

DRAFT Addiction Intervention Competency Framework

A competency framework for professionals specialising in Problem Gambling Intervention, Alcohol and other Drug Intervention and Smoking Cessation.

June 2010

Consultation information

You are invited to provide feedback on this Draft. The draft will be revised on the basis of feedback. A summary feedback report will be available on request on 30th Sept 2010 (email your request to hsd@xtra.co.nz). The revised Framework will be completed by 1 Dec 2010.

The deadline for feedback is **Friday 20 August 2010**.

Options for providing feedback:

Web-based: an on-line survey is available at: <http://www.surveymonkey.com/s/X8B99GQ>

Email: Send feedback via email to: Paula Parsonage: hsd@xtra.co.nz. You can use the survey format (provided in this document, page 32 or as a MS Word document available on websites alongside this document) or use the survey questions as a guide or use your own format.

Post: Post feedback to: Health & Safety Developments, 22 Allen Rd Grey Lynn, Auckland 1021, Attn: Paula Parsonage. You can use the survey format or use the survey questions as a guide or write a submission in your own format.

In person: at the PG National Provider Forum Wellington, 23 July 2010 and Addiction Leadership Day Auckland, 22 July 2010.

Please contact Paula on 09 3781843 or hsd@xtra.co.nz for further information.

Table of Contents

Introduction	3
Glossary of terms.....	5
Overview of the framework	6
Underpinning values and attitudes.....	7
Foundation competencies	8
Problem Gambling Practitioner competencies	20
Alcohol and other Drug Practitioner competencies.....	22
Smoking Cessation Competencies.....	24
Addiction Support Worker Competencies.....	26
Addiction Peer Support Worker Competencies	27
Your feedback	32
Competency Framework References	37
Addiction Competencies Review: Project structure	38

Prepared for the Project Reference Group by:

Paula Parsonage
Project Manager (contractor)
DAPAANZ

hsd@xtra.co.nz
09 3781843

Sean Sullivan
Director
ABACUS Counselling, Training and
Supervision
sean@acts.co.nz
09 3606957

DAPAANZ

DRUG AND ALCOHOL PRACTITIONERS' ASSOCIATION OF AOTEAROA NEW ZEALAND

ABACUS

Counselling, Training & Supervision Ltd NZQA reg



Introduction

The Addiction Intervention Competency Framework reflects the beliefs, knowledge and skills required by professionals providing specialist interventions to assist people to address problem gambling, tobacco, alcohol and/or other drug addiction.

The competencies contained in the framework are designed to be:

- Generic: outlining the basic requirements for all of those working within the broadly specified roles.
- Accessible: supported by an education/training pathway.
- Assessable: it must be possible to demonstrate or provide evidence of competency.

An overview of the framework components is shown in Figure 1.

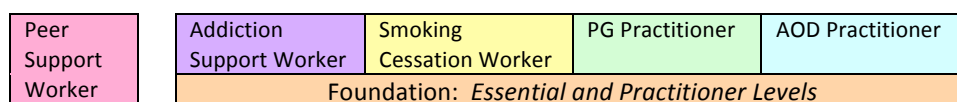


Figure 1. Addiction Intervention Competency Framework

The components include:

Foundation competencies:

Foundation competencies are defined at two levels:

- *Essential*: these apply to all those working to address gambling, alcohol, tobacco and/or other drug addiction as the primary focus of their role, with the exception of Peer Support Workers (see below).
- *Practitioner*: these apply to those working in Problem Gambling (PG) and Alcohol and Other Drug (AOD) Practitioner roles (they are additional to the essential competencies).

Addiction Support worker competencies: these competencies are additional to Foundation Essential competencies and apply to Addiction Support Workers.

Smoking Cessation competencies: these competencies are additional to Foundation Essential competencies and apply to those providing smoking cessation intervention as the primary focus of their work. They are not intended for those who provide smoking cessation as part of their role. Competencies for the latter group are outlined as 'generalist competencies' in *Smoking Cessation Competencies for New Zealand*.¹

Problem Gambling Practitioner competencies: these competencies are additional to Foundation Essential and Practitioner competencies and apply to those providing problem gambling intervention (such as counselling).

Alcohol and Other Drug Practitioner competencies: these competencies are additional to Foundation Essential and Practitioner competencies and apply to those providing AOD treatment.

¹ Ministry of Health, 2007.

Addiction Peer-support worker competencies: these competencies apply to Addiction Peer-Support workers.

Competency structure

Each competency within the framework comprises:

1. An overall defining statement
2. **Elements:** these further define the key components that make up the competency
3. **Indicators:** a limited number of key examples of the beliefs, knowledge and/or skills which make up each element. The indicators are not comprehensive or exhaustive; they provide some examples of evidence of competence. It is expected that professional judgment is necessary in assessing the attainment of the competencies.

Relationship to other frameworks and key documents guiding practice

There are a number of competency frameworks that are relevant to addiction treatment and support.² The Addiction Intervention Competency Framework has drawn on these frameworks to provide a overall statement of the competencies that addiction professionals must demonstrate. The purpose is to support public and professional understanding of what it means to practice in the specialised addiction treatment/support sector.

Particular attention has been given to *Let's Get Real: real skills for real people working in mental health and addiction* (2008) (*Let's Get Real*) and the *Real skills + competency* frameworks. To support best possible services and provide manageable competency frameworks for those working in the broader sector, the Addiction Intervention Competency Framework is inclusive of the values and attitudes outlined in *Let's Get Real* and reflects the essential skills therein.

The Addiction Intervention Competency Framework stands alongside relevant professional codes of ethics subscribed to by Addiction Practitioners and accepted professional guidelines.

Registration under the framework

An important consideration in the development of the Addiction Intervention Competency Framework has been the potential application of the framework to support professional registration processes for those who wish to be registered as Addiction professionals within their scope of practice.

For those working in the sector under other professional registrations (eg Registered Nurse) the framework provides a comprehensive outline of the beliefs, knowledge and skills required for practice within the addiction sector and a guide for professional development.

² See References.

Glossary of terms

Key terms as used in this framework are defined below.

Appropriate	Matching the circumstances of a situation or meeting the needs of the individual or group. ³
Client	An individual, family, group or community that is receiving an addiction-related intervention treatment or support service. This term is inclusive of the following terms: tangata whai ora, consumer, service user, tangata kaupapa, whānau, patient.
Co-existing problems	A combination of mental health and addiction related problems experienced by a person. Other terms for co-existing problems include: dual diagnosis, co-existing disorders, co-morbidity, concurrent disorders.
Family	Relatives, whānau, partners, friends or others nominated by the client.
Effective	Having the intended outcome. ⁴
Intervention	A generic term including addiction treatment, support and care.
Peer support worker	An addiction professional who is experientially credentialed (via their own lived experience of recovery) providing support aimed at assisting people to achieve recovery from addiction. (NB. Recovery does not necessarily mean abstinence from using substances or from gambling). Peer support workers assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in recovery. ⁵ “Peer” is defined by the person using the service.
Practitioner	An addiction professional who is qualified to provide intervention and/or treatment within the addiction sector.
Professional	Any person employed in the broad addiction sector to provide direct intervention (including support and treatment) to clients.
Recovery	Recovery is a process of building a satisfying and meaningful life, as defined by the client. It involves the accrual of positive benefits as well as the reduction of harms. Recovery includes a movement away from addiction and the associated problems towards health, wellbeing and participation in society. Aspirations and hope, both from the client, their families and whānau and those providing services and support, are vital to recovery. ⁶
Support worker	An addiction professional providing support work. Other terms used interchangeably with support worker include Kai-Tautoko, Kai- Manaaki and Kai-Awhina.
Whānau	Often defined as family and birth, whānau has been proposed as a key component of Maori identity and the healing process. Whānau describes groups interconnected by kinship ties. In modern times, groups use whānau to encompass their common purpose, and they have adopted whānau values. ⁷
Whānau ora	Māori families achieving their maximum health and wellbeing. ⁸

³ Nursing Council of New Zealand, 2007.

⁴ Nursing Council of New Zealand, 2007.

⁵ Adapted from White, 2009.

⁶ UK Drug Policy Commission Consensus Group. Retrieved June 2008. Developing a vision of recovery - a work in progress. Available at: <http://www.ukdpc.org.uk/>

⁷ Ministry of Health, 2008.

⁸ Ministry of Health, 2008.

Overview of the framework

Underpinning values and attitudes

The competencies in this framework are underpinned by the fundamental values and attitudes outlined in *Let's Get Real*.

Foundation competencies: Essential and Practitioner

Competencies in this section provide the foundation for intervention to address gambling, tobacco, alcohol and other drug addiction. Essential Foundation competencies are common to all roles, with the exception of Peer Support Worker.

Practitioner Foundation competencies are applicable to AOD and PG Practitioners.

Problem Gambling Practitioner competencies

These competencies are specific to **practitioners** providing intervention to address problem gambling.

AOD Practitioner competencies

These competencies are specific to **practitioners** providing intervention to address alcohol and other drug addiction.

Smoking Cessation competencies

These competencies are specific to professionals providing intervention to address nicotine addiction.

Support worker competencies

This competency is specific to those working in addiction-specific support work roles.

Peer support worker competencies

These competencies are specific to those working in addiction-related peer support work roles.

Underpinning values and attitudes

These statements are outlined in *Let's get real*⁹. They are intended to express the fundamental shared values and attitudes across all mental health and addiction services.

Values

Respect

Clients are the focus of our practice. We respect the diversity of values of all clients. The values of each client and of their community are the starting point for all of our work.

Human rights

We strive to uphold the human rights of clients and their families. Human rights include, but are not limited to, the right to autonomy and self-determination, the right to be free from coercion, the right to be treated in a non-discriminatory way, the right to informed consent, and the right to receive care and support that responds to the physical, psychological, spiritual, intellectual and cultural needs of the service user.

Service

We are committed to delivering an excellent service for all. This includes client partnerships at all levels and phases of service delivery, including the choice of services available as well as the actual delivery of service.

Recovery

We believe and hope that every client can live a full and meaningful life in the presence or absence of their mental illness and/or addiction. We also understand that recovery is not only related to the mental illness and/or addiction itself, but also to all of the losses associated with it.

Communities

We value communities, the many places in which we all live, move and have our being, as pivotal resources for the effective delivery of services and support for clients and their families/ whānau.

Relationships

We seek to foster positive and authentic relationships in all spheres of activity, including relationships with all people who work within mental health and addiction, wider communities, and clients and their families/ whānau.

Attitudes: People working in addiction services strive to be:

- Compassionate and caring: sensitive, empathetic
- Genuine: warm, friendly, fun and have aroha and a sense of humour
- Honest: have integrity
- Non-judgemental: non-discriminatory
- Open-minded: culturally aware, self-aware,
- Innovative, creative, positive risk takers
- Optimistic: positive, encouraging, enthusiastic
- Patient: tolerant, flexible
- Professional: accountable, reliable and responsible
- Resilient
- Supportive: validating, empowering, accepting
- Understanding.

⁹ Ministry of Health, 2008

Foundation competencies

1. Working with clients

A competent addiction professional engages and works in partnership with clients, family and whānau to support recovery and well-being.

Element 1.1 Supporting recovery and promoting well-being: Integrates principles of recovery into practice and promotes well-being for clients, family and whānau.

Indicator examples: Essential

- Demonstrates understanding of the principles of recovery and integrates these principles in practice.

Indicator examples: Practitioner

*¹⁰

Element 1.2 Responding to diversity: Responds effectively to clients, family and whānau in relation to their gender, culture, age, ability and sexual orientation.

Indicator examples: Essential

- Demonstrates responsiveness to a diverse range of clients, applying age-appropriate and culturally appropriate protocols and processes appropriate to the service context.

Indicator examples: Practitioner

- Demonstrates practice that reflects cultural responsiveness in a range of contexts.

Element 1.3 Engaging clients, family and whānau: Actively involves and supports the client, family and whānau to engage in intervention processes.

Indicator examples: Essential

- Establishes and maintains positive relationships with clients, family and whānau, demonstrating empathy, respect, and genuineness.
- Establishes and maintains safety, trust, role boundaries and confidentiality in professional relationships with clients, family and whānau within the context of organisational and professional codes of ethics and conduct.
- Provides essential information regarding rights of clients, family and whānau within the context of the service being provided.

Indicator examples: Practitioner

- Develops and maintains effective therapeutic relationships with clients.
- Demonstrates commitment and ability to engage clients irrespective of their readiness to address addiction related problems.

¹⁰ * There are no additional indicator examples provided at the practitioner level.

Element 1.4 Relating and communicating: Relates with empathy and communicates effectively with clients, family and whānau.

Indicator examples: Essential

- Uses language, terminology and listening skills appropriate to the needs of clients, family and whānau, respecting diversity (eg age, culture, gender) and appropriate to the intervention setting.¹¹

Indicator examples: Practitioner

- Communicates effectively with clients, family, whānau, colleagues and other professionals selecting appropriately from a range of verbal, non-verbal and written communication methods, in a range of professional contexts.

Element 1.5 Screening and brief intervention: Assists clients, families and whānau to identify addiction and co-existing problems and provides information, advice and support tailored to their needs.

Indicator examples: Essential

- Demonstrates understanding of:
 - The gambling risk continuum and common indicators of problem gambling
 - The continuum of AOD use.
- Demonstrates knowledge of brief intervention approaches to address gambling, alcohol, tobacco and other drug use problems.
- Asks screening questions to identify the likelihood of problem gambling, alcohol, tobacco and other drug misuse or dependence. Provides brief advice and support appropriate to the client's preferences and needs and the service context including referral to appropriate practitioner or service where this is indicated. Actively supports the client to access other services or professional assistance.
- Applies basic understanding of:
The effects of key psychiatric medications on people and interactions of these drugs with other and/or alternative remedies.

The effects of smoking on the metabolism of various medications (eg, medications for mental health disorders), and the changes seen when stopping tobacco use.¹²

- Identifies clients who may be at risk of harm to self and/or others and ensures appropriate follow-up occurs e.g. referral to appropriate practitioner or service.

Indicator examples: Practitioner

- Selects, applies and interprets screening tools to assist in identifying the presence and severity of gambling, alcohol, tobacco and other drug use problems, co-existing mental health problems and risk of harm to client or others.
- Provides brief intervention for problem gambling, alcohol, tobacco and other drug problems appropriate to the client and service context.
- Develops and coordinates implementation of an appropriate risk-management plan to address risk of harm to self or others with clients assessed to be at risk of causing harm to self or others.

¹¹ Problem Gambling Foundation NZ, 2009.

¹² Refer to Ministry of Health. 2007. Smoking Cessation Guidelines. Appendix 9: Effect of Smoking Abstinence on Medications

2. Working with Māori¹³

A competent addiction professional demonstrates ability to contribute to whānau ora for Māori.

Element 2.1 Mihimihi: Understands the significance of mihimihi to uphold tikanga in communication and applies this understanding in practice.

Indicator examples: Essential

- Demonstrates understanding of the significance of mihimihi as a process of engagement, interaction and finishing.

Indicator examples: Practitioner

*¹⁴

Element 2.2 Te reo Māori: Promotes the use of te reo Māori as an essential component of healing for Māori.

Indicator examples: Essential

- Uses available resources such as te reo Māori speakers and information written in both English and Māori when appropriate.

Indicator examples: Practitioner

- Is able to demonstrate understanding of four key Māori cultural values for example:
 - manaaki
 - aroha
 - awahi
 - tautoko.

Values are illustrated in intervention plans.

- Demonstrates correct pronunciation and usage of basic te reo Māori with clients and whānau.

Element 2.3 Whakawhanaunga: Demonstrates recognition of interconnectedness and relationships, particularly between whānau, hāpu and iwi.

Indicator examples: Essential

- Acknowledges the significance of the interconnectedness within whānau as a sense of belonging and identity. This is recognised as an essential contribution to healing and recovery for clients and whānau.
- Acknowledges and understands the significance of whakapapa in the making sense of self and others in the recovery journey for clients and whānau.

Indicator examples: Practitioner

- Supports provision of an environment where whanaungatanga can occur safely and effectively for clients and whānau. This includes: mihi, pepeha, honohono.
- Case notes identify key linkages and potential supports.

¹³ These competencies are adapted from Matua Raki. 2009. Takarangi Competency Framework and Ministry of Health. 2008. Let's get real. See these documents for further indicator examples.

¹⁴ There are no additional indicator examples provided at the practitioner level.

Element 2.4 Manaaki: Demonstrates core values of manaaki in their practice.

Indicator examples: Essential

- Demonstrates core values of manaaki in the care and support processes for clients and whānau. These may include but are not necessarily limited to:
 - Hospitality and stewardship
 - Partnership with clients and whānau in intervention planning
 - Hosting clients and whānau with care and dignity.

Indicator examples: Practitioner

- Practices the principles of manaaki with colleagues, clients, whānau.

3. Working with Pacific Peoples

A competent addiction professional demonstrates responsiveness in providing treatment and support to Pacific peoples.¹⁵

Element 3.1 Family: Understands or acknowledges the various dimensions and context of Pacific people, providing their families (biological, adopted, nuclear and extended) with information, encouragement, education and support to engage in recovery.

Indicator examples: Essential

- Recognises that each Pacific family brings with it a broad spectrum of cultural, historical, social and political diversity.
- Recognises that each Pacific family brings with it a broad spectrum of cultural, historical, social and political diversity.
- Recognises the concepts of family, the structural make up of Pacific families and traditional Pacific authority systems. Acknowledges the existence of the extended family and is sensitive to cross-cultural and intermarriage contexts.

Indicator examples: Practitioner

- Communicates in a way that recognises the cultural status of a Pacific service user within their family and community.
- Can undertake assessments at a basic level in the following areas:
- the cultural effect of a service user's addiction and associated issues on the immediate family
 - immediate environmental dynamics, including the household and any realities of attaining family support for a service user
 - whether a service user is disconnected from their family.

Element 3.2 Language : Understands the importance of language, both spoken and unspoken, across a variety of Pacific contexts, and is able to either personally apply appropriate communication techniques in working with Pacific people, or know where such skill is available.

Indicator examples: Essential

- Uses appropriate verbal and body language, which facilitates the building of rapport with Pacific service users and their families.
- Uses suitably qualified interpreters or cultural advisors to assist with situations that require a higher level of Pacific language fluency and cultural expertise, where appropriate.

Indicator examples: Practitioner

*¹⁶

¹⁵ NB: These competencies are fully outlined in Le Va Pasifika. 2009. Real Skills Plus Seitapu. The reader should refer to this document for full information on indicators for these competencies. The indicators provided are examples only. Also recommended: Pulu-Endemann, K., Suaalii-Sauni, S., Lui, D., McNicholas, T., Milne, M, & Gibbs, T. (2007) Seitapu Pacific Mental Health and Addiction Clinical and Cultural Competencies Framework. Auckland: Te Pou.

¹⁶ * There are no additional indicator examples provided at the practitioner level.

Element 3.3 Pacific concepts of Tapu: Is open-minded to the cultural, spiritual and relationship environments and belief systems that may accompany Pacific clients and their families.

Indicator examples: Essential

- Acknowledges that the Pacific concept of self and wellbeing is located in the centre of the collective, rather than the individual. Is also able to acknowledge that the Pacific concept of self is holistic and fluid, in the sense that the parts of the person are inextricably linked.
- Presents oneself, verbally and physically in a way that gives respect to Pacific values of tapu, where necessary.

Indicator examples: Practitioner

4. Applying principles of Social Justice in addiction practice

A competent addiction professional understands social justice perspectives and integrates principles of social justice into their practice.

Element 4.1 Self-determination and empowerment: Demonstrates understanding of the importance of self-determination and actively supports empowerment of clients, families and whānau.

Indicator examples: Essential

- Applies the principles of the Treaty of Waitangi/Te Tiriti o Waitangi in professional practice.
- Describes own social values.
- Ensures practice is consistent with principles of social justice.

Indicator examples: Practitioner

- Manages own social values within professional practice.

Element 4.2 Social connectedness: Actively supports clients, family and whānau to develop and maintain positive relationships and positive roles and with their communities.

Indicator examples: Essential

- Actively supports clients to develop and/or strengthen positive connections with family, whānau, friends, and community.
- Demonstrates a comprehensive knowledge of community services and resources.
- Actively supports clients to participate in the life of their community, according to client preferences.

Indicator examples: Practitioner

- Demonstrates and applies a comprehensive understanding of the importance of social connectedness as integral to well-being.
- Maintains effective working relationships with key support agencies in the community, including hapu and iwi¹⁷.

Element 4.3 Stigma and discrimination: Uses strategies to challenge stigma, discrimination and social exclusion.

Indicator examples: Essential

- Demonstrates understanding of the impact of stigma and discrimination on the well-being of clients, families and whānau, services and communities¹⁸.
- Ensures practice is non-discriminatory and challenges stigma and discrimination.

Indicator examples: Practitioner

*¹⁹

¹⁷ Ministry of Health, 2008.

¹⁸ Adapted from Ministry of Health, 2008.

¹⁹ There are no additional indicator examples provided at the practitioner level.

5. Professional responsibility

A competent addiction professional upholds ethical, legal and professional practice standards. Addiction professionals practice effectively as team members and members of organisations; participate in ongoing professional development and support continuous service improvement.

Element 5.1 Ethics, law and policy: Practices in accordance with ethical, legal and professional practice standards.

Indicator examples: Essential

- Abides by an appropriate professional code of ethics and belongs to a relevant professional body.
- Maintains personal safety and ensures the safety of clients, family, whānau and others by adhering to organisational safety and security policies and procedures.
- Adheres to legislation, regulations, standards, codes and policies relevant to role.
- Demonstrates basic understanding of policy relevant to addiction practice.

Indicator examples: Practitioner

- Demonstrates ethical decision making in all aspects of practice.
- Reports breaches of ethical and/or legal requirements to an appropriate authority (eg, clinical leader, manager, professional body).

Element 5.2 Working within teams, organisations and systems: Works effectively as a team member and actively contributes towards organisational and inter-organisational effectiveness.

Indicator examples: Essential

- Works effectively in a team; understands team roles and demonstrates respect for different professional roles and working styles.
- Demonstrates understanding of services and systems for responding to addiction.

Indicator examples: Practitioner

- Actively facilitates collaborative working with other team members and professionals from other disciplines²⁰.
- Understands the goals, language, operational responsibilities and key roles of relevant agencies and services eg, primary and secondary health services, addiction and mental health services, criminal justice agencies, social service agencies, education agencies.

Element 5.3 Reflective practice and professional development: Actively reflects on their professional practice and participates in ongoing professional development.

Indicator examples: Essential

- Understands and engages in supervision²¹.
- Seeks and participates in ongoing professional development opportunities.
- Acknowledges limits of own abilities and scope of practice.

Indicator examples: Practitioner

*²²

²⁰ Ministry of Health, 2008.

²¹ Ministry of Health, 2008.

²² There are no additional indicator examples provided at the practitioner level.

Element 5.4 Accountability, quality and research: Meets required standards of accountability and contributes to the overall development of addiction practice.

<i>Indicator examples: Essential</i>	<i>Indicator examples: Practitioner</i>
<ul style="list-style-type: none">• Maintains and stores records relevant to client in accordance with legal and professional standards and organisational requirements.• Provides verbal and written reports appropriate to the scope of professional role.• Gathers and uses information to inform decisions relevant to role.²⁴• Participates in quality improvement activities to monitor and improve standards as required.	<ul style="list-style-type: none">• Presents brief and comprehensive verbal and written reports in a range of practice-related contexts.• Demonstrates understanding of outcome measures in addiction treatment and demonstrates ability to collect treatment outcome data²³.• Demonstrates strategies to review appropriate research, interpret and critically review research findings, and integrate findings into practice.

²³ The Werry Centre, 2008.

²⁴ Ministry of Health, 2008.

6. Working with families and whānau

A competent addiction professional works effectively with families, whānau and significant others to support recovery and well-being.

Element 6.1 Involving and supporting family and whānau: Ensures family and whānau are included in assessment and intervention processes and provides or actively links family and whānau to appropriate supports and resources.

Indicator examples: Essential

- Works in partnership with the client to identify and include family, whānau, significant people and other networks to support recovery²⁵.
- Engages with family and whānau in a way that matches and is responsive to their strengths, preferences and needs.
- Provides relevant, timely and accessible information to family and whānau, actively linking them to services and support as required.

Indicator examples: Practitioner

- Applies understanding of the theory, principles and benefits of family and whānau inclusive practice.
- Applies evidence-based interventions to assist families and whānau affected by addiction.

²⁵ Ministry of Health, 2008.

7. Working with groups

A competent addiction professional works effectively with groups.

Element 7.1 Developing and facilitating groups: Develops and facilitates groups.

<i>Indicator examples: Essential</i>	<i>Indicator examples: Practitioner</i>
<ul style="list-style-type: none">• Applies basic understanding of group process and group dynamics.• Applies basic understanding of a range of principles and methods of group facilitation.²⁶• Uses facilitation and group process skills when working with a group.• Assists in planning and facilitating groups within the context of organisational guidelines and scope of practice.• Identifies safety concerns and gains assistance to manage these concerns in setting up and facilitating groups.	<ul style="list-style-type: none">• Integrates a comprehensive understanding of group process and group dynamics into addiction practice.• Designs, implements and evaluates a range of groups matched to the strengths, needs, characteristics, preferences and goals of participants.• Manages safety concerns in setting up and facilitating groups.

²⁶ Canadian Centre on Substance Abuse, 2007.

8. Working with communities

A competent addiction professional works effectively with communities to support well-being and reduce harm related to gambling, alcohol, tobacco and other drugs.

Element 8.1 Supporting communities: Supports community initiatives to promote well-being and reduce harm.

Indicator examples: Essential

- Demonstrates understanding of the impact of gambling, tobacco and other drug use within communities.
- Maintains working relationships with relevant community groups and organisations.

Indicator examples: Practitioner

- Demonstrates understanding of community development approaches to one or more of the following (relevant to service context):
 - Problem gambling
 - Tobacco use
 - AOD related harm.
- Accesses and collaborates with local networks effectively, to reduce harm from one or more of the following:
 - Problem gambling
 - Tobacco
 - AOD.

Element 8.2 Public education: Provides public education relevant to their scope of practice.

Indicator examples: Essential

- Demonstrates understanding of the evidence base for effective education relevant to one or more of the following:
 - Problem gambling
 - Tobacco use
 - AOD-related harm.

Indicator examples: Practitioner

- Provides evidence-based education relevant to area of practice.

Element 8.3: Public health and health promotion: Understands, participates in and supports public health and health promotion activities.

Indicator examples: Essential

- Demonstrates understanding of public health approaches to addiction in relation to one or more of the following:
 - Problem gambling
 - Tobacco-related harm
 - AOD-related harm.
- Demonstrates understanding of key health promotion concepts and theoretical models relevant to one or more of the following:
 - Problem gambling
 - Tobacco-related harm
 - AOD-related harm.

Indicator examples: Practitioner

- Demonstrates ability to participate effectively in relevant policy processes.

Problem Gambling Practitioner competencies

NB: Co-requisite competencies include Foundation: Essential and Practitioner

9. Assessment and intervention: PG

A competent Problem Gambling Practitioner, in collaboration with clients and others, applies theory and knowledge of problem gambling and co-existing problems to assess, plan, apply and evaluate problem gambling intervention.

Element 9.1 Understanding problem gambling and co-existing problems: A competent Problem Gambling Practitioner applies the knowledge base required to carry out effective assessment and intervention.

Indicator examples:

- Demonstrates comprehensive knowledge of modes of gambling and their degrees of risk for PG, and factors attributable to each gambling mode that are relevant to their degree of risk.
- Demonstrates understanding of a range of addiction theories and models, including cultural approaches, age-related approaches and public health approaches, and the evidence base underpinning them.²⁷
- Demonstrates understanding of theories and models of behaviour change e.g. transtheoretical stages of change model.

Element 9.2 Problem Gambling assessment and intervention planning: A competent Problem Gambling Practitioner collaborates with clients, family, whānau and others to assess problem gambling related problems, negotiate appropriate goals and plan relevant interventions aimed at supporting recovery and well-being.

Indicator examples:

- Selects and collaborates with the client to apply, screening, brief and comprehensive assessment processes appropriate to the client's age, gender, culture, other client characteristics and the intervention context.
- With the client, reviews and provides information and advice on intervention options that match the client's characteristics, hopes, goals, needs, preferences and resources. Collaborates with the client to develop an intervention plan.
- Assesses client's readiness to change and responds appropriately to support engagement and positive change.
- Assesses immediate risk and safety concerns and provides tailored support, information and interventions to assist the client. Provides ongoing risk screening and assessment as needed.

²⁷ Adapted from Center for Substance Abuse Treatment, 2006.

DRAFT Addiction Intervention Competency Framework June 2010

Element 9.3 PG intervention management: A competent Problem Gambling Practitioner applies effective intervention strategies to assist clients to address gambling related problems and support recovery and well-being. The practitioner works within their scope of practice and within the intervention context, involving others as required.

Indicator examples:

- Demonstrates knowledge of the aims, philosophies, practices, policies, expected outcomes and availability of a spectrum of PG intervention models, programmes and approaches.
- Facilitates client access to the range of interventions required, by providing the intervention or referring appropriately. This includes but is not limited to:
 - pharmacological interventions for PG or common coexisting problems
 - cultural interventions
 - interventions for co-existing tobacco smoking, alcohol and other drug problems
 - interventions for co-existing mental health problems
 - interventions to address criminal offending related to PG
 - financial or budgeting advice and support.
- Applies appropriate psychosocial strategies to assist clients to achieve agreed goals or refers appropriately.
- Provides information and actively facilitates client access to available community resources.

Alcohol and other Drug Practitioner competencies

NB: Co-requisite competencies include Foundation: Essential and Practitioner

10. Assessment and intervention: AOD

A competent AOD practitioner, in collaboration with clients and others, applies theory and knowledge of AOD addiction and co-existing problems to assess, plan, provide and evaluate AOD intervention.

Element 10.1 Understanding AOD addiction and co-existing problems: Applies the knowledge base required to carry out effective AOD assessment and intervention.

Indicator examples:

- Demonstrates comprehensive knowledge of properties and effects of commonly misused drugs (including alcohol and nicotine) and their interactions.
- Demonstrates understanding of a range of addiction theories and models, including cultural approaches, age-related approaches and public health approaches, and the evidence base underpinning them.²⁸
- Demonstrates understanding of theories and models of behaviour change e.g. transtheoretical stages of change model.

Element 10.2 AOD assessment and intervention planning: Collaborates with clients, family, whānau and others to assess AOD related problems, negotiate appropriate goals and plan relevant interventions aimed at supporting recovery and well-being.

Indicator examples:

- Collaborates with the client to apply, screening, brief and comprehensive assessment processes appropriate to the client's age, gender, culture, other client characteristics and the intervention context.
- With the client, reviews and provides information and advice on intervention options that match the client's characteristics, hopes, goals, needs, preferences and resources. Collaborates with the client to develop an intervention plan.
- Assesses the client's readiness to change and responds appropriately to support engagement and positive change.
- Assesses immediate risk and safety concerns and provides tailored support, information and interventions to assist the client. Provides ongoing risk screening and assessment as needed.

²⁸ Adapted from Center for Substance Abuse Treatment, 2006.

DRAFT Addiction Intervention Competency Framework June 2010

Element 10.3 AOD intervention management: Applies effective intervention strategies to assist clients to support recovery and well-being and address AOD related problems. The practitioner works within their scope of practice and within the intervention context, involving others as required.

Indicator examples:

- Demonstrates knowledge of the aims, philosophies, practices, policies, expected outcomes and availability of a spectrum of AOD intervention models, programmes and approaches.
- Facilitates client access to the range of addiction interventions required, by providing the intervention or referring appropriately. This includes but is not limited to:
 - effective withdrawal management
 - pharmacological interventions
 - cultural interventions
 - interventions for co-existing tobacco smoking and/or problem gambling
 - interventions for co-existing mental health problems
 - interventions to address criminal offending related to AOD use.
- Applies appropriate psychosocial strategies to assist clients to achieve agreed goals or refers appropriately.
- Provides information about and actively assists clients to access available services and community resources as required.

Smoking Cessation Competencies

Note: These competencies are adapted from Smoking Cessation Competencies for New Zealand, Ministry of Health, 2007.

Co-requisite competencies include Foundation: Essential

11. Assessment and intervention planning: Smoking Cessation

A competent Smoking Cessation professional collaborates with clients, family and whānau to deliver tailored, evidence-based smoking cessation support/treatment.

Element 11.1: Understanding nicotine addiction: A competent Smoking Cessation professional maintains and applies the knowledge base required to assist clients to stop smoking.

- Demonstrates understanding of nicotine addiction as a chronic relapsing condition.
- Demonstrates understanding of the major harmful health effects of nicotine on individuals, pregnant women and their babies, families, whānau and the wider community, and articulates the health benefits of stopping smoking.
- Identifies:
 - common symptoms of nicotine withdrawal
 - common cues that trigger urges to smoke
 - common causes of relapse
 - common smoking compensation behaviours.
- Demonstrates sound knowledge of the ABC approach to smoking cessation.²⁹
- Demonstrates comprehensive knowledge of the characteristics (types, costs, sources, doses, actions, effectiveness and side-effects) of evidence-based stop-smoking treatments available in New Zealand.
- Identifies complementary therapies for stop-smoking treatment and understands their effectiveness.

Element 11.2 Smoking cessation assessment and support planning: A competent Smoking Cessation professional accurately assesses tobacco smoking related needs, negotiates goals and plans support with clients, inclusive of family, whānau and others.

- Collaborates with the client (and others) to develop an understanding of client's strengths, resources and needs in relation to tobacco smoking.
- Selects appropriate screening and/or assessment processes to assess the level of nicotine dependence for the client. Processes are matched to client need (in relation to the culture, gender and age) and the screening/assessment context.
- Selects, applies and interprets screening tools and/or processes to assist in identifying the presence and severity of problem gambling, alcohol, and other drug use problems and common co-existing problems.

²⁹ Refer to *Smoking Cessation Competencies for New Zealand*, Ministry of Health, 2007.

DRAFT Addiction Intervention Competency Framework June 2010

- Assesses client's interest in receiving Smoking Cessation support and responds appropriately.
- Identifies clients who may be at risk for causing harm to self or others and provides or arranges assistance.³⁰
- Regularly reviews client risk of harm to self or others.
- Provides advice on intervention options that match the client's strengths, needs, characteristics, goals, and resources and, in collaboration with the client, develops intervention plan.³¹ The intervention plan is based on client goals, strengths, needs and resources available and accounts for client preferences and priorities.
- Provides brief intervention for problem gambling, alcohol and other drug problems appropriate to the client and service context or refers appropriately.
- Refers appropriately for other interventions and services as needed.

Element 11.3 Providing cessation support: A competent Smoking Cessation professional applies effective strategies to assist clients to stop smoking. The professional works within their scope of practice and within the service context, involving others as required.

- Provides effective smoking cessation support tailored to the strengths and needs of the client, including provision of stop-smoking medications and provision of effective behavioural support.
- Provides smoking cessation support for clients with complex needs eg, cardiovascular disease, other co-existing medical conditions, pregnant women, clients with coexisting problems such as mental health and/or other addictions, and/or seeks expert advice and/or refers appropriately.
- Acknowledges that Māori may consider using traditional healing processes and practices that support health and wellbeing.
- Refers clients to a medical practitioner for prescription-only medications such as nortriptyline, bupropion and varenicline as required.
- Assists client to monitor progress and adjusts interventions as needed.
- Coordinates intervention, seeking expert advice as needed, to assist clients with complex issues, such as co-existing addictions and mental health problems and co-existing physical health problems.
- Identifies the effects of smoking on the metabolism of various medications (eg, medications for mental health disorders), and the changes seen when stopping tobacco use.³²
- Provides long term intervention (eg, for at least one month) as indicated.
- Works collaboratively with other professionals and services (e.g. GPs, Maori and Pacific services, mental health services, probation services, problem gambling services, AOD services) to assist the client.

³⁰ Canadian Centre on Substance Abuse, 2007

³¹ Center for Substance Abuse Treatment, 2006.

³² Refer to Ministry of Health. 2007. Smoking Cessation Guidelines for further information.

Addiction Support Worker Competencies

Note: Co-requisite competencies include Foundation: Essential

12. Addiction support work

A competent Addiction Support Worker works in collaboration with clients, family and whānau providing information, education, skill development and support to assist clients to manage their recovery and well-being.

Element 12.1 Understanding and providing support work: A competent support worker understands the philosophies, principles and processes that comprise addiction support work.

- Demonstrates understanding of the philosophy and principles of addiction support work approaches.
- Provides clear explanation about the addiction support worker role to clients, families, whānau, colleagues and other professionals.
- Acknowledges and supports the personal resourcefulness of clients, families and whānau as a starting point for support work.
- Acknowledges that Māori may consider using traditional healing processes and practices that support health and wellbeing.
- Collaborates with the client, and others as appropriate, to identify support work needs and develop a tailored support work plan suited to the strengths, needs, priorities and preferences of the client and aligning with the service context and available resources. Support work planning reflects an understanding of and complements other addiction intervention where appropriate.
- Provides professional support work according to the negotiated support work plan.
- Demonstrates ability to provide support in a range of contexts and environments relevant to the client and their family and whānau.
- Reviews support work plan at agreed intervals with the client and others involved, adjusting plan as needed.
- Identifies clients who may be at risk of harm to self and/or others and ensures appropriate follow-up.
- Develops and maintains an extensive knowledge of community resources and draws on this as appropriate in providing support work.
- Deals with and diffuses aggressive and abusive behaviour while maintaining personal safety.
- Takes steps to prevent violence, abuse and neglect in the client's relationships.

Addiction Peer Support Worker Competencies

Note: Foundation competencies above do not apply.

A. Working with clients: A competent peer support worker engages and works in partnership with clients, family and whānau to support recovery and well-being.

Element A.1 Supporting recovery and promoting well-being: Integrates principles of recovery into practice and promotes well-being for clients, family and whānau.

Indicator examples:

- Demonstrates genuine concern for the well-being of clients, family and whānau, acknowledging their personal, physical, social, cultural and spiritual strengths and needs.

Element A.2 Responding to diversity: Responds effectively to clients, family and whānau in relation to their gender, culture, age, ability and sexual orientation.

Indicator examples:

- Demonstrates responsiveness to a diverse range of clients, applying age-appropriate and culturally appropriate protocols and processes appropriate to the service context.

Element A.3 Engaging clients, family and whānau: Actively involves and supports the client, family and whānau to engage in peer-support processes.

Indicator examples:

- Establishes and maintains safety, trust, role boundaries and confidentiality in professional relationships with clients, family and whānau within the context of organisational and professional codes of ethics and conduct.

Element A.4 Relating and communicating: Relates with empathy and communicates effectively with clients, family and whānau.

Indicator examples:

- Uses reflective listening skills.
- Uses language and terminology appropriate to the needs of clients, family and whānau.
- Respects diversity in communication (eg, related to age, culture, and gender).

B. Working with Māori: A competent peer support worker demonstrates ability to contribute to whānau ora for Māori.³³

Element B.1 Te reo Māori: Promotes the use of te reo Māori as an essential component of healing for Māori.

Indicator examples:

- Demonstrates correct pronunciation and usage of basic te reo Māori with clients and whānau.
- Demonstrates respect for te reo Māori and tikanga.

Element B.2 Whakawhanaunga: Demonstrates recognition of interconnectedness and relationships, particularly between whānau, hāpu and iwi.

Indicator example:

- Acknowledges the significance of the interconnectedness within whānau as a sense of belonging and identity. This is recognised as an essential contribution to healing and recovery for clients and whānau.

³³ Adapted from Takarangi Competency Framework and Let's Get Real.

Element B.3 Manaaki: Demonstrates core values of manaaki in their practice.

Indicator example:

- Acknowledges the significance of support and hospitality as core cultural considerations in the care and support of clients and whānau.

Element B.4 Hauora Māori: Demonstrates support for hauora Māori in their work.

Indicator examples:

- Develops an understanding of **Māori** models or perspectives of hauora in service delivery.
- Acknowledges that Maori may consider using traditional healing processes and practices that support health and wellbeing.

C. Working with Pacific Peoples: A competent peer support worker demonstrates responsiveness in providing peer support to Pacific peoples.³⁴

Element C.1 Family: Understands or acknowledges the diversity of Pacific families.

Indicator example:

- Recognises that each Pacific family brings with it a broad spectrum of cultural, historical, social and political diversity.

Element C.2 Language: Applies appropriate communication techniques in working with Pacific people, or know where such skill is available.

Indicator examples:

- Uses appropriate verbal and body language, which facilitates the building of rapport with Pacific service users and their families.
- Uses suitably qualified interpreters or cultural advisors to assist with situations that require a higher level of Pacific language fluency and cultural expertise, where appropriate.

Element C.3 Pacific concepts of Tapu: Is open-minded to the cultural, spiritual and relationship environments and belief systems that may accompany Pacific clients and their families.

Indicator examples:

- Acknowledges that the Pacific concept of self and wellbeing is located in the centre of the collective, rather than the individual. Is also able to acknowledge that the Pacific concept of self is holistic and fluid, in the sense that the parts of the person are inextricably linked.
- Recognises that the concept of tapu is about ensuring cultural safety and enabling culturally safe practices.

D. Applying principles of Social Justice in addiction peer support work: A competent peer support worker integrates principles of social justice into their practice.

Element D.1 Self-determination and empowerment: Demonstrates understanding of the importance of self-determination and actively supports empowerment of clients, families and whānau.

Indicator examples:

- Applies the principles of the Treaty of Waitangi/Te Tiriti o Waitangi in professional practice.
- Demonstrates understanding of own social values and assumptions and how these impact on peer support practice.
- Ensures practice is consistent with principles of social justice.

³⁴ Adapted from Real Skills Plus Seitapu. The reader should refer to *Real Skills Plus Seitapu (2009)* for full information on these competencies.

Element D.2 Social connectedness: Actively supports clients to develop and maintain positive relationships and positive roles and with their communities.

Indicator example:

- Actively supports clients to develop and/or strengthen positive connections with family, whānau, friends, and community.

Element 4.3 Stigma and discrimination: A competent peer support worker uses strategies to challenge stigma, discrimination and social exclusion.

Indicator examples:

- Ensures practice is non-discriminatory and challenges stigma and discrimination.
- Demonstrates understanding of the impact of internalised stigma.

E. Professional responsibility: A competent peer support worker demonstrates professional responsibility in all aspects of peer support work.

Element E.1 Ethics, law and policy: Practices in accordance with ethical, legal and professional practice standards.

Indicator examples:

- Abides by a professional code of ethics and belongs to an appropriate professional body.
- Adheres to organisational safety and security policies and procedures.
- Identifies ethical challenges and seeks assistance and guidance to respond appropriately.
- Identifies the requirements of and exceptions to disclosure of confidential information under the Privacy Code as it applies to health professionals.
- Adheres to legislation, regulations, standards, codes and policies relevant to role.

Element E.2 Working within teams, organisations and systems: Works effectively as a team member and actively contributes towards organisational and inter-organisational effectiveness.

Indicator examples:

- Demonstrates understanding of the value of an interdisciplinary approach to assisting people in recovery from addiction.³⁵
- Works effectively in a team; understands team roles and demonstrates respect for different working styles.

Element E.3 Reflective practice and professional development: Actively reflects on their practice and participates in ongoing professional development.

Indicator examples:

- Engages effectively in supervision.
- Seeks and participates in ongoing professional learning opportunities.

Element E.4 Accountability: A competent peer support worker meets required standards of accountability.

Indicator examples:

- Maintains and stores records in accordance with legal and organisational requirements.
- Gathers and uses information to inform decisions relevant to role.³⁶
- Participates in organisational quality initiatives as required.

³⁵ Center for Substance Abuse Treatment, 2006.

³⁶ Ministry of Health, 2008.

F. Working with families and whānau: A competent peer support worker works effectively with families, whānau and significant others to support recovery and well-being.

Element F.1 Involving and supporting family and whānau: Works in a family inclusive manner.

Indicator example:

- Works in partnership with the client to identify and include family, whānau, significant people and other networks to support recovery.

G. Working with groups: A competent peer support worker works effectively with groups to support recovery and well-being.

Element G.1 Developing and facilitating groups: Works effectively with groups to provide support and education.

Indicator examples:

- Applies basic understanding of group process and group dynamics.
- Applies basic understanding of a range of principles and methods of group facilitation.³⁷
- Applies basic understanding of safety concerns and gains assistance to manage these concerns in setting up and facilitating groups.

H. Working with communities: A competent peer support worker works effectively with communities to support recovery and well-being.

Element H.1 Linking with communities: Actively links with community groups and organizations.

Indicator examples:

- Maintains working relationships with relevant community groups and organisations.
- Demonstrates a comprehensive knowledge of community services and resources.

I. Providing peer support: A competent peer support worker applies best practice principles and approaches in providing peer support.

Element I.1 Understanding peer support: Understands the philosophies, principles and processes that comprise peer support work.

Indicator examples:

- Describes core philosophies and approaches underpinning peer-support work eg person-centred, well-being, recovery and strengths-based.
- Demonstrates understanding of and respect for diverse pathways and styles of recovery.
- Demonstrates high level of understanding of “use of self” as a helping instrument in peer-support work.
- Demonstrates understanding of the importance of self-care and managing personal health in relation to the peer-support role to ensure safety of peer-clients, self and employing organisation.

Element I.2 Supporting clients: Supports peer-clients in their recovery.

³⁷ Canadian Centre on Substance Abuse, 2007.

DRAFT Addiction Intervention Competency Framework June 2010

Indicator examples:

- Develops relationships with clients that are based on shared life experience in relation to addiction and related problems.
- Demonstrates ability to model a recovery-oriented life-style while maintaining identification with the client.
- Supports clients to develop, implement and review their own recovery plan.
- Supports client to make lifestyle changes selected by them in the context of their recovery journey. Offers a broad spectrum of support including: information, emotional support, social support, and practical support tailored to the client's aspirations, preferences strengths and needs.
- Provides peer-support in environments preferred and selected by the peer-client wherever safely possible.
- Encourages and supports the client to strengthen and use their natural supports to enhance recovery.
- Supports the client to access available community services and resources, including addiction services, in accordance with client preferences and aspirations.
- Identifies clients who may be at risk of harm to self and/or others and ensures appropriate follow-up occurs e.g. referral to appropriate practitioner or service.
- Supports clients in crisis and/or relapse, seeking assistance as appropriate.
- Advocates for self and others on recovery-related issues.
- Acknowledges limits of own abilities ad scope of practice refers client as necessary.

Element 1.3 Providing education: Informs and educates peers, families and whānau, other professionals and the community about addiction recovery.

Indicator examples:

- Models and supports others to use recovery oriented language.
- Informs others about diverse pathways and styles of recovery from addiction.

Your feedback

DRAFT Addiction Intervention Competency Framework June 2010 Consultation survey

This is an opportunity to provide feedback on the DRAFT Addiction Intervention Competency Framework (June 2010).

Your feedback is important. The DRAFT Framework will be revised on the basis of the feedback provided. A summary feedback report will be available on request (hsd@xtra.co.nz) by 30th September 2010. The revised Framework will be completed by the end of 2010.

Please complete this survey by **Friday 20 August 2010**. Return via email: hsd@xtra.co.nz or post to Health & Safety Developments 22 Allen Rd Grey Lynn Auckland 1021.

This survey is available on line at <http://www.surveymonkey.com/s/X8B99GQ>

Contact Paula Parsonage on 09 3781843 or hsd@xtra.co.nz for further information

1. Which of the following areas are you most involved in (please tick):

<input type="checkbox"/>	Problem Gambling Intervention
<input type="checkbox"/>	Smoking Cessation Treatment
<input type="checkbox"/>	Alcohol and other Drug (AoD) Treatment
<input type="checkbox"/>	Problem Gambling and AoD Intervention
<input type="checkbox"/>	Consumer workforce (eg, peer support; consumer advisor, consumer rep)
<input type="checkbox"/>	Education/Training/Workforce Development/Research
<input type="checkbox"/>	Other (please specify)

Structure, tone, language

2. Please indicate your responses to the following statements on a scale of: strongly disagree to strongly agree.

The DRAFT Addiction Intervention Competency Framework (June 2010)...

	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	Don't know
a) Is easy to follow (eg clear structure and format).						
b) Clearly shows which competencies apply to each role.						
c) Uses appropriate role titles.						
d) Uses key terms (such as client, addiction, intervention) that are broadly acceptable.						
e) Provides clear expectations of competency requirements.						

f) Please comment on the structure, tone and language used in the DRAFT.

--

Values, Attitudes and Foundation competencies

3. Please indicate your responses to the following statements about the Values and Foundation Competencies outlined in the DRAFT Framework, on a scale of: strongly disagree to strongly agree.

	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	Don't know
a) The values and attitudes that underpin the Framework are useful to support effective practice.						
b) The 8 Foundation Competencies are relevant to the roles included in the DRAFT Framework.						
c) The requirements on working with diversity and cultural competence in the DRAFT Framework are adequate to support effective practice.						

4. Please indicate your responses to the following statements about the Values and Foundation Competencies outlined in the DRAFT Framework, on a scale of: way too much to not nearly enough.

	Way too much	Too much	About right	Not enough	Not nearly enough	Don't know
a) The emphasis on recovery and well-being in the DRAFT Framework is.....						
b) The emphasis on public health and health promotion requirements in the DRAFT Framework is						

DRAFT Addiction Intervention Competency Framework June 2010

c) Please comment on the values, attitudes and Foundation competencies in the DRAFT Framework.

Role specific competencies

5. The DRAFT Framework outlines the following role specific competencies: Peer Support Worker; Support Worker; Smoking Cessation; Problem Gambling Practitioner; AoD Practitioner.

Please provide comments below about these competencies as appropriate.

Training requirements

6. If applicable, please provide feedback on the areas in which you would need training in order to demonstrate competency across the DRAFT Framework as it applies to you.

Overall comments

7. In your opinion what are the key strengths of the DRAFT framework?

8. In your opinion what are the key limitations of the DRAFT framework?

9. Please recommend changes to the DRAFT framework (Please be as specific as possible).

10. Please provide any other comments.

Thanks for taking the time to complete this survey. Post to Health & Safety Developments 22 Allen Rd Grey Lynn Auckland 1021 by 20 August 2010.

Competency Framework References

Alcohol and Drug Treatment Workforce Development Advisory Group. 2001. *Practitioner Competencies for Alcohol & Drug Workers in Aotearoa – New Zealand. ALAC Occasional Publication: No 13.* Wellington: Alcohol Advisory Council of New Zealand.

Canadian Centre on Substance Abuse. 2007. *Core competencies for Canada's Substance Abuse Field. Version 1.0.* Ottawa: Canadian Centre on Substance Abuse.

Center for Substance Abuse Treatment. 2006. *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice. Technical Assistance Publication (TAP) Series 21.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

DAPAANZ (Drug and Alcohol Practitioners Association Aotearoa New Zealand). 2008. *ALAC Alcohol and Drug Practitioner Competencies, Revised 2008.* Wellington: DAPAANZ.

Le Va Pasifika. 2009. *Real skills plus Seitapu: working with Pacific peoples.* Auckland: Le Va Pasifika Te Pou o Te Whakaaro Nui The National Centre of Mental Health Research, Information and Workforce Development.

Matua Raki. 2009. *Takarangi Competency Framework.* Wellington: Matua Raki National Addiction Workforce Development.

Ministry of Health. 2008. *Let's get real: real skills for people working in mental health and addiction.* Wellington: Ministry of Health.

Ministry of Health. 2007. *Smoking Cessation Competencies for New Zealand.* Wellington: Ministry of Health.

Nursing Council of New Zealand. 2007. *Competencies for nurse assistants and enrolled nurses.* Wellington: Nursing Council of New Zealand.

Nursing Council of New Zealand. 2007. *Competencies for registered nurses.* Wellington: Nursing Council of New Zealand.

Problem Gambling Foundation NZ. 2009. *Problem Gambling Foundation Competencies.* Auckland: Problem Gambling Foundation NZ.

The Werry Centre. 2008. *Real skills plus CAMHS: A competency framework for the infant, child and youth mental health and alcohol and other drug workforce.* Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

Addiction Competencies Review: Project structure

A Project Reference group provides overall advice to the project; reference group members are:

Name	Expertise relevant to the project
Cynthia Orme	Problem gambling intervention; Competency development and implementation
Terry Huriwai	Problem gambling treatment, AOD treatment, Competency development; Takarangi competency framework, kaupapa Maori
Josephine Gray	Problem Gambling intervention; AOD treatment, Pacific approaches
Haydn McRobbie	Smoking Cessation; competency development and implementation
Trish Fraser	Smoking Cessation; competency development and implementation
Sue Taylor	Smoking Cessation; competency development and implementation
Vicki Kiddell	Recovery, consumer advisory; AOD; tertiary education
Fraser Todd	AOD treatment, competency development, addiction education, provides link to DAPAANZ executive
Wolfgang Theuerkauf	AOD treatment, addiction education, competency-based training development; provides link to DAPAANZ executive

A Contracts management group oversees contractual requirements; members are:

Name	Role
Ian MacEwan	Executive Director, Dapaanz
Alison Penfold	Director, Abacus Counselling, Training and Supervision Ltd
Terry Huriwai	Advisor, Matua Raki
Maria Bellringer	Chief Executive Officer, Problem Gambling Helpline

The project is managed by:

Name	Role
Sean Sullivan	Director, Abacus Counselling, Training and Supervision Ltd
Paula Parsonage	Project Manager, Dapaanz (contractor)