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fostering excellence in addiction practice

# Addiction Intervention Competency Framework



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

May 2011



## Acknowledgement

This framework is a new edition of the 2001 *Practitioner Competencies for Alcohol & Drug Workers in Aotearoa-New Zealand* published by the Alcohol Advisory Council of New Zealand.

The Addiction Practitioners' Association Aotearoa-New Zealand (dapaanz) was contracted by Matua Raki, the national addiction workforce development centre, funded by the Ministry of Health to develop this new framework.

The project manager and lead writer for the framework was Paula Parsonage. Dr Sean Sullivan was the lead writer for the gambling intervention competencies. A management group and a reference group provided expertise to the project. The members' names are listed on page 36. A number of consumers, practitioners, educators and sector leaders contributed comment and input.

While published by dapaanz, these competencies are addiction sector competencies and for its use.

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Addiction Practitioners' Association Aotearoa-New Zealand Incorporated

May 2011

Citation: Addiction Practitioners' Association Aotearoa-New Zealand. 2011. *Addiction Intervention Competency Framework: A competency framework for professionals specialising in Problem Gambling, Alcohol and other Drug and Smoking Cessation intervention*, Wellington: dapaanz

ISBN:

(pdf): ISBN 978-0-473-19358-4

(print): ISBN 978-0-473-19357-7

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## Introduction

The *Addiction Intervention Competency Framework* (the Framework) outlines the values, attitudes, knowledge and skills of those providing specialist interventions to assist people to address gambling, tobacco, alcohol and/or other drug problems. The Framework reflects an understanding that gambling, tobacco, alcohol and other drug problems can be interrelated. It is intended to encourage and support a cohesive approach to intervention for people experiencing one or more of these problems.

The Framework has been designed to apply broadly across a range of practice contexts and to be sufficiently flexible to allow for emerging developments. It sets out the baseline values, attitudes, knowledge and skills relevant to key roles within problem gambling, alcohol and other drug, and smoking cessation intervention. Generic role titles have been used to encompass the wide range of role titles evident across the sector. The key roles included in the Framework are:

- ❑ Problem Gambling (PG) Practitioner
- ❑ Alcohol and other Drug (AOD) Practitioner
- ❑ Smoking Cessation (SC) Worker<sup>1</sup>
- ❑ Addiction Support Worker.

The term “addiction professional” is used to refer collectively to all roles.

An overview of the Addiction Intervention Competency Framework is shown in Figure 1 below.

Smoking Cessation Worker Competency	Addiction Support Worker Competency	PG Practitioner Competency	AOD Practitioner Competency
Foundation: Practitioner Competencies			
Foundation: Essential Competencies			
Let's get real: Values and attitudes			

Figure 1. Addiction Intervention Competency Framework

The nature of the roles in the Framework is explained below under *Framework components*.

### The term ‘addiction’

In this Framework the term ‘addiction’ is used in a broad sense to include the range of problems associated with gambling, tobacco, alcohol and other drugs and to refer to professionals and services responding to those problems. Addiction as used in the Framework is not limited to patterns of gambling, alcohol, tobacco and other drug use that meet criteria for abuse and dependence, but is inclusive of those whose behaviour is hazardous, those who are experiencing problems related to their gambling, tobacco, alcohol and other drug use and those who are at risk of developing an addiction.

Competencies required to provide specialist interventions addressing other behavioural addictions are outside of the scope of the Framework.

### A holistic approach

The Framework supports a holistic response to people experiencing problems with gambling, tobacco, alcohol and other drugs. This means that practitioners practicing within the Framework respond effectively to the individual characteristics, strengths and needs of each client, family and whānau.

<sup>1</sup> The Smoking Cessation Worker role applies to those who specialise in providing Smoking Cessation. The Smoking Cessation competency pathway is not intended for “generalists” such as General Practitioners, who are providing smoking cessation as part of a broader role. Smoking Cessation Competencies for generalists are outlined as ‘generalist competencies’ in Ministry of Health. 2007 Smoking Cessation Competencies for New Zealand.

## Registration under the Framework

Dapaanz (Addiction Practitioners Association Aotearoa-New Zealand Inc) administers an optional professional registration process for Problem Gambling and Alcohol and other Drug Practitioners, and an endorsement process for Addiction Support Workers. The Framework underpins dapaanz registration and endorsement processes in that to attain registration or endorsement, those applying must demonstrate specific competencies (as outlined within the Framework) relevant to their role. Development of an endorsement or registration option for the Smoking Cessation specialist workforce is under consideration.

For those providing addiction intervention and working under other professional registrations (e.g. Registered Nurse) the Framework provides a comprehensive outline of the values, attitudes, knowledge and skills for practice within the addiction treatment sector as a guide for professional competency, learning and development.

## Relationship to other frameworks and key documents

The Framework has drawn on other frameworks that are relevant to addiction intervention and support<sup>2</sup>. Particular attention has been given to the *Takarangi Framework*<sup>3</sup>, *Let's Get Real: real skills for real people working in mental health and addiction (Let's Get Real)*<sup>4</sup>, *Real skills plus CAMHS: A competency framework for the infant, child and youth mental health and alcohol and other drug workforce*,<sup>5</sup> *Real skills plus Seitapu: working with Pacific peoples*<sup>6</sup> and *Smoking Cessation Competencies for New Zealand*<sup>7</sup>. These have national application within the sector and direct relevance to addiction intervention.

*Problem Gambling Service Intervention Service Practice Requirements Handbook (version 1.1)*<sup>8</sup> and *Problem Gambling Foundation Competencies*<sup>9</sup> were key references for the development of competencies relevant to problem gambling intervention.

The framework has also been informed by *Nga Kaiakatanga Hauora mo Aotearoa Health Promotion Competencies for Aotearoa New Zealand*<sup>10</sup> and Generic Competencies for Public Health in Aotearoa-New Zealand<sup>11</sup>.

The Framework is underpinned by the values and attitudes outlined in *Let's Get Real*. Additionally, the seven 'Real Skills' outlined in *Let's get real* are embedded into the Foundation essential competencies within the Framework. The emphasis within The Framework is on competencies required by the worker or practitioner, and the Framework does not include the Leader level of performance indicators outlined in *Let's Get Real*. Where 'essential' and 'practitioner' level performance indicators from *Let's get real* are included these are clearly referenced throughout the Framework.

*Te Ariari o te Oranga: the Assessment and Management of People with Co-existing Mental Health and Substance Use Problems (Te Ariari o te Oranga)*<sup>12</sup> is an important guiding document for the addiction sector. The Framework is congruent with the seven key principles outlined in *Te Ariari o te Oranga*.

The Framework is congruent with competencies outlined in *The Draft Addiction Specialty Nursing Knowledge And Skills Competency Framework*<sup>13</sup>.

The Framework also stands alongside relevant professional codes of ethics and professional standards and guidelines.

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2 See Competency Framework References at the end of the Framework.

3 Matua Raki. 2008.

4 Ministry of Health. 2008.

5 The Werry Centre. 2008.

6 Le Va Pasifika. 2009. NB Foundation Competency 3. Working with Pacific Peoples is drawn directly from this reference.

7 Ministry of Health. 2007.

8 Ministry of Health. 2008. *Intervention Service Practice Requirements Handbook (version 1.1)*. Wellington: Ministry of Health.

9 Problem Gambling Foundation. 2009.

10 Health Promotion Forum. 2000.

11 Public Health Association of New Zealand. 2007.

12 Todd. 2010.

13 Matua Raki. 2010.

## Framework components

The Framework includes four key competency pathways built to reflect the professional roles broadly identifiable within the sector:

- Problem Gambling (PG) Practitioner
- Alcohol and other Drug (AOD) Practitioner
- Smoking Cessation Worker.
- Addiction Support Worker

All roles share the **Foundation Essential** level competencies set out in the Framework.

**Foundation Essential** level competencies are those that would be expected on entry to the workforce (or within a specified timeframe after entering the workforce).

Problem Gambling and Alcohol and other Drug Practitioner roles share additional **Foundation Practitioner** level competencies. **Practitioner** level competency is defined as being appropriately qualified and sufficiently competent to practise independently while part of a team and/or supervision structure. Trainee or associate practitioners may be working under close supervision towards achieving this level of competency.

The **Foundation** Competencies are:

- |  |                                   |
|--|-----------------------------------|
| 1. Working with clients                  | Essential and Practitioner Levels |
| 2. Working with Māori                    | Essential and Practitioner Levels |
| 3. Working with Pacific Peoples          | Essential and Practitioner Levels |
| 4. Applying principles of Social Justice | Essential and Practitioner Levels |
| 5. Professional responsibility           | Essential and Practitioner Levels |
| 6. Working with families and whānau      | Essential and Practitioner Levels |
| 7. Facilitating groups                   | Essential and Practitioner Levels |
| 8. Working with communities              | Essential and Practitioner Levels |

In addition to the **Foundation** competencies, there is an additional competency for each role that sets out the specialist knowledge and skills required to perform that role.

The specialist role competencies are:

- A. Problem Gambling Practitioner competency:** This is additional to the **Foundation Essential** and **Foundation Practitioner** competencies and applies to those providing problem gambling intervention (such as counselling).
- B. Alcohol and other Drug Practitioner competency:** This is additional to the **Foundation Essential** and **Foundation Practitioner** competencies and applies to those providing alcohol and other drug treatment.
- C. Addiction Support Worker competency:** This is additional to **Foundation Essential** competencies and applies to those working in Addiction Support Worker roles.
- D. Smoking Cessation Worker competency:** This is additional to **Foundation Essential** competencies and applies to those working in Smoking Cessation roles.

The Framework is underpinned by the fundamental values and attitudes outlined in *Let's Get Real*.

## Competency structure

Each competency within the Framework comprises:

1. **A competency statement:** an overall defining statement or descriptor of the competency.
2. **Elements:** aspects of the overall competency that further define the key components that make up the competency.
3. **Indicators:** key examples of the values, attitudes, knowledge and/or skills that make up each element. The indicators are not comprehensive or exhaustive, but provide key examples of evidence of competence. Indicator examples can be tailored to suit the practice context. It is expected that professional judgment will be applied in assessing the attainment of each overall competency.

## Role specific competency pathways

The competency pathways for each role are shown below.

### Problem Gambling Practitioner competency pathway

Under the Framework the following competency requirements apply to Problem Gambling practitioners:



### Alcohol and other Drug Practitioner competency pathway

Under the Framework the following competency requirements apply to Alcohol and other Drug practitioners:



### Smoking Cessation Worker competency pathway

Under the Framework the following competency requirements apply to Smoking Cessation Workers:



### Addiction Support Worker competency pathway

Under the Framework the following competency requirements apply to Addiction Support Workers:



## Values and attitudes

The values and attitudes within the Framework are those outlined in *Let's get real*<sup>14</sup>. They are intended to express the fundamental shared values and attitudes across all addiction services. The values and attitudes are woven through and reflected in all of the competencies, across all roles within the Framework.

### 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 person 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 : utilising strengths and support systems
- Supportive: validating, empowering, accepting
- Understanding.

<sup>14</sup> Ministry of Health. 2008. *Let's get real: real skills for people working in mental health and addiction*.

## Foundation competencies

### 1. Working with clients

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

**Element 1.1 Supporting recovery and promoting wellbeing:** Integrates principles of recovery into practice and promotes wellbeing for clients, family and whānau.

#### Indicator examples: Essential

- Acknowledges the personal, physical, social, cultural and spiritual strengths and needs of each person, including the client's interpretation of their own experiences<sup>15</sup>.
- Demonstrates understanding of the principles of recovery and integrates these principles in practice.
- Acknowledges the importance of identity for Māori, its significance to the recovery process and the achievement of whānau ora<sup>17</sup>.
- Includes clients in all decisions about their service and seeks feedback<sup>18</sup>.

\*16

#### Indicator examples: Practitioner

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

#### Indicator examples: Essential

- Responds effectively to a diverse range of clients, applying age-appropriate and culturally appropriate protocols and processes appropriate to the service context (includes responding effectively to, for example, young people, Asian peoples, etc.).

#### Indicator examples: Practitioner

- Demonstrates practice that reflects cultural responsiveness in a range of contexts.
- Applies understanding of the stages of life development

**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 a connection and rapport 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.

<sup>15</sup> Ministry of Health. 2008. Let's get real: real skills for people working in mental health and addiction.

<sup>16</sup> \*There are no additional indicator examples provided at the practitioner level.

<sup>17</sup> Ministry of Health. 2008. Let's get real: real skills for people working in mental health and addiction.

<sup>18</sup> Ministry of Health. 2008. Let's get real: real skills for people working in mental health and addiction.

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

#### Indicator examples: Essential

- Communicates effectively, using language, terminology and listening skills appropriate to the needs of clients, family and whānau and others, respecting diversity (eg age, culture, gender) and appropriate to the intervention setting<sup>19</sup>.
- Respects diversity in communication (eg, related to age, culture, and gender) working effectively with diverse communication styles, and consulting relevant specialists when needed.

#### 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.
- Demonstrates commitment and ability to engage clients irrespective of their readiness to address addiction related problems.

**Element 1.5 Screening and brief intervention:** Assists clients, families and whānau to identify gambling, tobacco, alcohol, other drug and co-existing problems and provides information, advice and support tailored to their strengths and needs.

#### Indicator examples: Essential

- Demonstrates knowledge of the historical, political, social and economic factors that influence gambling, tobacco, alcohol and other drug problems.
- Demonstrates knowledge of the prevalence of gambling, tobacco, alcohol and other drug problems in New Zealand including knowledge of at-risk groups.
- Demonstrates understanding of risk and resiliency factors in relation to addiction.
- Demonstrates understanding of:
  - ❑ The gambling risk continuum and common indicators of problem gambling.
  - ❑ The continuum of alcohol and other drug use.
  - ❑ The ABC approach to smoking cessation.
- Demonstrates basic understanding of definitions and categories of addiction and mental illness and a range of relevant therapies and interventions<sup>20</sup>.

#### Indicator examples: Practitioner

- Selects, applies and interprets screening tools and/or processes to assist in identifying the presence and severity of gambling, tobacco, alcohol and other drug use problems.
- Identifies and incorporates strengths and protective factors in screening and brief intervention processes.
- Provides brief intervention for problem gambling, tobacco, alcohol 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 who are at risk of harm to or from self and/or others.

<sup>19</sup> Problem Gambling Foundation NZ. 2009.

<sup>20</sup> Adapted from Ministry of Health. 2008. Let's get real: real skills for people working in mental health and addiction.

- Applies basic understanding of:
  - ❑ The effects of key psychiatric medications on people and interactions of these drugs with other medications and/or alternative remedies<sup>21</sup>.
  - ❑ The effects of medications used in the treatment of gambling, alcohol and other drug addiction.
  - ❑ The effects of tobacco smoking on the metabolism of various medications (eg, medications for mental health disorders), and the changes seen when stopping tobacco use<sup>22</sup>.
- Applies the ABC approach<sup>23</sup> to smoking cessation as appropriate to role and service context.
- Provides brief advice (relevant to gambling, alcohol, and other drugs) including referral to specialist support as required.
- Responds appropriately to clients who may be at risk of harm (to or from self and/or others) and ensures appropriate follow-up occurs (e.g. referral to appropriate support).
- Actively supports clients to access other services or professional assistance as required.

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

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

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

## 2. Working with Māori<sup>24</sup>

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

- \*<sup>25</sup> 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 2.2 Te reo Māori:** Promotes the use of te reo Māori as an essential component of healing for Māori.

### Indicator examples: Essential

- Acknowledges that clients and whānau may choose to communicate in te reo Māori.
- Recognises that clients and whānau may consider waiata, karakia and te reo Māori as contributors to their recovery.
- Understands that clients and/or whānau may wish to nominate a person to speak on their behalf and supports the involvement of nominated speakers<sup>26</sup>.
- Uses available resources such as te reo Māori speakers and information written in both English and Māori when appropriate<sup>27</sup>.
- Demonstrates correct pronunciation and usage of basic te reo Māori with clients and whānau, and respect for te reo Māori and tikanga.
- Is familiar with local Māori groups (eg, mana whenua), their roles, responsibilities and relationships with each other as guardians of Māori cultural knowledge and te reo Māori.<sup>28</sup>

### 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.

<sup>24</sup> 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.

<sup>25</sup> \*There are no additional indicator examples provided at the practitioner level.

<sup>26</sup> Ministry of Health. 2008. Let's get real: real skills for people working in mental health and addiction.

<sup>27</sup> Ministry of Health. 2008. Let's get real: real skills for people working in mental health and addiction.

<sup>28</sup> Ministry of Health. 2008. Let's get real: real skills for people working in mental health and addiction

**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 Māori clients and whānau.
- Acknowledges and understands the significance of whakapapa in the making sense of self and others in the recovery journey for Māori clients and whānau (eg, is aware of ways of interacting that support relationships).
- Recognises and understands the different roles and responsibilities within whānau and the nature of whānau relationships with clients<sup>29</sup>.

**Indicator examples: Practitioner**

- Supports provision of an environment where whanaungatanga can occur safely and effectively for clients and whānau.
- Case notes identify key linkages and potential supports.

**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, and whānau.

**Element 2.5 Hauora Māori:** Demonstrates understanding of Maori perspectives of health and wellbeing.

**Indicator examples: Essential**

- Develops an understanding of Māori models or perspective of hauora in service delivery.<sup>30</sup>
- Acknowledges that Māori may consider using traditional healing processes and practices that support health and wellbeing.
- Understands that tangata whaiora and their whānau may utilise whenua, moana and ngahere in the support of whanau ora.
- Acknowledges differing spiritual practices and understands that these unique perspectives contribute to the support of tangata whaiora and whanau ora.

**Indicator examples: Practitioner**

- Is able to incorporate Māori models or perspectives of hauora in service delivery when appropriate<sup>31</sup>.
- Case notes identify key linkages and potential supports.

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

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

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

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

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

### 3. Working with Pacific Peoples

A competent addiction professional demonstrates responsiveness in providing intervention and support to Pacific peoples<sup>35</sup>.

**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<sup>36</sup>

- 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<sup>37</sup>

- 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.

\*25

#### Indicator examples: Practitioner

35 NB: These competencies are from Le Va Pasifika. 2009. Real Skills Plus Seitapu. The reader can refer to *Real Skills Plus Seitapu* for full information on further indicators for these competencies. Also recommended to assist further understanding: Pulotu-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.

36 Indicator examples are taken from Le Va, Pasifika within Te Pou 2009 Real Skills Plus Seitapu, Te Pou o Te Whakaaro Nui u

37 Indicator examples are taken from Le Va, Pasifika within Te Pou 2009 Real Skills Plus Seitapu, Te Pou o Te Whakaaro Nui

38 \*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<sup>39</sup>**

- 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**

<sup>39</sup> Indicator examples are taken from Le Va, Pasifika within Te Pou 2009 Real Skills Plus Seitapu, Te Pou o Te Whakaaro Nui

## 4. Applying principles of Social Justice

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.
- Demonstrates an understanding of the principles of tino rangatiratanga (self determination) and mana motuhake (autonomy) for Māori and actively protects client rights<sup>40</sup>.
- Describes own social values.

### Indicator examples: Practitioner

- Manages own social values within professional practice.
- Ensures practice is consistent with principles of social justice.

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

### Indicator examples: Essential

- Supports clients to develop and/or strengthen positive connections with family, whānau, friends, and community.
- Demonstrates a comprehensive knowledge of community services and resources and actively supports clients to access them.
- 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 wellbeing.
- Maintains effective working relationships with key support agencies in the community, including hapu and iwi<sup>41</sup>.

**Element 4.3 Stigma and discrimination:** Uses strategies to challenge stigma and discrimination, and promotes social inclusion.

### Indicator examples: Essential

- Demonstrates understanding of the impact of stigma and discrimination on the wellbeing of clients, families and whānau, services and communities .
- Understands and acknowledges the impact of language in relation to stigma and discrimination and role models using language that is non-judgemental and non-discriminatory<sup>44</sup>.
- Recognises and challenges stigma and discrimination<sup>45</sup>.

\*43

### Indicator examples: Practitioner

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

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

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

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

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

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

## 5. Professional responsibility

A competent addiction professional upholds ethical, legal and professional practice standards relevant to their role in a way that supports clients, families and whānau. Addiction professionals practice as effective team members and members of organisations, reflect on their practice, participate in ongoing professional development and support continuous service improvement to support the recovery of clients.

**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.
- Recognises and respects the rights of clients and their families and whānau under the Code of Health and Disability Services Consumers' Rights.<sup>46</sup>
- Maintains own personal safety and ensures the safety of clients, family, whānau and others by adhering to organisational safety and security policies and procedures.
- Understands and adheres to legislation, regulations, standards, codes and policies relevant to role<sup>47</sup>.

Understands health policy, legislation and standards of practice that recognise the significance of te reo Māori, Māori concepts and models of practice that achieve whānau ora<sup>48</sup>.

Demonstrates basic understanding of national strategy and policy relevant to addiction practice.

### Indicator examples: Practitioner

- Promotes and 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).
- Demonstrates an understanding of the intent and implications of relevant legislation and policy in all aspects of practice.

**Element 5.2 Working within teams, organisations and systems:** Works effectively as a team member and 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 mental health and addiction and how this relates to their service.

### Indicator examples: Practitioner

- Facilitates collaborative working with other team members and professionals from other disciplines<sup>49</sup>.
- 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.

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

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

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

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

**Element 5.3 Reflective practice and professional development:** Reviews and reflects on professional practice and participates in ongoing professional development.

**Indicator examples: Essential**

- Understands and engages in supervision<sup>50</sup>.
- Seeks and participates in professional development opportunities.
- Acknowledges limits of own abilities and scope of practice.

\*51

**Indicator examples: Practitioner**

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

**Indicator examples: Essential**

- Maintains and stores records relevant to clients 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<sup>52</sup>.
- Participates in quality improvement activities to monitor and improve standards as required.

**Indicator examples: Practitioner**

- Develops and presents verbal and written reports in a range of practice-related contexts.
- Demonstrates understanding of outcome measures in addiction intervention.
- Periodically reviews appropriate research literature and demonstrates ability to interpret and critically review research findings and integrate findings into practice.

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

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

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

## 6. Working with families and whānau

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

**Element 6.1 Involving family and whānau:** Ensures family and whānau are included in assessment, planning and intervention processes, as appropriate to the client's needs and the intervention context.

### Indicator examples: Essential

- Recognises that a client's family/ whānau may extend beyond traditional family concepts<sup>53</sup>.
  - Works in partnership with the client to identify and include family, whānau, significant people and other networks to support recovery<sup>54</sup>.
  - Engages with family and whānau in a way that validates and responds to their strengths, preferences and needs, ensuring that they feel heard, informed and supported.
  - Works to understand family and whānau perspectives, including the dynamics, roles and responsibilities within families<sup>55</sup>.
  - Provides relevant and timely information to family, whānau and significant people while respecting the client's right to privacy.
- Demonstrates basic understanding of national strategy and policy relevant to addiction practice.

### Indicator examples: Practitioner

- Demonstrates understanding of the theory, principles and benefits of family and whānau inclusive practice.

**Element 6.2 Supporting family and whānau:** Ensures family and whānau receive appropriate support and intervention.

### Indicator examples: Essential

- Facilitates access for family and whānau to services and support within the community (including hapu and iwi) as appropriate.

### Indicator examples: Practitioner

- Demonstrates understanding of the theory, principles and benefits of family and whānau inclusive practice.  
Supports families and whānau to develop, implement, monitor and review family and whānau recovery plans.
- Addresses safety and risk issues within families and whānau including family violence, child safety etc

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

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

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

## 7. Facilitating groups

A competent addiction professional understands group processes and, as possible within the service context and professional scope of practice, effectively facilitates groups matched to the needs of participants.

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

### Indicator examples: Essential

- Applies basic understanding of group process and group dynamics
- 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.

### Indicator examples: Practitioner

- Integrates a comprehensive understanding of group process and group dynamics into addiction practice.
- Applies understanding of a range of principles and methods of group facilitation<sup>56</sup>.
- 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.

56 Canadian Centre on Substance Abuse. 2007.

## 8. Working with communities

A competent addiction professional works effectively, within the scope of their role, to support community wellbeing and reduce harm related to gambling, tobacco, alcohol and other drugs.

**Element 8.1: Public health and health promotion:** Understands, participates in and supports public health and health promotion activities relevant to role.

### Indicator examples: Essential

- Demonstrates basic understanding of public health approaches in relation to one or more of the following:
  - Problem gambling
  - Tobacco-related harm
  - Alcohol and other drug-related harm.
- Articulates the importance of problem prevention and early intervention as part of a continuum of responses to gambling, tobacco, alcohol, and other drug related problems.
- Applies health promotion principles relevant to role<sup>57</sup>.
- Demonstrates understanding of harm reduction approaches to identifiable gambling, tobacco, alcohol and other drug problems.
- Maintains up to date knowledge of policy and policy development relevant to role.

### Indicator examples: Practitioner

- Demonstrates understanding of the multiple determinants of health and their relevance to risk and harm associated with gambling, tobacco, alcohol, and other drugs.
- Demonstrates understanding of the historical, political, legal and social factors associated with gambling, tobacco, alcohol, and other drug problems.
- Demonstrates ability to participate effectively in policy processes, relevant to role, advocating for effective local, regional and national policies to support community wellbeing and reduce harm.
- Demonstrates understanding of the importance of partnerships and collaborations aimed at promoting community wellbeing and reducing gambling, tobacco, alcohol, and other drug related harm

**Element 8.2 Supporting communities:** Supports community initiatives to promote wellbeing and reduce harm from gambling, tobacco, alcohol and other drugs.

- Demonstrates understanding of the health, social and economic impacts of gambling, tobacco, alcohol, and other drug use on communities.
- Promotes community awareness of harms related to gambling, tobacco, alcohol and/or other drugs, as relevant to role.
- Maintains working relationships with relevant community groups and organisations.
- Collaborates with local networks effectively, to support community wellbeing and reduce harm from one or more of the following:
  - Problem gambling
  - Tobacco
  - Alcohol and other drugs.

<sup>57</sup> Ministry of Health. 2008. Let's get real: real skills for people working in mental health and addiction.

- Demonstrates understanding of the importance of community participation in decision making related to the regulation, provision and marketing of gambling, tobacco, alcohol and/or other drugs.
- Demonstrates understanding of community development, community action and social marketing approaches to support community wellbeing and reduce harm, as relevant to area of practice.
- Works to enhance the capacity, knowledge and resilience of communities, groups and families to define, prevent and address harm (related to gambling, alcohol, tobacco and other drugs) as relevant to role.

**Element 8.3 Public education:** Provides public education relevant to role and scope of practice.

**Indicator examples: Essential**

- Demonstrates understanding of the evidence base for educational approaches related to reducing harms associated with gambling, tobacco, alcohol and other drugs.
- Promotes awareness of the risks and harms related to gambling, tobacco, alcohol and or other drugs (as relevant to role and area of practice).

**Indicator examples: Practitioner**

- Provides evidence-based education relevant to role and area of practice.
- Demonstrates effective presentaiton skills.

## A. Problem Gambling Practitioner competency

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

### A. Assessment and intervention: PG

A competent Problem Gambling Practitioner collaborates with clients and others, applying theory and knowledge of problem gambling and co-existing problems to assess, plan, provide and evaluate intervention tailored to the strengths and needs of the client.

**Element A.1 Understanding problem gambling and co-existing problems:** Applies the knowledge base required to carry out holistic assessment and intervention.

Indicator examples:

- Demonstrates comprehensive knowledge of modes of gambling and their degrees of risk for problem gambling, including factors that influence risk attributable to each gambling mode.
- Demonstrates understanding of a range of theories and models relevant to problem gambling intervention, including cultural, age-related, strengths-based, family inclusive and public health approaches, and the evidence base underpinning them.
- Demonstrates understanding of theories and models of behaviour change.
- Articulates a comprehensive understanding of the principles of harm reduction.
- Demonstrates understanding of the importance of assisting clients to stabilise financial issues, including understanding of available financial management and budgeting resources.
- Demonstrates a working knowledge of laws, regulations and regulatory bodies of particular relevance to working with clients affected by gambling problems (eg Insolvency Act and No Asset Procedure, Gambling Act and regulations, Health Information Privacy Code).
- Demonstrates understanding of the exclusion (including self-exclusion) measures available to assist clients.
- Recognises health problems that commonly co-exist with problem gambling and demonstrates working knowledge of services available to respond to these problems.
- Demonstrates understanding of advocacy and communications strategies for promoting awareness of problem gambling and effecting positive policy.

**Element A.2 Problem Gambling assessment and intervention planning:** Collaborates with clients, family, whānau and others to assess gambling related problems from a holistic perspective, negotiate appropriate goals and plan relevant interventions aimed at supporting client wellbeing.

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. This may include application of diagnostic tools (such as DSM, ICD), and other systems (eg, kaupapa Maori and Pacific). Demonstrates understanding of appropriate use, strengths and limitations of each.
- Provides information and advice on intervention options that match the client's characteristics, hopes, goals, strengths, needs, preferences, resources and social context.
- Collaborates with the client and others as appropriate to develop an intervention plan, ensuring client understands the 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 or facilitates provision of tailored support, information and interventions to assist the client, including crisis intervention as required.
- Undertakes ongoing risk screening and assessment as needed.
- With the client, and others as appropriate, regularly reviews the intervention plan and modifies the intervention as needed.

**Element A.3 Problem Gambling intervention management:** Applies effective intervention strategies to support client wellbeing and address gambling related problems.

Indicator examples:

- Demonstrates knowledge of the aims, philosophies, practices, policies, expected outcomes and availability of a spectrum of problem gambling intervention models, programmes and approaches. This includes, but is not limited to, brief problem gambling intervention, self-help approaches, relapse prevention including urge management, pharmacological interventions (eg use of urge control, mood and anxiety stabilisation medications), 12-Step approaches, culturally specific approaches, cognitive, cognitive and behavioural, and behavioural therapies, motivational interviewing, family approaches, contingency management, social network models, therapeutic community approaches, peer support, approaches to assist clients with co-existing mental health problems, and approaches for clients with serious criminal offending issues.
- 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 problem gambling or common co-existing 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 problem gambling
  - financial or budgeting advice and support
  - other interventions (eg family violence services, emergency housing services etc).
- Applies appropriate psychosocial strategies to assist clients to achieve agreed goals or refers appropriately.
- Provides information about, advocates for and actively facilitates client access to, available community resources (eg, family violence services, services for children affected by problem gambling etc).
- Applies understanding of models of relapse prevention and management, supports the client to develop strategies and skills to prevent and manage relapse, including how to access ongoing support as required.
- Establishes and maintains professional relationships with relevant organisations and services (eg, gambling venues, financial management services, budgeting services etc) to support clients with strategies in their intervention plan as appropriate.

## B. Alcohol and other Drug Practitioner competency

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

### B. Assessment and intervention: AOD

A competent Alcohol and other Drug practitioner collaborates with clients and others applying theory and knowledge of alcohol and other drug addiction and co-existing problems to assess, plan, provide and evaluate intervention tailored to the strengths and needs of the client.

**Element B.1 Understanding alcohol and other drug addiction and co-existing problems:** Applies the knowledge base required to undertake alcohol and other drug assessment and intervention.

Indicator examples:

- Demonstrates comprehensive knowledge of properties and effects of commonly misused drugs (including alcohol) and their interactions.
- Recognises alcohol and other drug induced conditions such as intoxication, withdrawal, tolerance and dependence.
- Demonstrates understanding of a range of addiction theories and models, including cultural, age-related, strengths-based, family inclusive and public health approaches, and the evidence base underpinning them.
- Articulates a comprehensive understanding of the principles of harm reduction.
- Demonstrates understanding of theories and models of behaviour change.
- Recognises physical and mental health problems that commonly co-exist with alcohol and other drug addiction.
- Recognises factors associated with alcohol and other drug use and criminal offending, including for example, criminal thinking and criminal values.

**Element B.2 Alcohol and other Drug assessment and intervention planning:** Collaborates with clients, family, whānau and others to assess alcohol and other drug related problems, negotiate appropriate goals and plan relevant interventions aimed at supporting client wellbeing.

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. This may include application of diagnostic tools (such as DSM, ICD), and other systems (eg, kaupapa Maori and Pacific). Demonstrates understanding of appropriate use, strengths and limitations of each.
- Conducts assessment in a manner that minimises unnecessary duplication of information for the client.
- With the client, reviews and provides information and advice on intervention options that match the client's characteristics, hopes, goals, strengths, needs, preferences, resources and social context. Collaborates with the client to develop a recovery plan, ensuring client understands the 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 or facilitates provision of tailored support, information and interventions to assist the client, including ongoing risk screening and assessment as needed.
- Identifies need for specialist intervention (eg, specialist withdrawal management, opioid substitution therapy, cultural intervention, specialist mental health treatment, medical treatment, specialized treatment for at-risk serious offenders etc) and accounts for this in intervention planning, advocating for access to such intervention options where necessary.
- With the client, and others as appropriate, regularly reviews the intervention plan and modifies the intervention as needed.

**Element B.3 Alcohol and other Drug intervention management:** Applies intervention strategies to support client wellbeing and address alcohol and other drug related problems.

Indicator examples:

- Demonstrates knowledge of the aims, philosophies, practices, policies, expected outcomes and availability of a spectrum of alcohol and other drug intervention models, programmes and approaches. The spectrum includes but is not limited to brief alcohol and other drug intervention, self-help approaches, withdrawal management, pharmacological interventions (eg, opioid substitution), 12-Step approaches, culturally specific approaches, cognitive behavioural therapy, motivational interviewing, family approaches, contingency management, social network models, therapeutic community approaches, peer support, approaches to assist clients with co-existing mental health problems, approaches for clients with serious criminal offending issues.
- 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
  - family interventions
  - interventions for co-existing tobacco smoking and/or problem gambling
  - interventions for co-existing mental health problems
  - treatment for co-existing physical 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.
- Applies understanding of models of relapse prevention and management and supports the client and their supporters to develop strategies and skills to prevent and manage relapse.

## C. Smoking Cessation Worker competency

This competency is consistent with the requirements outlined in Ministry of Health (2007) Smoking Cessation Competencies for New Zealand.

Co-requisite competencies include Foundation: Essential

### C. Assessment and smoking cessation planning

A competent Smoking Cessation Worker collaborates with clients, family and whānau to deliver evidence-based smoking cessation intervention.

**Element C.1: Understanding tobacco dependence and effective smoking cessation:** Applies the knowledge required to assist people to stop smoking.

- Demonstrates knowledge of tobacco dependence as a chronic relapsing condition<sup>58</sup>.
- Demonstrates understanding of the major harmful health effects of tobacco on individuals, pregnant women and their babies, families, whānau and the wider community, and articulates the health benefits of stopping smoking<sup>59</sup>.
- Demonstrates knowledge of basic relevant anatomy and physiology, particularly the areas of the brain involved in reward and dependence, the lungs and cardiovascular system<sup>60</sup>.
- Identifies:
  - ❑ common symptoms of nicotine withdrawal
  - ❑ common cues that trigger urges to smoke
  - ❑ common causes of relapse
  - ❑ common tobacco smoking compensation behaviours.
- Demonstrates knowledge of the characteristics (types, costs, sources, doses, actions, effectiveness and side-effects) of evidence-based stop-smoking treatments available in New Zealand<sup>61</sup>.
- 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<sup>62</sup>.
- Identifies complementary therapies for stop-smoking treatment and understands their effectiveness.

**Element C.2 Smoking cessation assessment and support planning:** Collaborates with clients, and others as appropriate, to assess tobacco dependence, negotiate goals and develop a plan to assist clients to stop smoking.

- Collaborates with the client, and others as appropriate, to undertake assessment, including developing an understanding of client's goals, needs, strengths and resources, ensuring processes are matched to the client (eg, culture, gender and age) and the service context.
- Facilitates appropriate assistance for clients who indicate that they are at risk for causing harm to or from self or others, prioritising immediate needs.
- Provides information and advice on effective smoking cessation support options that match the client's goals, strengths, needs, characteristics and resources.
- Assists clients to develop a stop-smoking plan, identifying specific and measurable goals and corresponding strategies, accounting for client preferences and priorities.
- Refers appropriately for other interventions and services as needed.
- Assists client to identify personal relapse risk factors and develop strategies to reduce relapse risk, including how to access ongoing support as required.

58 Ministry of Health. 2007.

59 Ministry of Health. 2007.

60 Ministry of Health. 2007.

61 Ministry of Health. 2007.

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

**Element C.3 Providing cessation support:** Applies effective strategies to assist clients to stop smoking. The Smoking Cessation Worker operates within their scope of practice and the service context, involving others as required.

- Provides tailored smoking cessation support including stop-smoking medications (eg, nicotine replacement therapy/NRT patches, lozenges and gum), and behavioural support.
- Provides information and refers clients to a medical practitioner for prescription-only medications (eg, nortriptyline, bupropion and varenicline) as required<sup>63</sup>.
- Ensures clients with complex needs are supported to stop smoking (eg, cardiovascular disease, other co-existing medical conditions, pregnant women, coexisting mental health and/or other addictions), seeking expert advice and/or referring appropriately.
- Assists client to monitor progress and adjusts interventions as needed.
- Provides ongoing support as necessary to assist a client to remain smoke-free, including clients who have relapsed.
- Works collaboratively with other professionals and services (eg, GPs, Maori and Pacific services, mental health services, probation services, problem gambling services, Alcohol and other Drug services) as required to assist a client to stop smoking (eg, ensures client receives appropriate monitoring and support to adjust medication levels as level of smoking changes).

## D. Addiction Support Worker competency

Note: Co-requisite competencies include Foundation: Essential

### D. 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 wellbeing.

**Element D.1 Understanding and providing support work:** Understands and applies the philosophies, principles and processes of 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.
- Collaborates with the client, and others as appropriate, to identify support needs and develop a plan to address these needs, tailored 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 support according to the negotiated plan.
- Demonstrates ability to provide support in a range of contexts and environments relevant to the client and their family and whānau.
- Reviews support plan at agreed intervals with the client and others involved, adjusting plan as needed.
- Responds effectively to clients who may be at risk for causing harm to or from self or others and provides or arranges assistance, prioritising immediate needs.<sup>64</sup>
- Takes steps to prevent violence, abuse and neglect in the client's relationships.
- Develops and maintains an extensive knowledge of community resources and draws on this as appropriate in providing support work.

63 Ministry of Health. 2007.

64 Canadian Centre on Substance Abuse. 2007.

## Glossary of terms

Key terms as used in this framework are defined below.

<b>Addiction</b>	In the Framework the term addiction is used in a broad sense to include the range of problems associated with gambling, tobacco, alcohol and other drugs. This may include but is not necessarily limited to patterns of gambling, tobacco, alcohol and other drug use that meet criteria for abuse and dependence.  It is acknowledged that there are more behavioural addictions and that at present, competencies required to provide specialist interventions in these are considered to be outside of the scope of the Framework.
<b>Appropriate</b>	Matching the circumstances of a situation or meeting the needs of the individual or group <sup>65</sup> .
<b>Aroha</b>	Love, compassion, empathy <sup>66</sup> .
<b>Client</b>	An individual, family member, family, whānau, 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.
<b>Co-existing problems</b>	A broad term referring to the range of problems that a person is experiencing.  Where appropriate the nature of the co-existing problems is specified eg, mental health problems, physical health problems and co-existing addictions.  Other terms commonly used to refer to co-existing mental health problems include: dual diagnosis, co-existing disorders, co-morbidity, concurrent disorders.
<b>Culture</b>	The shared attitudes, beliefs, values, experiences and/or practices of groups in society*.
<b>Family</b>	Relatives, whānau, partners, friends or others nominated by the client*.
<b>Effective</b>	Having the intended outcome <sup>67</sup> .
<b>Hinengaro</b>	This is often viewed as the psychological or mental dimension. In traditional korero, hinengaro is the deep mind or consciousness*.
<b>Independent practice</b>	Independent practice denotes the ability to competently and under minimal supervision apply the entire continuum of non-medically based addiction treatment from comprehensive assessment, treatment planning, to treatment delivery, review and discharge.
<b>Intervention</b>	A generic term including addiction treatment, support and care.
<b>Karakia</b>	Prayer; incantation; blessing*.
<b>Kaumatua</b>	Elder; older person. Often older males are called kaumatua and older women are called kuia*.
<b>Kaupapa</b>	Philosophy; foundation; platform*.
<b>Kawa</b>	Protocol and etiquette*.
<b>Korero</b>	Speech; speaking; narrative*.
<b>Mana</b>	Often defined as status and standing, mana is the spiritual power that may be accorded a person or group through ancestral descent, possession of certain gifts or achievements. Personal mana can be enhanced through the collective opinion of the people*.
<b>Mana whenua</b>	The customary authority exercised by the tangata whenua in an identified area*.
<b>Manaaki</b>	This is the expression of love and hospitality towards others and the act of taking care of them*.

65 Nursing Council of New Zealand. 2007.

66 \* Indicates definition is taken from Ministry of Health. 2008. *Let's get real: real skills for people working in mental health and addiction.*

67 Nursing Council of New Zealand. 2007.

<b>Practitioner</b>	An addiction professional who is qualified and competent to provide intervention and/or treatment independently, albeit while part of a team and/or supervision structure, within the addiction sector. (Refer to “independent practice” in this Glossary).
<b>Recovery</b>	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 <sup>68</sup> .
<b>Reo</b>	Language; Māori language. Traditionally, language to Māori was the lifeblood of the culture – a gift from the gods*.
<b>Smoking Cessation Worker</b>	An addiction professional competent to provide smoking cessation intervention and support for people experiencing problems related to smoking tobacco. Other terms used interchangeably with smoking cessation worker include, but are not limited to, Quit Coach, Quit Advisor, Kaimahi, Kaitautoko and Kaiawhina.
<b>Support worker</b>	An addiction professional providing support for people experiencing addiction-related problems. Other terms used interchangeably with support worker include Kaitautoko, Kaimanaaki and Kaiawhina.
<b>Tapu</b>	Often defined as restricted or sacred, tapu is a state that provides the link between the mana of the gods and the spiritual powers of all things derived from the gods. All things have an inherent tapu. In modern times, tapu has been reframed in a protective sense to encompass secular things (eg, confidentiality, trespass). Restrictions and prohibitions protect tapu (wellbeing, dignity and sacredness) from violation*.
<b>Tikanga</b>	Code of conduct; method; plan; custom – the right way of doing things*.
<b>Tinana</b>	Physical dimension; the body*.
<b>Waiata</b>	Sing; chant; song*.
<b>Wairua</b>	Spiritual dimension. For many, the spiritual or inner force affects how people feel and how they respond*.
<b>Wananga</b>	Learning; discussion*.
<b>Wellbeing</b>	A concept that incorporates the positive aspects of a person’s life similar to the term quality of life. Wellbeing is a state or goal that is self-determined and dynamic. The concept of wellbeing shares many similarities with those of strengths and recovery. Recovery can be considered to capture the process of change as experienced by a person towards a self determined goal or state of wellbeing <sup>69</sup> .
<b>Whakamana</b>	Empower; enable.
<b>Whānau</b>	Often defined as family and birth, whānau has been proposed as a key component of Māori 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*.
<b>Whānau ora</b>	Māori families achieving their maximum health and wellbeing*.
<b>Whanaungatanga</b>	Wider relationships. Whanaungatanga is kinship in its broadest sense and concerns itself with the process of establishing and maintaining links and relationships*.

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

69 Todd, F.C. 2010. *Te Ariari o te Oranga: the Assessment and Management of People with Co-existing Mental Health and Substance Use Problems*. Ministry of Health, Wellington.

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## Addiction Competencies Review: Contributors

A Project Reference group provided overall advice to the project; reference group members were:

Name	Expertise relevant to the project
Cynthia Orme	Problem gambling intervention; Competency development and implementation
Terry Huriwai	Problem gambling intervention, 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 supervised contractual requirements; members were:

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, Gambling Helpline
Raine Berry	Director, Matua Raki

The project was managed by:

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





