



Canadian Centre  
on Substance Abuse  
Centre canadien de lutte  
contre les toxicomanies

# Competencies

for Canada's Substance Abuse Workforce

Featuring completely updated **Technical Competencies**



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# Competencies

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OVERVIEW



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These documents can also be downloaded as a PDF at [www.ccsa.ca](http://www.ccsa.ca)

Ce document est également disponible en français sous le titre :  
*Compétences pour les intervenants canadiens en toxicomanie*

# Competencies for Canada's Substance Abuse Workforce

## OVERVIEW



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*Competencies for Canada's Substance Abuse Workforce* identifies 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 applies to allied professionals such as primary healthcare providers, enforcement officials, Elders, volunteers and social workers who interact with individuals who have substance abuse issues.

The first survey of the Canadian addiction treatment workforce (2004) identified national competencies for the specialized substance abuse field as a critical need. In response, the Canadian Centre on Substance Abuse (CCSA), under the guidance of the National Advisory Group on Workforce Development (NAGWD), undertook to identify the Technical and Behavioural Competencies needed by substance abuse treatment providers.

The goal of this project—comprised of Technical Competencies, Behavioural Competencies 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, retaining and developing staff;
- Assist educators and trainers in developing strategies for learning; and
- Provide Canadians with a more consistent quality of service from the substance abuse workforce.

## Understanding Competencies

### **What are competencies?**

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

- Knowledge is awareness, information or understanding about facts, rules, principles, guidelines, concepts, theories and 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 skills required when applying specific technical principles and information in a job function. 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 knowledge, skills and values required to perform effectively in a job function. 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. However, it reflects how CCSA organized its research on competencies to cope with the magnitude of the task. Feedback from organizations that have used the competencies indicates that this separation is useful to them, so CCSA will continue to treat Technical and Behavioural Competencies separately.

### How are competencies used?

Competencies describe the skills and knowledge required to perform work in ways that meet client needs effectively and efficiently. Identifying and measuring competencies helps determine 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;
- Interviewing candidates for positions;
- Evaluating job performance;
- Identifying professional development needs and opportunities; and
- Clarifying succession planning requirements.

### Who are competencies for?

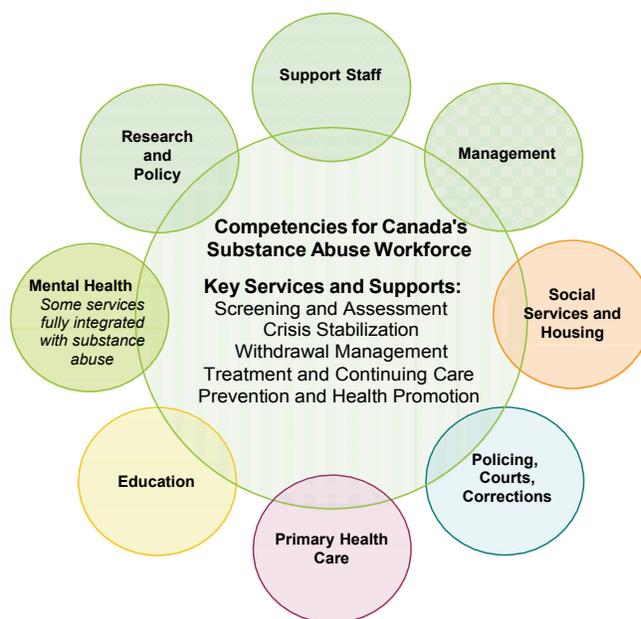
*Competencies for Canada's Substance Abuse Workforce* represents the knowledge, skills and values specific to the substance abuse field. Persons working in this field are expected to demonstrate many or most of the competencies described in the collection.

The *Competencies* applies to the roles listed below, among others. People in these roles might need to be proficient in only some competencies and only some of the behaviour indicators will apply:

- Frontline professionals: outreach workers in harm reduction and drug use prevention programs, clinicians and supervisors in treatment programs, nursing staff in methadone maintenance programs, health promotion workers, counsellors and detoxification workers and technicians.
- Administrative, support and senior staff: office staff, program coordinators and executive directors.

- Research, education, policy and programming staff: policy analysts and advisors, academics and educators, researchers, and learning and development staff.
- Allied professionals: police officers, primary healthcare providers,<sup>1</sup> mental health workers, housing workers, school guidance counsellors and emergency service providers. These are individuals who do not work specifically within the substance abuse field, but who must respond effectively to substance abuse issues presented by individuals they come in contact with through their work. Allied professionals likely need to demonstrate only some of the competencies.

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).



### What are behaviour indicators?

Behaviour indicators are examples of behaviours that employers can expect an employee to demonstrate for a particular level of proficiency in any given competency. Each competency has four levels of proficiency, from Introductory to Advanced. The following table describes the proficiency levels and how knowledge and skills for each level are typically developed. The levels of proficiency are cumulative.

<sup>1</sup> For the purpose of this project, the definition of primary healthcare providers includes doctors, pharmacists, dentists, nurse practitioners, family practice nurses, midwives, occupational therapists, physiotherapists and public health nurses.

An organization might, however, move certain behaviour indicators to a different level to reflect the workload and performance expectations within that organization. In addition,

organizations can choose to discard certain behaviour indicators and add others to more accurately reflect the work within a particular organization.

### Levels of Proficiency

	Explanation of Level	How Knowledge and Skills Are Typically Developed
<p><b>Level 1</b> <b>Introductory</b></p>	<p>Demonstrates basic knowledge and ability, and can apply the competency, with guidance, in common situations that present no or limited difficulties.</p>	<p>Through student practicum, entry level work experience, volunteering, in-service training, introductory-level college or university courses; completion of diploma or certificate, possibly combined with exceptional life experience (direct, lived experience with addiction, mental illness or concurrent disorders, or as someone close to another with direct experience).</p>
<p><b>Level 2</b> <b>Developing</b></p>	<p>Demonstrates sound knowledge and ability, and can apply the competency, with minimal or no guidance, in the full range of typical situations. Likely requires guidance to handle novel or more complex situations.</p>	<p>Through work experience at Level 1, completion of a diploma or degree in health or social services, participation in a mentoring program, in-service training, possibly combined with exceptional life experience.</p>
<p><b>Level 3</b> <b>Intermediate</b></p>	<p>Demonstrates in-depth knowledge and ability, and can consistently and effectively apply the competency in complex and challenging situations and settings. Guides other professionals.</p>	<p>Through several years of work experience or the completion of a university degree in mental health or addiction studies; university degree in health or social services area combined with professional development and work experience; diploma or certificate in addictions, mental health or other health or social services area, professional development and in-service training, possibly combined with exceptional life experience.</p>
<p><b>Level 4</b> <b>Advanced</b></p>	<p>Demonstrates expert knowledge and ability, and can apply the competency in the most complex situations. Develops or facilitates new practices, programs and policies. Is recognized as an expert, internally and externally</p>	<p>Through comprehensive work experience or completion of related graduate or undergraduate university degree combined with extensive work experience; diploma or certificate combined with extensive professional development, in-service training and extensive work experience, possibly combined with exceptional life experience.</p>

### Background to the Competencies

In 2004, CCSA undertook the first survey of substance abuse treatment agencies and services in Canada. The main objective was to explore issues related to workforce development: staff training, recruitment and retention; professional development; and support for service enhancement mechanisms.

*Optimizing Canada's Addiction Treatment Workforce: Results of a National Survey of Service Providers (2005)* included recommendations in support of a national agenda on workforce development. 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 in developing, implementing and evaluating a national strategy on workforce development for services related to substance abuse prevention and treatment.

#### **Technical Competencies**

Technical Competencies measure the degree to which substance abuse professionals possess knowledge and skills to serve clients in the most effective way possible. Substance abuse services must be provided by professionals with the education and experience 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.

In 2006, with NAGWD's guidance, CCSA began identifying competencies for individuals working in the substance abuse and allied fields. During 2007, draft Technical Competencies were examined, revised and validated by a variety of groups: representatives from provincial/territorial governments and key national organizations; teleconference groups; key informant interviews; and blog contributors.

The first version of the Technical Competencies was published in late 2007. Work on the second version began early in 2012 to reflect increased knowledge gained through literature reviews and increased clarity about the differences between Technical and Behavioural Competencies. The second version also improves the use of empowering language and the focus on clients' strengths, capabilities and resources.

The second draft set of Technical Competencies was validated through consultation. CCSA held 12 focus groups across Canada, comprised of frontline service delivery personnel. The focus groups included two teleconferences with service providers in the territories. Because the Technical Competencies apply to an audience broader than the substance abuse field, focus groups were held with mental health workers, nurses and probation officers, as well as people with lived experience. Over 110 individuals participated in the focus groups.

CCSA revised the second version of the Technical Competencies based on the feedback from the focus groups, then invited senior staff from a range of organizations and provincial/territorial government departments to review them. The review panel included members of NAGWD and others invited to ensure pan-Canadian and diverse representation. About 20 individuals participated.

From version one to version two, the Technical Competencies have been revised, refined and expanded. Most notably, the number of behaviour indicators increased for each proficiency level for all the Technical Competencies. The table below provides an overview of the changes.

### Overview of Additional Changes to the Technical Competencies

Version One	Key Changes	Version Two
Case Management		Case Management
	Added new competency	Client Referral
Community Development		Community Development
Conflict Management	Removed and relevant behaviour indicators incorporated into most Behavioural Competencies	
Counselling		Counselling
Crisis Intervention		Crisis Intervention
Ethics and Professionalism	Moved to Behavioural Competencies	
Family and Social Support		Family and Social Support
Group Facilitation		Group Facilitation
Mental Health	Changed title and established as foundational competency	Understanding Concurrent Disorders
Outreach		Outreach
Pharmacology	Changed title and recognized that most workers in the field cannot prescribe medication	Medications
Prevention and Health Promotion		Prevention and Health Promotion
Program Development, Implementation and Evaluation	Added recognition of the importance of needs assessment before developing a program	Program Development, Implementation and Evaluation
	Added new competency	Record Keeping and Documentation
Screening and Assessment		Screening and Assessment
Teamwork	Moved to Behavioural Competencies	
	Added new competency	Trauma-specific Care
Treatment Planning		Treatment Planning
Understanding Use, Abuse and Dependency	Changed title and established as foundational competency	Understanding Substance Use

### **Behavioural Competencies**

In 2009, work began on the first version of the Behavioural Competencies. Since they are typically more difficult to quantify and measure, CCSA created ways for organizations to use the Behavioural Competencies effectively.

Research identified seven occupational clusters: administration support, counselling, health promotion, senior management, supervision, support and outreach, and withdrawal management. The competencies are applicable to allied professionals and can be used for them as well as others, such as volunteers and Elders.

For each occupational cluster, certain Behavioural Competencies were proposed as key and the level of proficiency likely required for each competency was identified. The cluster's competency profile is made up of the list of competencies for an occupational cluster and the proficiency level likely needed to perform successfully within the cluster. For easy reference, a matrix grid was created, listing the Behavioural Competencies and proficiency level of each for all the occupational clusters.

Eleven focus groups were held across Canada, totalling about 100 participants. In the focus groups, substance abuse professionals representing the occupational clusters discussed the Behavioural Competencies that define successful performance. Through their contributions they:

- Validated the occupational clusters;
- Identified key Behavioural Competencies for each job cluster;
- Rated each competency's importance relative to other competencies;
- Identified the level of proficiency necessary for each Behavioural Competency; and
- Suggested language and terms that would resonate with the substance abuse workforce.

The feedback from the focus groups was used to revise the Behavioural Competencies and the competency profiles. CCSA then invited senior staff from a range of organizations and provincial/territorial departments to review the interviewing and performance management guides. As with the review panel for the Technical Competencies, the review panel for the Behavioural Competencies consisted of members of NAGWD and others invited to ensure pan-Canadian and diverse representation. About 20 individuals participated.

Using the revised Behavioural Competencies and competency 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 and CCSA published version one of the Behavioural Competencies in 2010, along with the interviewing and performance management guides and tools.