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Competencies

for Canada's Substance Abuse Workforce

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SUBSTANCE ABUSE WORKFORCE
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Acknowledgments

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Competencies
for Canada's Substance Abuse Workforce

Preface

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The *Competencies for Canada's Substance Abuse Workforce* forms a supportive resource that identifies the technical and behavioural competencies required to perform effectively in the substance abuse field (from health promotion, support and outreach, counselling, withdrawal management, and supervision to administration and senior management). The competencies also apply to allied professionals (e.g., primary health care providers, enforcement officials, Elders, volunteers, and social workers) interacting with individuals who have substance abuse issues.

National competencies for the specialized substance abuse field were identified as a critical need in the first-ever survey of the Canadian addiction treatment workforce in 2004. In response, the Canadian Centre on Substance Abuse, under the guidance of the National Advisory Group on Workforce Development, undertook to identify the technical and behavioural competencies needed by the substance abuse workforce.

The goal of this project—comprised of *Technical Competencies for Canada's Substance Abuse Workforce*, *Behavioural Competencies for Canada's Substance Abuse Workforce*, and supporting tools—is to enhance professionalism in the field by providing resources to:

▶ identify knowledge and skill sets for the substance abuse workforce and allied professionals

▶ support employers in hiring, retention, and staff development

▶ assist educators and trainers in developing strategies for learning

▶ provide Canadians with a more consistent quality of service delivery from the substance abuse workforce

Understanding Competencies

What are competencies?

Competencies are specific, measurable skills, knowledge, attitudes and values needed to perform effectively in a particular function or role.

▶ Knowledge is awareness, information or understanding about facts, rules, principles, guidelines, concepts, theories or processes needed to perform a task successfully (Marrelli, 2001; Mirabile, 1997).

▶ A skill is a capacity to perform mental or physical tasks with a specified outcome. As with knowledge, skills can range from highly concrete and easily identifiable tasks, such as completing a checklist during an assessment interview, to less tangible and more abstract tasks such as managing a program evaluation process (Lucia & Lepsinger, 1999).

▶ Values are concepts that valorize emotion, orient choice, and propel action. They are principles or criteria for selecting what is good (or better or best) among objects, actions, ways of life, and social and political institutes and structures. Values operate at the level of individuals, of institutions and of entire societies (Barth, 1993; Schwartz, 1993).

Technical competencies are the knowledge and abilities required when applying specific technical principles and information in a job function or role. Technical competencies are usually learned in an educational environment or on the job. Counselling is one example of a technical competency.

Behavioural competencies are the abilities, attitudes and values required to perform effectively in a job function or role.

Behavioural competencies are typically learned and developed through life experiences. They are the "how" of performing a job and complement technical competencies. Effective communication is one example of a behavioural competency.

This division of competencies is somewhat arbitrary, but it reflects how CCSA researched competencies. In future versions of this package, technical and behavioural competencies will be combined to form one set of competencies.

How are competencies used?

Competencies outline the skills and knowledge required to successfully perform work. The identification and measurement of competencies is useful in determining the types and degrees of knowledge and skills required for successful job performance.

Competencies can be used for a variety of purposes, including:

- ▶ developing competency-based education and training curricula
- ▶ developing job profiles
- ▶ evaluating job performance
- ▶ identifying professional development needs and opportunities
- ▶ clarifying succession planning requirements
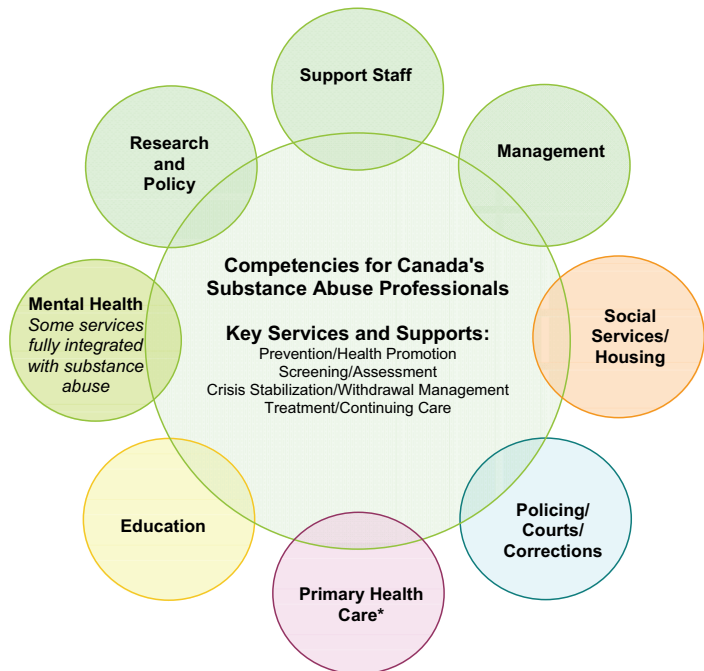
Who are the competencies for?

The competencies set out in the documents that follow this preface represent the knowledge, skills, attitudes and values specific to the specialized substance abuse field. Persons working in this field are expected to demonstrate many or most of these competencies. Now that both the technical and behavioural competencies are documented, it is likely that the expected competencies will, over time, be adopted by organizations across Canada.

Persons to whom the competencies are applicable include, but are not limited to:

- ▶ Front-line professionals: outreach workers in a harm reduction or prevention program, clinicians and/or clinical supervisors in a treatment program, nursing staff in a methadone maintenance program, health promotion workers, detox workers, counsellors, and technicians.

- ▶ Administrative, support and senior staff: office staff and executive directors/coordinators.

- ▶ Research, education, policy and programming staff: policy analysts and advisors, academics and educators, researchers, and learning/development staff.

- ▶ Allied professionals: individuals who do not work solely within the substance abuse field but who must respond effectively to substance abuse issues presented by individuals they come in contact with through the course of their work. It is likely that allied professionals would be required to demonstrate only some of the competencies. Allied professionals include police officers, primary health care providers[1], mental health workers, housing workers, school guidance counsellors, and emergency service providers.

The following diagram links the competencies to the continuum of key services and supports that comprise the field of substance abuse (National Treatment Strategy, 2008).

Support Staff

Research and Policy

Management

Mental Health
Some services fully integrated with substance abuse

Competencies for Canada's Substance Abuse Professionals

Key Services and Supports:
Prevention/Health Promotion
Screening/Assessment
Crisis Stabilization/Withdrawal Management
Treatment/Continuing Care

Social Services/ Housing

Education

Policing/ Courts/ Corrections

Primary Health Care*

Are these core competencies?

Originally, the documents in this package referred to *core* competencies. We have elected to drop the term *core* to avoid confusion with organization-specific core competencies. Since these competencies are aimed at a broad base of individuals, organizations and fields of practice, they should be considered simply as *competencies*. ◀

[1] For the purpose of this project, the definition of primary health care providers includes, but is not limited to: doctors, pharmacists, dentists, nurse practitioners, family practice nurses, midwives, occupational therapists, physiotherapists, and public health nurses.

Background

In 2004, the Canadian Centre on Substance Abuse (CCSA) undertook the first-ever survey of substance abuse treatment agencies and services in Canada. The main objectives were to explore issues related to workforce development: staff training, recruitment and retention; professional development; and support for service enhancement mechanisms.

The resulting report, *Optimizing Canada's Addiction Treatment Workforce: Results of a National Survey of Service Providers*[2], published in 2005, included recommendations in support of a national agenda on workforce development. Specifically, one recommendation was to promote the development of national standards and competencies for the addiction workforce that can be tailored to meet the needs of provincial/territorial jurisdictions.

In 2005, the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* was established through nationwide consultation. The report identified 13 priorities, one of which is sustaining workforce development. CCSA partnered with leading provincial and national organizations and government departments to create the National Advisory Group on Workforce Development (NAGWD). Its purpose is to lead the development, implementation and evaluation of a broad national strategy on workforce development across services related to substance use.

In 2006, with NAGWD's guidance, CCSA started to identify competencies for individuals working in the substance abuse and allied professionals field.

CCSA first conducted an environmental scan across Canada to determine the status of competency-based services in the substance abuse and mental health fields. The environmental scan identified seven sets of competencies in related fields that reflect the diverse and emerging role of the Canada's substance abuse workforce. Early in 2007, CCSA contracted the Hay Group to plan and develop the draft technical and behavioural competencies. Hay Group examined the environmental scan resources and reviewed job descriptions, training manuals, competency models, sample curriculum and other relevant documentation from a number of organizations.

Using information garnered from these sources, Hay Group created a competency dictionary, differentiating between behavioural and technical competencies (see sidebar).

Initially, the behavioural competencies identified were:
1. Effective communication
2. Flexibility
3. Initiative
4. Interpersonal sensitivity
5. Achievement orientation
6. Analytical thinking and reasoning
7. Change management and leadership
8. Commitment to learning
9. Conceptual thinking
10. Concern for precision and order
11. Creative thinking/innovation
12. Developing others
13. Organizational commitment
14. Patient/client service orientation
15. Persuasiveness
16. Relationship/network building
17. Resilience and wellness management
18. Self-confidence
19. Self-control
20. Strategic thinking
21. Team leadership
22. Teamwork and cooperation
23. Values and ethics

The technical competencies identified initially were:
1. Ability to use office technology, software and applications
2. Assessment and screening techniques, tools and practices
3. Clinical care knowledge and skills
4. Conflict management approaches and practices
5. Counselling skills
6. Crisis intervention and management
7. Factors and sources of addiction
8. First aid and CPR
9. Group facilitation techniques
10. Human resources management
11. Interviewing approaches and techniques
12. Legislation, policies and standards knowledge
13. Planning and organizing skills
14. Professional ethics
15. Program audit and evaluation
16. Project management
17. Promotion, prevention and outreach
18. Records and information management
19. Research methodologies knowledge, principles and practices
20. Safety procedures
21. Special populations and community and cultural issues
22. Treatment and recovery plans and programs
23. Written communication

[2]*Optimizing Canada's Addiction Treatment Workforce: Results of a National Survey of Service Providers*. Ogborne, Alan and Graves, Greg. 2005.

Technical Competencies

Technical competencies measure the degree to which substance abuse professionals possess the knowledge and skills necessary to perform their jobs effectively. It is essential to have a workforce with the academic and professional development background necessary to work responsively with their clients. In recent decades, the substance abuse field has increasingly turned to evidence-informed practice to identify conceptual models, treatment techniques and facilitation styles to improve client outcomes.

Because the technical competencies can be viewed as a foundational piece, the decision was made to focus first on the technical aspects.

Through February to August 2007, the draft technical competencies were examined and discussed:

▶ The National Advisory Group on Workforce Development, comprised of representatives from provincial and territorial governments and key national organizations, reviewed the draft document.

▶ Two nationwide teleconference focus groups and a series of key informant interviews were also held to identify and address additional issues within the draft document.

▶ A blog was established, promoted and monitored to encourage anyone in the field to comment on the draft. Key questions were created to guide discussion and encourage active participation.

▶ Input was also solicited from key national organizations whose members are part of the substance abuse workforce.

All the information gathered during the consultation process was organized across key themes. The CCSA project team guided the design of the technical competencies and carefully assessed the feedback from the field to determine the final suite of technical competencies. The results of the consultations led to an increased focus on prevention and health promotion, community capacity building, diversity and cultural responsiveness, and concurrent disorders. The decision was also made to drop the expert category from the proficiency continuum and instead focus on foundational, basic, intermediate and advanced.

Using all the feedback, CCSA created and published *Technical Competencies for Canada's Substance Abuse Workforce, version 1*, in 2007. The final competencies identified as technical were:

1. Case management
2. Community development
3. Conflict management
4. Counselling
5. Crisis intervention
6. Diversity and cultural responsiveness
7. Ethics and professionalism
8. Family and social support
9. Group facilitation
10. Mental health
11. Outreach
12. Pharmacology
13. Prevention and health promotion
14. Program development, implementation and evaluation
15. Screening and assessment
16. Teamwork
17. Treatment planning
18. Understanding substance use, abuse and dependency

The technical competencies report also identifies four levels of proficiency for each competency and provides sample behaviour indicators appropriate to each level of proficiency.

To map out next steps and evaluate the report, CCSA asked two expert groups to come together in October 2007[3]. Post-secondary education experts examined how the technical competencies can be integrated into post-secondary academic curriculum, while professional development experts explored how the technical competencies could be adopted in the field through professional development activities.

The groups viewed the report as comprehensive and accurate and as a foundation for standards. In addition, the groups believed that a literature review would provide a strong base for establishing these competencies as key. A literature review and comparative analysis was completed later in 2009 and supports development of version 2 of the technical and behavioural competencies into one set of competencies.

Behavioural Competencies

In late fall 2008, work began at CCSA to craft project outcomes for the second phase of the competencies project. Not only did CCSA require a set of behavioural competencies to partner with the existing technical competencies, but it also planned to create a means for organizations to use the behavioural competencies effectively.

CCSA hired the competencies consulting firm Human Resource Systems Group (known as HRSG) in December 2008 to conduct research, facilitate focus groups, and create all documentation. HRSG researched the issues extensively, using online sources, existing documentation, and the HRSG competencies databank. Working closely with CCSA staff, HRSG created a preliminary list of 19 key behavioural competencies, with definitions for each and sample behaviour indicators for four levels of proficiency for each competency. This followed the same format as the technical competencies identified in 2007.

Based on the research, CCSA and HRSG established seven occupational clusters: administration support, counselling, health promotion, senior management, supervision, support and outreach, and withdrawal management. Initially, there was one other: allied professionals (which included nurses, physicians, psychologists, police officers, social workers, and rehabilitation workers). This cluster was later eliminated because it was determined to be too broad to be meaningful. Nevertheless, the competencies are applicable to allied professionals and can be used for them as well as others, such as volunteers and Elders.

For each cluster, certain competencies were proposed as key and the likely level of proficiency required for each needed competency was identified. For easy reference, a matrix grid was created, listing the competencies and proficiency level of each for all the occupational clusters.

Staff from CCSA and HRSG travelled across Canada during March 2009 facilitating five one-day in-person focus groups in Vancouver, Winnipeg, Ottawa, Charlottetown and Halifax. In addition, there were six half-day online (computer and telephone) focus groups, with regional representation, for Newfoundland and Labrador, New Brunswick, Northwest Territories, Nunavut, Prairies and West Coast, and Yukon. There were about 100 participants in total, recruited by CCSA with the help of committed individuals in those cities/regions.

In these focus groups, substance abuse professionals representing the occupational clusters deliberated on the behavioural competencies that define successful performance. Their contributions were invaluable, as they:

- ▶ Validated the occupational clusters
- ▶ Identified behavioural competencies key for each job cluster
- ▶ Rated each competency's importance relative to other competencies
- ▶ Identified the level of proficiency necessary for each behavioural competency
- ▶ Suggested language and terminology that would speak to the substance abuse workforce

Employers of participants contributed significantly in that they allowed their staff to participate on a paid working day; not a single individual lost pay while contributing to this important consultation/research process.

The feedback from the focus groups was used to revise the behavioural competencies and the profiles.

CCSA invited senior staff from a range of organizations and provincial/territorial departments to convene in April 2009 to review the interviewing and performance management guides and to help shape these tools. This review panel was comprised of members of NAGWD (including three CCSA staff) and others invited to ensure pan-Canadian and diverse representation and input. About 20 individuals participated in this review.

Using the revised behavioural competencies and profiles, the review panel created behaviour-based interviewing questions for the competencies identified for each occupational cluster, at the appropriate level of proficiency, and identified suitable performance management objectives for each occupational cluster.

Final revisions were made to all documentation, based on input from the review panel, and CCSA received the final documentation at the end of May 2009. CCSA published *Behavioural Competencies for Canada's Substance Abuse Workforce*, version 1, early in 2010, along with the interviewing and performance management guides and tools.

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[3]The report of these two consultations is titled *Core Competencies for the Substance Abuse Field, Educational and Training Experts Consultation Report*, dated January 25, 2008, and written by Greg Graves, Senior Policy and Research Analyst and Advisor, and Karine Plouffe, National Priority Advisor.

The behavioural competencies finally agreed to by all consulted are:

1. Adaptability/flexibility
2. Analytical thinking and decision making
3. Client-centred change
4. Client service orientation
5. Collaboration and network building
6. Continuous learning
7. Creativity and innovation
8. Developing others
9. Diversity and cultural responsiveness
10. Effective communication
11. Ethical conduct and professionalism
12. Interpersonal rapport/savvy
13. Leadership
14. Planning and organizing
15. Self care
16. Self management
17. Self motivation and drive
18. Teamwork and cooperation

The next step will be to take the behavioural competencies to the education and professional development experts for their assistance in identifying the next steps for uptake and implementation in the field. ◄