prescribed medications where barriers are present 	<ol style="list-style-type: none"> 1. Provides most current evidence and information about available approaches (e.g., harm reduction; sex specific) or practices for the use of medication to treat substance use or concurrent conditions 2. Explains with accuracy and detail how medications that affect mood, behaviour and cognitive processes: <ol style="list-style-type: none"> a. Affect females and males physiologically and neurologically b. Can have different impacts depending on how they are administered (e.g., dosages, forms of medication, etc.), and their benefits and drawbacks c. Can have an impact on people if taken alone or if taken in combination with other substances, including alcohol 3. Identifies women, men and gender-diverse people who could potentially benefit from augmenting other treatment approaches with medications 4. Collaborates with people, teams and medical professionals to: <ol style="list-style-type: none"> a. Incorporate medications into individual treatment plans, if appropriate b. Monitor the impact of prescribed medications 5. Assesses people to identify symptoms of adverse reactions for overuse or misuse of medications and initiates consultation with medical professionals or emergency medical services, as required 	<ol style="list-style-type: none"> 1. Applies comprehensive knowledge about the use of medications in treating substance use in: <ol style="list-style-type: none"> a. Working with people b. Supervising or coaching others c. Overseeing or reviewing treatment plans d. Collaborating and networking e. Advocating for evidence-informed practices 2. Builds and maintains a network of resources skilled in the area of medication management and interventions 3. Educates or arranges for professional development of others on the: types of medications that mitigate or aggravate issues related to substance use, and the sex and gender factors affecting the use and prescription of medication 4. Initiates, facilitates or leads in developing and implementing evidence-informed practices and policies that support the innovative use of medications in treating substance use

OUTREACH

Designing and delivering evidence-informed substance use services in the community to a broad range of people, including those who might otherwise not seek or have access to those services.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Explains in general terms: <ol style="list-style-type: none"> a. What outreach is and the role it plays in expanding access to treatment and to primary, secondary and tertiary prevention b. The type and range of outreach activities c. What is meant by “marginalized populations,” and where those populations are best reached and served (e.g., Indigenous peoples, racialized groups, etc.) d. The type of substance use issues typically seen in various populations, including those marginalized, stigmatized or otherwise underserved 2. Provides support to outreach workers and multi-disciplinary teams 3. Maintains contact with representatives from a wide range of community services 4. Recognizes and maintains personal health and safety protocols when working in the community 	<ol style="list-style-type: none"> 1. Adheres to evidence-informed practices in delivering or assisting in the delivery of a range of substance use services, often as part of a multi-disciplinary team 2. Creates rapport with people by interacting with them in their preferred setting and acting in a manner appropriate to that setting 3. Interacts with outreach contacts using trauma-informed practice to avoid triggering negative or potentially dangerous responses 4. Collaborates with people to identify individual and overall needs of the outreach population with a gender and cultural lens 5. Attends to the safety of all parties involved in outreach, including self, when planning and delivering outreach services 6. Promotes health equity through assisting people to access appropriate services to improve their social determinants of health 7. Uses appropriate approaches (e.g., gender- and trauma-informed approaches, brief intervention, culturally responsive approaches, etc.) when working with people who experience barriers to engagement 	<ol style="list-style-type: none"> 1. Engages with others in the community: <ol style="list-style-type: none"> a. To develop a thorough understanding of local outreach needs and gaps in services b. To develop and deliver outreach activities aligned with evidence-informed practices and appropriate to target populations 2. Participates in evaluating outreach services, including those provided by the professional’s organization and those provided by others in the community 3. Evaluates the outcome of an individual referral to a community resource and brings related issues to the attention of more senior professionals, if appropriate 4. Applies a sex- and gender-based analysis to identify barriers to accessing services and supports, and takes action to reduce those barriers 	<ol style="list-style-type: none"> 1. Promotes, supports and enhances a variety of outreach services in the community, adhering to standards and evidence-informed practices 2. Mobilizes multi-disciplinary teams composed of substance use professionals, community-based resources and other related professionals, as required 3. Reviews evaluations of referral outcomes and, if appropriate, provides feedback to organizations or professionals 4. Collaborates with and leads a range of community organizations to develop outreach programs that build on community strengths and address community needs 5. Conducts research, applies sex- and gender-based analysis and collaborates with others to identify outreach services with particular consideration for Indigenous and racialized groups and ways of bridging gaps to provide more comprehensive outreach services 6. Prepares and delivers disaggregated research findings and education to appropriate stakeholder groups (e.g., community, funders, politicians, peers at conferences, etc.) and, when possible, contributes to peer reviewed publications

PREVENTION AND HEALTH PROMOTION

Engaging with people affected by substance use and concurrent conditions and their families and communities to encourage the adoption of knowledge, behaviours, values and attitudes that promote personal and community well-being.

*Note that throughout this competency the term prevention should be interpreted to mean prevention of harms associated with substance use.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Explains in general terms important concepts in prevention and health promotion, such as: <ol style="list-style-type: none"> The key social determinants of health The variety of prevention approaches from primary prevention to harm reduction to abstinence The factors that can reduce or increase risks of experiencing harms associated with substance use The role of prevention outreach services as part of an effective prevention and upstream health promotion strategy That prevention and health promotion efforts can be tailored to the sex, gender, culture, context and needs of target populations (e.g., Indigenous peoples, racialized groups, etc.) Assists in delivering a range of prevention programs and in coordinating communication among all involved groups Demonstrates knowledge of age- and sex-specific lower-risk guidelines for substance use and their role in prevention and health promotion 	<ol style="list-style-type: none"> Explains evidence-informed practices in prevention and health promotion, and applies that understanding when engaging with the community, individuals, families and social support systems Participates in developing and delivering culturally and gender-appropriate prevention and health promotion activities, working alone, with organizational teams and in collaboration with partners in the community Delivers or assists in delivering standardized public education programs to general populations like schools and community groups, using evidence-informed approaches Delivers or assists in delivering customized programs tailored to the needs of specific target populations Engages with people and subject-matter experts to better understand the impact that prevention and health promotion programs have based on culture, gender, age and context, and applies that understanding in service and product development and delivery efforts Shares ideas, evidence and information, and explains how and why specific tasks contribute to the community's prevention and health promotion capacity Promotes awareness of the linkage between venues like casinos or bars and substance use, during interactions with people and the community 	<ol style="list-style-type: none"> Develops and delivers a range of complex interventions, programs and services informed by sex- and gender-based analysis and an in-depth knowledge of relevant prevention and health promotion techniques and approaches Manages unusual or difficult situations when delivering programs in the community with at-risk populations Mobilizes and supports community member involvement in prevention and health promotion activities that address intersections of gender and the determinants of health, leveraging community strengths and resources in the process Gauges the level of community commitment and ability, and shifts from a leadership to a support role as others assume more responsibility Participates with community members in evaluating prevention and health promotion activities Advocates on behalf of the community, as a whole, for sustainable prevention and health promotion services tailored to community needs Advocates for prevention and health promotion services, using disaggregated evaluation data and other evidence-informed findings 	<ol style="list-style-type: none"> Supervises or coaches others in developing, implementing and evaluating evidence-informed prevention and health promotion initiatives Oversees and manages a range of prevention- and health promotion-focused initiatives based on evidence-informed practices and that address sustainability, gender, cultural and contextual relevance, and include benchmarks for evaluation purposes Incorporates relevant research findings and knowledge of social determinants of health and risk and protective factors in program planning Initiates, facilitates, leads or conducts sex- and gender-based analysis and evaluation of community programs and services to measure effectiveness, identify gaps in service and prioritize needs Facilitates developing and maintaining multi-disciplinary collaborations that: <ol style="list-style-type: none"> Support healthy families and communities De-stigmatize marginalized populations Enhance public policy and tailored program design Collaborates on, leads or contributes to the design and delivery of gender-sensitive and customized programs in complex, sensitive situations that call for a high degree of multi-disciplinary involvement

PREVENTION AND HEALTH PROMOTION

Engaging with people affected by substance use and concurrent conditions and their families and communities to encourage the adoption of knowledge, behaviours, values and attitudes that promote personal and community well-being.

*Note that throughout this competency the term prevention should be interpreted to mean prevention of harms associated with substance use.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
	<ul style="list-style-type: none"> 8. Promotes a sense of community ownership and involvement by: <ul style="list-style-type: none"> a. Helping to build community connections b. Helping enhance the resilience of all community members c. Advocating for and educating others on equity-oriented public health policy d. Building capacity within the community to identify group-specific needs and develop strategies and solutions to address those needs 9. Collaborates with a range of stakeholders to identify and assign priorities to community needs and required resources related to prevention and health promotion 10. Monitors research related to prevention and health promotion and applies relevant findings in all activities including interactions with people using services and community members 		

PROGRAM DEVELOPMENT, IMPLEMENTATION AND EVALUATION

Developing and implementing substance use and mental health programs, modifying existing programs to respond to identified needs and evaluating the outcomes of existing, new or revised programs.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Explains in general terms what is meant by needs assessment, program development, implementation and evaluation Explains in general terms the rationale for each of these four components and the relationship among them Supports others in their needs assessment, program development, implementation and evaluation efforts Involves people with lived and living experience, family and friends, and communities in program development, implementation and evaluation with particular consideration for Indigenous peoples and racialized groups Gathers or assists in gathering information for reports and research, including evaluation, by: <ol style="list-style-type: none"> Ordering or compiling database reports Conducting telephone surveys Entering, disaggregating or manipulating survey data 	<ol style="list-style-type: none"> Explains how relevant policies, evidence, frameworks and theories apply to program development Explains the phases of needs assessment, program development, implementation and evaluation; the goals and outputs for each phase; and the activities likely to be conducted as part of each phase Assists more experienced colleagues in developing data collection tools for evaluation and other research purposes Conducts supervised research for evaluation of funding proposals by: <ol style="list-style-type: none"> Helping to develop logic models or document procedures Integrating sex and gender into development of programs and evaluation Reporting on focus groups Recommending how to apply relevant policies (e.g., on confidentiality, ethics, and sex- and gender-based analysis) to research being conducted 	<ol style="list-style-type: none"> Assesses the magnitude and nature of the issues, including distribution of risk factors, when conducting needs assessments Initiates evaluation planning early in a program's life cycle, continuously monitors progress and keeps notes to ensure those insights are retained Collaborates with specific populations (e.g., Indigenous, racialized or 2SLGBTQQIA+ groups) and others to ensure evaluation plans include issues that are important to them Participates in needs assessments and developing, implementing or evaluating large or complex programs, or leads such efforts for smaller or less complex programs Plans and conducts evaluations using various methods (e.g., interviews, surveys, focus groups, etc.) Identifies the resources and training required to develop, implement or evaluate a program and mobilizes those resources, as appropriate Develops data-collection tools like interview guides and surveys, and uses those tools to gather information Integrates consideration of sex- and gender-related factors into all program evaluation activities Researches and develops specific funding proposals 	<ol style="list-style-type: none"> Conducts complex needs assessment, program development, implementation and evaluation projects or leads internal teams charged with such projects Collaborates with and sometimes leads multi-disciplinary teams designing, implementing or evaluating customized programs Leads the development of sex- and gender-specific indicators for measurement in program evaluation Supervises or coaches others involved in program development, implementation and evaluation Writes final reports in accordance with evidence-informed standards Reviews funding proposals and clearly conveys review decisions Demonstrates an understanding and application of change management, process and implementation principles Initiates or conducts sex- and gender-sensitive research: <ol style="list-style-type: none"> On trends in program development, implementation and evaluation To support the development of funding proposals Creatively applies new learning to reflect evidence-informed approaches to program development, implementation and evaluation

PROGRAM DEVELOPMENT, IMPLEMENTATION AND EVALUATION

Developing and implementing substance use and mental health programs, modifying existing programs to respond to identified needs and evaluating the outcomes of existing, new or revised programs.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
		<ul style="list-style-type: none"> 10. Applies relevant policies, such as those that govern privacy and confidentiality, and relevant theories or research to program development, implementation and evaluation projects 11. Analyzes or participates in the analysis of program evaluation findings 12. Shares evaluation findings with others and promotes on-going knowledge exchange about program development, implementation and evaluation 	<ul style="list-style-type: none"> 10. Establishes and maintains positive and professional communications with funding organizations to maintain awareness of upcoming initiatives 11. Leverages knowledge exchange opportunities to roll-up multi-disciplinary findings

RECORD KEEPING AND DOCUMENTATION

Creating and maintaining accurate, up-to-date, comprehensive records in accordance with professional standards and legal regulations.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> Assists in updating less sensitive records (e.g., intake reports, release forms, progress notes) Adheres to all legislation, organizational guidelines, procedures, protocols and applicable regulatory requirements about where, when and how individual records are to be safeguarded Enters, accurately and legibly, all required elements of documentation records into information systems in a timely manner Identifies the legal responsibilities and obligations for record keeping for own role and job function Obtains informed consent from people and required documentation for exchanging information (e.g., during the referral process) Discusses the limits of confidentiality with people to ensure they understand the circumstances in which information will or will not be shared Ensures that entries are legible if handwritten or accurately typed and coded for electronic systems Demonstrates ability to use technology and electronic systems for record keeping and documentation 	<ol style="list-style-type: none"> Updates sensitive documentation records (e.g., screening and assessment reports, court-mandated reports, etc.) Uses non-stigmatizing language, appropriate terminology and approved abbreviations in individual records and documentation Records all individual and related professional interactions in an objective and accurate manner that reflects organizational protocols, established regulatory practices and record keeping guidelines Documents all stages of the treatment process clearly, accurately and concisely 	<ol style="list-style-type: none"> Ascertains and conveys to others the approved abbreviations for use in individual records Prepares discharge summaries Responds to case-sensitive or specialized requests for records from external organizations 	<ol style="list-style-type: none"> Monitors and samples all types of individual records to ensure that practices adhere to confidentiality, information-sharing and data protection requirements and protocols Supervises or coaches others to: <ol style="list-style-type: none"> Ensure adherence to all relevant requirements and protocols Remedy any lapses discovered through file sampling and monitoring Monitors research, bulletins, newsletters, journals and websites to keep up to date on legislative changes likely to have an impact on individual record keeping policies for the organization Reviews discharge summaries for accuracy of content, referral and follow up services Supervises or coaches others on case-sensitive requests for records from external organizations for referral or wrap-around service planning Ensures that electronic record keeping systems are securely protected and backed up so that records are retrievable in the event of computer crashes, viral infections or other technical problems

REFERRAL

Collaborating with people who use substances to identify and access available referral services, supports and resources that are gender- and culturally appropriate to best meet their needs.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Develops knowledge of and maintains relationships with referral resources 2. Becomes familiar with various community resources available for meeting people's needs 3. Collaborates with people to identify potential referral options and the appropriateness of available resources; transparently discusses priorities, expectations and required actions 4. Helps complete documents required for the referral process 5. Adheres to all legislation, guidelines, procedures and protocols about confidentiality and professional ethics 6. Builds awareness of role and organizational mandate with referral sources 7. Recognizes barriers to services, such as gender, caregiving, age, rural location, being racialized, etc. 8. Recognizes what is within their scope of practice and when it is appropriate to make a referral to another healthcare professional or service provider 9. Considers individualized needs and maintains a person-directed approach when making referrals (see Person-directed Care competency) 	<ol style="list-style-type: none"> 1. Is familiar with potential referral resources through such activities as visiting sites, networking and studying websites and publications 2. Maintains a collaborative, holistic approach to service delivery 3. Builds and maintains a network of resources available for meeting individual needs and wrap-around services 4. In consultation with people, assesses their ability to participate in referral services and works with them to identify barriers to participation (e.g., inadequate housing, trauma and violence history, etc.), as well as opportunities; collaborates with people to find solutions and address barriers 5. Initiates collaboration with referral sources, as appropriate 6. Coordinates referral services and supports to provide seamless care for people 7. Advocates for people using services when necessary 8. Demonstrates an understanding and awareness of re-traumatization and minimizes the frequency with which a person has to re-tell their story when making referrals 	<ol style="list-style-type: none"> 1. Maintains a network of gender- and culturally sensitive referral sources appropriate to the needs of people with complex histories 2. Collaborates with people to enhance their ability to engage in and follow up on the referral process 3. Maintains contact and follows up with people and referral sources to facilitate successful treatment and evaluate the outcome of the referral 4. Advocates with referral agencies on behalf of people 5. Engages with people during wait times and transition to other services, considering gender, culture and other individual factors and vulnerabilities during various stages of service 	<ol style="list-style-type: none"> 1. Builds and enhances referral capacity by networking with external senior-level colleagues 2. Establishes protocol and method for collecting satisfaction data from people using services 3. Oversees the referral process to ensure that mutually beneficial relationships are established 4. Reviews referral records for accuracy, completeness, timeliness and compliance with legal and clinical requirements 5. Follows up on situations in which people or referral sources report inappropriate, unsatisfactory or incomplete referrals and takes appropriate action

SCREENING AND ASSESSMENT

Selecting, administering and interpreting the results of evidence-informed tools and methods to measure substance use and related concerns and inform the care and treatment plan.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ol style="list-style-type: none"> 1. Explains in general terms that: <ol style="list-style-type: none"> a. Screening begins the process of identifying and addressing people’s concerns and could lead to further investigation or not b. Information gathered during screening is a “snapshot” rather than a complete portrait of the individual c. Assessment is an ongoing process that evaluates individual progress and provides a rationale for changing the treatment plan, as necessary d. The relationship of screening and assessment to one another and to the range of other processes and services provided to the individual e. Readiness to disclose concerns will be respected, and additional information can be added as trust and readiness increase 2. Identifies cognitive and physical signs and symptoms of substance use (e.g., intoxication or withdrawal) and potential life-threatening situations, and intervenes appropriately 3. Adheres to all legislation, guidelines, procedures, protocols and professional ethics about privacy, confidentiality and human rights 4. Provides administrative or other support to intake workers or clinical staff conducting assessments 	<ol style="list-style-type: none"> 1. Provides people with an environment that feels safe in light of needs, background, gender and culture 2. Conducts culturally responsive screening and assessment using strengths-based, gender- and evidence-informed tools and approaches shown to lead to the best outcomes and validated for the population being served 3. Conducts screening and assessment interviews exploring the individual’s underlying thoughts and emotions using: <ol style="list-style-type: none"> a. A trauma-informed approach b. A range of questioning techniques c. Non-judgmental, open-ended questions d. Inconsistencies (e.g., between verbal and non-verbal communication) to elicit accurate information e. Language appropriate to the individual’s level of understanding 4. Delivers gender- and culturally sensitive brief interventions for people during screening or assessment services 5. Engages with people to: <ol style="list-style-type: none"> a. Identify relevant cultural and historical influences (e.g., colonization, residential schools, being racialized, etc.) b. Identify relevant sex- and gender-related issues c. Identify their strengths d. Increase access to relevant programs and services 	<ol style="list-style-type: none"> 1. Employs evidence-informed and sex- and gender-sensitive health screening and assessment tools to identify health concerns that might influence the individual’s treatment plan 2. Integrates gender-, trauma- and evidence-informed research on screening and assessment tools and techniques into practice 	<ol style="list-style-type: none"> 1. Assesses the adequacy of existing tools and practices, and innovates enhancements, as appropriate 2. Supervises or coaches others to: <ol style="list-style-type: none"> a. Ensure the quality and integrity of screening and assessment tools and practices b. Enrich their knowledge and refer them to resources about the impact of different cultures c. Enhance their knowledge of sex- and gender-related factors affecting screening and assessment d. Enhance their skills in trauma-informed screening approaches e. Enhance interviewing and other clinical skills 3. Initiates, collaborates on or conducts research on various aspects of screening and assessment to inform the development of a care or treatment plan

SCREENING AND ASSESSMENT

Selecting, administering and interpreting the results of evidence-informed tools and methods to measure substance use and related concerns and inform the care and treatment plan.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<ul style="list-style-type: none"> 5. Acquires basic individual information, adhering to all relevant templates or guides to ensure completeness and accuracy 6. Supports people to identify their goals for well-being 7. Reflects an awareness of own personal and professional attitudes and cultural biases, and the impact they might have on the ability to interact with people in a non-judgmental way, and seeks assistance and support, when required 8. Responds to people's needs and builds rapport 9. Approaches screening and assessment as the beginning of the therapeutic relationship 	<ul style="list-style-type: none"> 6. Selects and applies screening and assessment tools and interprets data they yield to prioritize the individual's needs and inform the development of tailored treatment plans, supports or services that are culturally responsive (e.g., land-based healing, companion animals, etc.) 7. Assesses barriers to engagement on an on-going basis, noting any changes that occur and adapting the treatment plan accordingly 8. Identifies signs of crisis or trauma responses during screening and assessment and quickly intervenes to ensure safety 9. Identifies people who might be at risk of suicide, self-harm or of harming others, and notifies more experienced professionals or, if appropriate, calls for emergency services 10. Consults and collaborates with other professionals to clarify or enhance information collection process 11. Refers people who will not be involved further with the professional's organization to other culturally and gender-appropriate community resources that could be helpful 12. Monitors current trends and information about research related to screening and assessment 		

TRAUMA- AND VIOLENCE-INFORMED CARE

Interacting with people who use substances to identify and consider the impact that overwhelmingly negative events have on functioning and the ability to cope. Developing and delivering interventions in collaboration with people that emphasizes safety, choice and personal control with the aim of minimizing harm and re-traumatization. Understanding the gender- and culturally specific histories and contexts of people and approaching each individual with empathy.

EXAMPLES

1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p>1. Demonstrates an understanding of trauma and violence, including:</p> <ul style="list-style-type: none"> a. The high prevalence of trauma and violence experienced by people who use substances b. How the impact of trauma varies by age at first experience, severity, frequency, resilience and how support is received, and can be central to an individual's development and ability to cope c. The different types of trauma including whether it occurs from an personal (e.g., intimate partner violence), external (e.g., accident, natural disaster) or systemic (e.g., racism, colonialism) source; and how these sources of trauma may intersect d. The wide range of adaptations people make to cope and survive e. That exposure to trauma and violence is a risk factor for developing chronic physical and mental health conditions f. That communities and cultures, as well as individuals, are impacted by historical, systemic and intergenerational trauma and violence g. The potential for re-traumatization and how it can be prevented or reduced h. The potential impact of adverse childhood experiences on brain development and negative health outcomes including substance use i. The symptoms of post-traumatic stress disorder (PTSD) 	<p>1. Demonstrates an understanding of how trauma and violence are experienced differently across age groups cultures and genders, and interacts with people informed by this knowledge</p> <p>2. Demonstrates the knowledge that trauma-informed approaches do not require disclosure of trauma and uses them as universal approaches when providing care</p> <p>3. Demonstrates an understanding of the multi-directional and complex association between intimate partner violence and substance use</p> <p>4. Demonstrates self-awareness of own biases, assumptions, power and privilege, and own experience of trauma</p> <p>5. Demonstrates an understanding of the effects of trauma and violence on brain development, circuitry and function</p> <p>6. Interacts with empathy and without judgment with people to guide them in managing the impact that trauma and violence have had on their lives and to prevent re-traumatization</p> <p>7. Collaborates with people to build on strengths that enhance resiliency, promote choice, personal control and positive coping skills</p> <p>8. Creates safety in all interactions, for example:</p> <ul style="list-style-type: none"> a. In asking about and implementing safety preferences related to the physical environment 	<p>1. Engages people in exploring the connection between trauma, violence and substance use, and supports them in their choices to examine personal circumstances and experiences</p> <p>2. Co-creates well-being plans with people that integrate an understanding of the association between trauma, violence and substance use</p> <p>3. Collaborates with people to:</p> <ul style="list-style-type: none"> a. Foster an understanding of integrated evidence-informed service approaches that are responsive to the needs of individuals with histories of trauma, violence and substance use b. Support them in acknowledging and identifying the connections between trauma, violence and substance use and seeking healing based on their readiness c. Support them in developing strategies to minimize the impact of triggers, vulnerabilities or other factors that contribute to re-traumatization d. Support self-efficacy, self-determination, dignity, safety and personal control e. Encourage the choice of treatment options that ensure physical, psychological and emotional safety and well-being 	<p>1. Creates, promotes and advocates for programs, services and supports that address the impact of trauma and violence on people</p> <p>2. Creates opportunities for enhancing training on gender- and trauma-informed practice</p> <p>3. Leads integration of trauma-informed practice and gender-informed practice into existing programming</p> <p>4. Establishes protocols, practices and policies designed to guide the delivery and development of trauma- and violence-informed services and supports, while promoting and encouraging feelings of safety and personal choice for all people, including those with histories of trauma and violence</p> <p>5. Identifies and provides opportunities for staff to participate in training to stay current with best practices in delivering gender-, trauma- and violence-informed practice and care</p> <p>6. Demonstrates awareness that staff may have experiences of interpersonal and structural violence by providing workplace wellness and vicarious trauma prevention services and programs to build capacity and resilience among staff</p> <p>7. Advances and advocates for ongoing education of service providers about vicarious trauma and compassion fatigue, and promotes individual-, peer- and organizational-level ways to prevent, reduce and cope with these issues</p>

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<p>j. The effects of vicarious or secondary trauma and compassion fatigue</p> <p>2. Demonstrates an understanding of the neurobiological effects of trauma and violence and basic emotion regulation strategies (i.e., grounding that can address neurobiological responses)</p> <p>3. Demonstrates an understanding of how broader circumstances (e.g., poverty, unstable housing, other social determinants of health, etc.) can increase risk of multiple forms of violence and trauma, and create barriers to accessing support</p> <p>4. Applies the key principles of trauma and violence informed practice (safety and trustworthiness) in relationship building and promotes choice, control and collaboration in interactions; offers to share these skills and strengths when working with people</p> <p>5. Demonstrates an understanding of the multi-directional and complex association between intimate partner violence and substance use and:</p> <p>a. Utilizes person-directed, gender-competent, trauma- and violence-informed and culturally safe approaches to engage, screen, assess, detect, intervene, stabilize, empower, protect, support and follow up with people with co-occurring experiences of intimate partner violence and substance use</p>	<p>b. By establishing predictable, clear and accurate expectations about services based on the understanding of people's goals for well-being</p> <p>9. Facilitates recovery from trauma and violence by referring people to culturally and gender-appropriate counselling, healing and other clinical programs, services or supports, as appropriate</p>		<p>8. Creates, promotes and advocates for programs, services and supports that highlight and advance self-care and well-being for people using services and for staff who work with them</p> <p>9. Mentors or coaches others to help them develop and demonstrate evidence-informed relational practices</p> <p>10. Develops interagency and intersectoral networks of services using gender-, trauma- and violence-informed approaches that will enhance learning about these practices and support referral of people who are transferring out of services</p>

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EXAMPLES	<p>b. Responds to people’s unique health needs and abilities (including cognitive challenges, fetal alcohol spectrum disorder, traumatic brain injury) to safeguard personal choice and manage their own well-being</p>			

ADDITIONAL RESOURCES ON TRAUMA AND VIOLENCE INFORMED CARE

- BC Centre of Excellence for Women’s Health. (2013). *Trauma-Informed Practice Guide*.
- Centre of Excellence for Women’s Health. (2018). *New Terrain: Tools to Integrate Trauma and Gender Informed Responses into Substance Use Practice and Policy*.
- Centre of Excellence for Women’s Health. (2018). *Trauma-informed Practice & the Opioid Crisis: A Discussion Guide for Health Care and Social Service Providers*.
- Equip Health Care. (2017). *Trauma- and Violence-Informed Care (TVIC) Tools*.
- Jean Tweed Centre. (2013). *Trauma Matters: Guidelines for Trauma-Informed Practices in Women’s Substance Use Services*.
- Centre for Addiction and Mental Health. (2012). *Becoming Trauma Informed*.
- Public Health Agency of Canada. (2018). *Trauma and violence-informed approaches to policy and practice*.
- Centre for Public Health. (2009). *Interpersonal Violence and Illicit Drugs*.
- BC Society of Transition Houses. (2010). *Reducing Barriers to Support: Discussion Paper on Violence Against Women, Mental Wellness and Substance Use*.
- BC Society of Transition Houses. (2011). *Reducing Barriers to Support for Women Fleeing Violence: A Toolkit for Supporting Women with Varying Levels of Mental Wellness and Substance Use*.
- VAWnet.org. (2008). *Substance Abuse and Intimate Partner Violence*.
- Canadian Women’s Foundation & BC Society of Transition Houses. (2011). *Report on Violence Against Women, Mental Health and Substance Use*.
- Mothercraft. (2016). *Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment*.
- Women’s College Hospital. (2012). *Making Connections: When Domestic Violence, Mental Health and Substance Use Problems Co-Occur*.
- National Center on Domestic Violence, Trauma & Mental Health. (2015). *The Relationship Between Intimate Partners Violence and Substance Use: An Applied Research Paper*.
- World Health Organization. (2006). *Intimate Partner Violence and Alcohol*.
- Centre of Excellence for Women’s Health. (2020). *Exploring the linkages between substance use, COVID19, and intimate partner violence*.

For additional resources on intimate partner violence and COVID-19, please refer to the CCSA website.

TREATMENT PLANNING

Collaboratively developing a treatment and well-being plan based on screening and assessment findings, ensuring that activities and resources reflect people's needs, strengths and goals. The process also includes monitoring, evaluating, planning for discharge and updating the treatment plan so that it reflects people's evolving needs and goals.

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<ol style="list-style-type: none"> Explains the organization's treatment planning process so that people can make informed decisions about their treatment options Provides basic information about available treatment programs and services to people and refers them to programs and services, as appropriate Demonstrates awareness and understanding of different ways of knowing, including Indigenous ways of knowing, and applies them when developing individualized treatment plans (e.g., land-based healing, etc.) Identifies and helps address individual barriers to treatment such as lack of transportation, safety planning or access to food security or childcare services Adheres to all legislation, guidelines, procedures and protocols regarding confidentiality and professional ethics Ensures the treatment plan meets the individual's goals for well-being using a person-directed approach that includes considerations for overall health care 	<ol style="list-style-type: none"> In collaboration with people, assesses individual and structural barriers they may be experiencing in committing to and engaging in treatment plan activities Collaborates with people and multi-disciplinary professionals to: <ol style="list-style-type: none"> Establish a basic understanding of treatment planning Identify realistic and achievable short- and long-term goals Identify cultural, gender-related, contextual and personal factors that should be considered in the plan Develop a treatment plan based on evidence-informed practices and the individual's goals, age, gender, culture and context, Adapt the plan over time, so it continues to respond to the individual's needs and other life circumstances Incorporates strength-based feedback from partner, family and social supports in developing the treatment plan, when appropriate; considers other-than-human supports (e.g., companion and service animals, connection to nature, etc.) Keeps clear and accurate records of all key information gathered during the treatment planning process Monitors people's progress throughout the course of treatment, celebrates successes, recognizes the opportunities provided by setbacks or obstacles, and supports people in responding to them Assists senior staff in evaluating treatment planning activities 	<ol style="list-style-type: none"> Assesses the relative severity of substance use and mental health issues, if present, and adjusts the treatment plan to reflect the relative priority of each Applies a range of evidence-, and gender- and trauma-informed techniques and approaches to support commitment to the treatment plan and related activities Creatively engages with people with complex or sensitive backgrounds, multi-disciplinary professionals and multiple ways of knowing to help improve the likelihood of achieving treatment goals Monitors emerging information about sex-, gender-, trauma- and evidence-informed approaches that could aid in developing effective treatment plans 	<ol style="list-style-type: none"> Collaborates with a broad range of multi-disciplinary professionals to design and implement treatment plans and activities that address complex needs, population groups and contexts Supervises or coaches others in the design and delivery of effective, gender- and culturally sensitive treatment plans Leads or collaborates with others in planning and conducting evaluations of treatment planning Leads the development of appropriate tailored treatment programming options for specific populations and groups Provides education and training opportunities to others to enhance understanding of evidence-, gender- and trauma-informed treatment approaches