

Competencies

for Canada's Substance Abuse Workforce

SECTION IX

TECHNICAL COMPETENCIES GUIDE
TO WORKING WITH FIRST NATIONS CLIENTS



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



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SECTION IX

TECHNICAL COMPETENCIES GUIDE TO WORKING WITH FIRST NATIONS CLIENTS

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ACKNOWLEDGEMENTS

The **Canadian Centre on Substance Abuse** (CCSA) changes lives by bringing people and knowledge together to reduce the harm of alcohol and other drugs on society. For more than 25 years, CCSA has provided guidance and advice on addictions and substance use to public, private and non-governmental organizations. CCSA provides national leadership and advances knowledge and solutions to address alcohol- and other drug-related harm. Together with our partners, we are working to improve the health and safety of Canadians. We will achieve this goal by nurturing a knowledge exchange environment where research guides policy and evidence-informed actions enhance effectiveness in the field. For more information, go to www.ccsa.ca.

The **National Native Addictions Partnership Foundation** (NNAPF) is committed to working with First Nations and Inuit to further the capacity of communities to address substance use and addiction. We promote a holistic approach to healing and wellness that values culture, respect, community and compassion. Our top priority is developing a continuum of care that would be available to all Aboriginal people in Canada. ***Honouring Our Strengths*** provided the national policy framework for this continuum, as it outlines community development programs; services for the prevention, early identification, intervention and treatment of addiction; and the important roles of mental health and well-being in all aspects of care. For more information, go to www.nnapf.com.

These documents can also be downloaded as a PDF at www.ccsa.ca

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

Competencies for Canada's Substance Abuse Workforce

TECHNICAL COMPETENCIES GUIDE TO WORKING WITH FIRST NATIONS CLIENTS



IX-1

PURPOSE

The Technical Competencies Guide to Working with First Nations Clients provides a First Nations context for the updated Technical Competencies in the Canadian Centre on Substance Abuse's (CCSA) *Competencies for Canada's Substance Abuse Workforce*,¹ and reflects cultural principles derived from Indigenous knowledge, including spiritual and cultural teachings from an Indigenous world view. This work is informed by *Honouring Our Strengths: A Renewed Framework to Address Substance Abuse Issues among First Nations People in Canada* (HOS), which engaged "a variety of interrelated knowledge gathering and engagement activities, such as regional needs assessments, research papers and regional focus groups."²

It is important to remember that the culturally relevant behaviour indicators in this Guide correlate with an Indigenous person's lifelong journey to balance body, mind and spirit with self-esteem, personal dignity and cultural identity. This Guide builds on and is to be used with the behaviour indicators in the updated Technical Competencies Report, while characterizing the unique knowledge and skill set essential when working with Indigenous populations in Canada.

In the updated Technical Competencies Report, the behaviour indicators are directed at service providers working with non-Aboriginal Canadians. Some First Nation peoples who struggle with substance abuse will seek treatment from mainstream services. However, for those to whom cultural practices and safety are paramount, treatment must be provided in a culturally sensitive setting. The behaviour indicators in this Guide extend the Technical Competencies to assist non-Aboriginal treatment providers in responding effectively to First Nations clients who request a culturally sensitive setting.

In this Guide, several terms are used that relate to culture; for example, cultural awareness, cultural competency, culturally safe, culturally based, culturally sensitive and culturally appropriate. NNAPF has created a number of helpful toolkits,³ including *A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People*. It includes explanations and self-reflective work that the reader can explore to gain a more comprehensive understanding of what each of these terms means and, in the process, better equip the reader to meet the needs of First Nations clients.

BACKGROUND

The National Native Alcohol and Drug Abuse Program (NNADAP) and the National Youth Solvent Addiction program (NYSAP) are the basic services accessed by most First Nations clients in Canada. These programs provide on-reserve, community-based prevention services and 55 residential treatment centres across Canada, ten of which are youth-specific NYSAPs. However, there are no community-based or residential NNADAP or NYSAP treatment centres in the territories, except in the Yukon where some First Nations have limited NNADAP funding as part of their self-government agreements. Primary healthcare services within First Nations communities in Canada are often limited.

Two key documents were used in creating this Guide. The HOS framework provides the context within which Canada's substance abuse workforce can provide services and supports to First Nations people:

First Nations people face major challenges such as high unemployment, poverty, poor access to education, poor housing, remote location from health

¹ *Competencies for Canada's Substance Abuse Workforce*. Ottawa: Canadian Centre on Substance Abuse, 2014.

² *Honouring Our Strengths: A Renewed Framework to Address Substance Abuse Issues among First Nations People in Canada*. Ottawa: Health Canada, Assembly of First Nations and the National Native Addictions Partnership Foundation, 2011.

³ To view available toolkits, guides and assessment tools, go to nnapf.com and the NNAPF Document Library.

services, the displacement of Indigenous language and culture, and social and economic marginalization; all of which continue to impact their health and well-being. In this context, substance use issues and associated mental health issues continue to be some of the more visible and dramatic symptoms of these underlying challenges.

In addition to NNADAP/NYSAP, First Nations also access substance use and mental health-related services from other sectors throughout the health care system both on- and off-reserve, as well as various other systems and sectors, including social services, child welfare, justice, housing, education, and employment.

These various systems of care are faced with increasingly complex needs: new drugs; more people reporting associated mental health issues; a rapidly growing First Nations youth population; and growing prescription drug abuse concerns in some regions and communities. These factors have dramatically changed the landscape upon which systems were designed. With diverse systems and increasingly complex needs, a challenge for communities, regions, and all levels of government is to coordinate a broad range of services and support to ensure First Nations have access to a comprehensive client-centred continuum of care.⁴

*Indicators to Assess Cultural Competencies along HOS Renewal System Elements*⁵ has been extensively incorporated in this Guide. The Indicators were first created to assist treatment centres and communities to assess levels of competency in their service providers and identify strengths and opportunities for improvement in six key elements:

- Community-based prevention and support
- Early identification and intervention
- Secondary risk reduction
- Active treatment
- Specialized treatment
- Care facilitation

A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy states that “In Canada, a population-informed response must include addressing the unique circumstances of Aboriginal people (First Nations, Inuit and Métis). The health and social well-being of Aboriginal people has been compromised by multi-generational loss of culture, traditions, language and homeland.” Because “health care falls under several different types of jurisdiction,” efforts to provide services have resulted in “systems of services and supports, with little emphasis on consistency and co-ordination within or between jurisdictions. The result has been fragmentation and inconsistency, rather than the integrated systems of services and supports proposed in this Strategy.”⁶ The *Systems Approach* identifies strategic areas of action including a tiered model of services and supports for a national treatment strategy that encompasses multiple potential pathways for an individual. This approach is inherently client-centred.

THE CONCEPT OF WELLNESS

Mental health and substance use issues continue to be a priority concern for many First Nations communities. While there are many specific mental health issues that can affect communities, **mental wellness** is a broader term that can be defined as a state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, and is able to make a contribution to her or his own community.

Mental wellness is a balance of the mental, physical, spiritual, and emotional. This balance is enriched as individuals have: **PURPOSE** in their daily lives whether it is through education, employment, care giving activities, or cultural ways of being and doing; **HOPE** for their future and those of their families that is grounded in a sense of identity, unique indigenous values, and having a belief in spirit; a sense of **BELONGING** and connectedness within their families, to community, and to culture; and, finally, a sense of **MEANING** and an understanding of how their lives and those of their families and communities are part of creation and a rich history.⁷

⁴ *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada*. Ottawa: Health Canada, Assembly of First Nations and the National Native Addictions Partnership Foundation, 2011, p. 1.

⁵ *Indicators to Assess Cultural Competencies along HOS Renewal System Elements*. Ottawa: National Native Addictions Partnership Foundation, 2011.

⁶ *A Systems Approach to Substance Use in Canada: Recommendations for a National Treatment Strategy*. Ottawa: Canadian Centre on Substance Abuse, 2008, p. 6.

⁷ *First Nations Mental Wellness Continuum Framework*. Ottawa: Health Canada and National Native Addictions Partnership Foundation, 2014, p. [ii].

BEHAVIOUR INDICATORS BY COMPETENCY

The definitions used in this section are from the updated Technical Competencies Report. In some cases, the definition is expanded to address First Nations cultural considerations.

UNDERSTANDING SUBSTANCE USE: Background or contextual knowledge of substance use, as defined in the Technical Competencies Report, required to properly inform more specific aspects of a professional's work with clients and their families.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Respects the strong family and community ties that require privacy and confidentiality in tightly connected social and community structures Explains the importance of family, extended family systems and First Nations communities both as resources and potential clients or client systems 	<ul style="list-style-type: none"> Pays particular attention to the broader national frameworks such as <i>Honouring our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada</i> and National Treatment Strategy Frameworks, developed by and in collaboration with First Nations Readily identifies the linkages associated with resilience and other protective and predisposing factors 	<ul style="list-style-type: none"> Applies cultural practices specific to First Nations youth and adults, with particular attention to incarcerated women and men Promotes research that examines the impact of culture in the success rates of treatment interventions Collects and uses information on cultural indicators specific to First Nations social determinants of health to improve practices 	<ul style="list-style-type: none"> Seeks opportunities to improve continuity in service that includes cultural supports and services Encourages innovative alternatives to residential-based treatment services, including community-based approaches to better serve clients who are not ready to abstain

EXAMPLES

BEHAVIOUR INDICATORS BY COMPETENCY
UNDERSTANDING CONCURRENT DISORDERS

IX-4

UNDERSTANDING CONCURRENT DISORDERS: Knowledge and skills required to properly inform more specific aspects of a professional's work with clients with co-occurring substance use and mental illness or substance use and mental health issues.

1 = Introductory

- Promotes community awareness and provides education concerning mental health issues (e.g., reducing stigma for clients accessing culturally safe services)
- Encourages survivors of residential schools and their families to seek treatment for the related trauma and mental health issues that arose as a result of residential schooling

2 = Developing

- Works closely with service providers to ensure assessments of concurrent disorders are culturally inclusive and relevant
- Assesses First Nations clients with consideration for the role of family during all phases of treatment, from assessment to aftercare

3 = Intermediate

- Develops accessible services and supports for women, youth and people with mental health issues, respecting their unique needs and safety concerns

4 = Advanced

- Promotes a bio/psycho/socio/spiritual approach to addressing mental health issues
- Considers, in any assessment, the multi-generational impact of alcohol and substance use, recognizing fetal alcohol spectrum disorder (FASD) and fetal alcohol syndrome (FAS) as predisposing factors

EXAMPLES

CASE MANAGEMENT: Facilitating a substance use client's movements within and between service providers. It includes maintaining accurate documentation, sharing of client information appropriately and collaborating with other service providers.

For First Nations clients, Case Management must include:

- *Collaboration with Elders or cultural practitioners for services and case consultation;*
- *Considerations for the transition between on-reserve and off-reserve residency;*
- *Collaboration across funding jurisdictions and systems; and*
- *Challenges faced when trying to access care.*

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> • Supports clients from pre-treatment to aftercare with community-centred, case management approaches involving multi-disciplinary teams • Promotes cultural awareness and safety when collaborating with service providers • Promotes culturally competent screening and assessment 	<ul style="list-style-type: none"> • Coordinates community efforts to ensure that referrals to specialized services respect the cultural practices of the clients • Shares client information among service providers with sensitivity to privacy issues (e.g., especially in smaller, remote First Nations communities) • Provides case management and information sharing services that are grounded in culturally safe practices • Includes community and family members when facilitating care and ensures service providers have access to shared information • Endorses and supports formal case management that focuses on a comprehensive approach to health 	<ul style="list-style-type: none"> • Ensures case management has access to both community-based and tele-health-based models • Uses a range of culturally based case management approaches that target unique community needs and challenges • Coordinates case management within community-based services using tailored screening and assessment approaches and tools • Exchanges information to facilitate services coordination for First Nation and Inuit clients with complex needs 	<ul style="list-style-type: none"> • Endorses a system-wide team-based approach of community-centred case management, interfaced with mainstream service providers • Reinforces the need for communities and regions to coordinate across sectors, while acknowledging differing cultural needs of clients, with advanced nation-wide referrals • Endorses cross-cultural training for case managers from linked services involved with NNADAP/ NYSAP • Exchanges information among health sectors to familiarize service providers with the range of cultural services available • Supports case management by reducing funding silos and overlaps in program mandates

EXAMPLES

CLIENT REFERRAL: Collaborating with substance use clients, services and supports to identify and access the best available resources to meet clients' needs.

1 = Introductory

- Explains trauma and intergenerational trauma in an Indigenous context
- Supports access to cultural services for all clients
- Implements treatment centre policies in line with practice-based evidence

2 = Developing

- Uses culturally relevant screening and assessment tools (addressing strengths and needs related to mental wellness, emotional wellness, physical wellness, spiritual wellness and connectedness to cultural identity) to facilitate referral
- Coordinates service delivery using shared plans for care facilitation that includes basic cultural practices
- Exchanges information among health sectors to familiarize service providers with the range of cultural services available
- Promotes the full range of culturally based services and supports available nation-wide through NNADAP
- Promotes access to culturally safe withdrawal management services, noting that there are no First Nations specific detoxification services within the NNADAP or NYSAP system

3 = Intermediate

- Provides a broad range of culturally based services and supports, for example:
 - Cultural practitioners and traditional healers
 - Land-based camps
 - Indigenous knowledge specific to the region
- Coordinates community efforts to ensure that referrals are made to only specialized services that respect the clients' cultural practices.
- Reduces barriers to treatment for women, especially those with children
- Links clients to Non-Insured Health Benefits (Health Canada) when appropriate to support client transportation to treatment
- Responds to complex client needs using culturally based supports and appropriate referral networks

4 = Advanced

- Champions system-wide, cultural competency among specialized service providers:
 - Respects First Nations' world views
 - Advocates relevance of cultural practices and traditions in treatment
 - Incorporates care for trauma and intergenerational trauma in treatment plans
- Facilitates service requirements from different levels of government, supplemented with cultural supports tailored to the needs of clients
- Supports multi-disciplinary teams to offer cultural services and supports
- Promotes partnerships with specialized provincial services, Health Canada and First Nations specific organizations and communities, where cultural relevance is prioritized
- Coordinates culturally supported treatment with other communities or NNADAP/ NYSAP treatment centres

EXAMPLES

COMMUNITY DEVELOPMENT: Working together to identify community needs and resources, and to plan and guide collective action.

First Nations communities can be defined by geography (e.g., a First Nations reserve) or become established within an urban environment. An urban First Nations community might be defined around a First Nations specific organization or service such as a Native Friendship Centre, an Aboriginal Health Access Centre, a Native Child Welfare Agency, a Native-specific employment service or public housing service. Within all these communities, community development has a relevant and significant role.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Engages service providers and leadership in community cultural activities Seeks to identify and understand community strengths Promotes culturally based options as part of a comprehensive approach 	<ul style="list-style-type: none"> Supports self-care for service providers by providing access to culturally based practices (e.g., allowing time off for cultural ceremonies) Implements a variety of community development activities that target mental health and substance use issues and engage individuals, families and the whole community Mobilizes and supports volunteers to promote culturally based activities Promotes a community-wide wellness approach by coordinating supports and programs, including partnerships with police, justice, child welfare, housing, education, social assistance, service providers and community governance 	<ul style="list-style-type: none"> Encourages broad community participation in culturally based health promotion and wellness activities Supports training and certification that provides both professional and spiritual development Promotes ongoing community discussion to inform community members about the role of culture so that communities can more clearly define the role of culture in both service design and delivery and in broader community development efforts Encourages resolutions that support community development services and supports Engages service providers in community-driven, culturally based activities 	<ul style="list-style-type: none"> Champions a system-wide approach to community development (e.g., through dedicated portfolio holders and cultural committees) that promotes culturally based practices across programs Collects and shares information related to lessons learned from local community development initiatives to enhance regional knowledge exchanges and to inform national policy makers on successful culturally based practices Monitors, measures and considers opportunities for community development planning specific to Indigenous social determinants of health⁸

EXAMPLES

⁸ Refers to the additional constraints impacting the health of Indigenous populations in Canada, such as colonialization, the Indian residential school legacy and associated historical post traumatic syndromes.

BEHAVIOUR INDICATORS BY COMPETENCY
COUNSELLING

IX-8

COUNSELLING: Applying a comprehensive range of evidence-informed counselling styles, techniques and methodologies aimed at improving the overall well-being of substance use and concurrent disorders clients.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> In motivational interviewing, incorporates questions specific to cultural identity to assist clients to draw on a foundation of culturally based strength Tailors brief interventions to be culturally sensitive and responsive to clients' needs and situation Becomes better informed on culturally relevant interventions and practices Demonstrates an understanding that not all First Nations and Inuit clients have access to or a connection with their cultural identity and might not initially be aware of or interested in culturally specific supports 	<ul style="list-style-type: none"> Clarifies client's understanding of key points, next steps, etc., recognizing that communication styles and mannerism are different among First Nations. For example, "going along to get along" might be perceived as consent when, in reality, the client might feel intimidated, pressured or unsure; they will consent even though they do not agree or understand enough to consent 	<ul style="list-style-type: none"> Incorporates cultural practices appropriately to facilitate counselling (e.g., smudging, prayer, sweat lodge ceremony) Incorporates linkages to Elder to connect individuals with their cultural identity, including their spirit name, clan family, language, connection with First Nation community Provides or links with culturally supportive follow-up and aftercare services that best fit the client's needs, regardless of being on or off reserve 	<ul style="list-style-type: none"> Recruits culturally competent staff Ensures relapse prevention training is sensitive to the residential school legacy Links clients involved with the justice system to cultural supports and counselling when available Coordinates community efforts in promoting referrals to specialized services that respect clients' cultural practices

EXAMPLES

CRISIS INTERVENTION: Recognizing and responding effectively when a substance use client or concurrent disorders client or associated group or community is in an unstable, risky, dangerous or potentially dangerous situation.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Describes the challenges First Nations peoples face, including Canada's history of colonization and systemic racism, in planning client (individual, family or community) engagement strategies for addressing the crisis 	<ul style="list-style-type: none"> Affirms strengths and promotes capacity building at the individual, family and community levels 	<ul style="list-style-type: none"> Accepts referrals based on availability of beds, regardless of whether the client is on- or off-reserve Provides access to training in relapse prevention that is sensitive to the residential school legacy (e.g., historical or intergenerational trauma) 	<ul style="list-style-type: none"> Recruits culturally competent staff Involves a range of partners (e.g., primary health care, police and parole services, child and family services, income support services, justice system, housing, and education) to focus on relevant social determinants of health

EXAMPLES

BEHAVIOUR INDICATORS BY COMPETENCY
FAMILY AND SOCIAL SUPPORT

FAMILY AND SOCIAL SUPPORT: Working with the individuals and groups most affected by the client's substance use and who are most able to either support or undermine the client's treatment goals.
For First Nations, these individuals or groups may constitute family in the traditional sense or in a broader sense that includes social networks, Elders, community systems and any configuration of significant others in the client's past, present or future.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Encourages clients to develop and use support groups involving both family and community to stay focused on their healing journey Provides care through informal means, including community and family members Promotes the role of culture as a part of a continuum of services that reflects cultural awareness, competency and safety 	<ul style="list-style-type: none"> Increases community capacity and awareness through cross-cultural training of service providers Delivers public health programs through a wide range of community workers, many of whom can communicate in the local dialect or First Nation language 	<ul style="list-style-type: none"> Develops and incorporates services from a social determinants of health perspective Supports community-based programs in both intervention and relapse prevention (e.g., land-based camps) 	<ul style="list-style-type: none"> Promotes alternative interventions (e.g., interventions that could be impacted by staffing, training, role clarity, program-specific policies or financial resources within a community) to reduce the harms linked to secondary risks Provides family-centred services (e.g., family-based treatment centres, family involvement in treatment and supports in the community that educate families about addiction, the healing process and their own wellness)

EXAMPLES

GROUP FACILITATION: Using evidence-informed approaches to work effectively with substance use and concurrent disorders clients in group settings.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Explains the process of a healing or sharing circle as a methodology for group facilitation 	<ul style="list-style-type: none"> Values First Nations' healing practices and cultural activities, while maintaining formal links to health or addiction services 	<ul style="list-style-type: none"> Uses crafts or working with one's hands (e.g., beadwork, sewing, drawing and similar activities) as a process supporting participant engagement 	<ul style="list-style-type: none"> Promotes peer leadership within sharing circles as a way to enhance skills necessary for ongoing health maintenance Incorporates storytelling to teach indigenous culture while connecting to cultural identity and teaching relevant wellness skills and knowledge

EXAMPLES

BEHAVIOUR INDICATORS BY COMPETENCY
MEDICATIONS AND MEDICINES

IX-12

MEDICATIONS AND MEDICINES: The knowledge and skills required to understand and/or use medication in the treatment of clients with substance use or concurrent disorders, and to understand and respond to the impact that medications may have on the client.
For First Nations, this includes traditional medicines in the treatment of substance misuse disorders and in the treatment or management of co-occurring mental health disorders.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Explains the difference between medications and traditional medicines in treating substance use 	<ul style="list-style-type: none"> Promotes increased knowledge between services providers, both on- and off-reserve, on the use of both traditional medicines and prescribed medications Constantly improves understanding of the use of traditional medicines and practices (e.g., smudging) 	<ul style="list-style-type: none"> Partners with medically based hospital or rapid detoxification services to increase culturally safe withdrawal management (e.g., establishing inter-agency memorandums of understanding or protocols) 	<ul style="list-style-type: none"> Consults with cultural practitioners or Elders on the use of traditional indigenous medicines to promote wellness and to treat substance abuse disorders. Examples of these medicines include Indigenous and local medicines and practices for smudging, cleansing and centring; teas to support detoxification and withdrawal management; medicines to address anxiety and depression; and medicines used within cultural practices such as sweat lodges

EXAMPLES

OUTREACH: Designing and delivering substance use and concurrent disorders services in the community to a broad range of clients, including those who might otherwise not seek or have access to those services.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Explains the importance of multi-disciplinary and multi-sector team outreach that is responsive to the historical context for the transient nature of First Nations and to the random access to health services that many face 	<ul style="list-style-type: none"> Incorporates social determinants of health that can influence risk levels within the community Grounds secondary risk reduction initiatives in culturally appropriate practices and events (e.g., holding workshops, inviting Elders to speak) Develops an inventory of community-based services and culturally appropriate supports for community members who are either not ready or not a good fit for treatment within mainstream institution, but could be ideal for treatment in a community-based, Indigenous treatment setting 	<ul style="list-style-type: none"> Develops and delivers outreach services to all community members who are at risk, making a special effort to contact next of kin where permission is granted, because family and community support is an integral factor in client aftercare Promotes partnerships within community-based programs, including agencies with secondary risk reduction mandates (e.g., Central Alberta AIDS Network Society, regional HIV/AIDS partners, NNADAP and NYSAP, Aboriginal Friendship Centres, Aboriginal Health Centres) and reintegration services Creates and builds secondary risk reduction programs that are suitable to remote or isolated communities and that can be delivered by a variety of service providers Supports the establishment of services to clients in places where services do not exist Implements a range of secondary risk reduction activities 	<ul style="list-style-type: none"> Endorses community events and ceremonies as important examples of secondary risk reduction Encourages advance community-wide notification to maximize community engagement in events and ceremonies Engages community explorations of a wide range of cultural interventions that can fortify secondary risk reduction success Empowers teachers, Elders and parents to engage in conducting secondary risk reduction activities that demonstrate the support of the community, leadership and family in the health of the community Provides skills training to family and community members to support people at risk of secondary harms Coordinates community- or region-wide risk reduction activities with demonstrable support from leadership (First Nations Chief and Council) and from health and social programs within First Nations communities

EXAMPLES

BEHAVIOUR INDICATORS BY COMPETENCY
PREVENTION AND HEALTH PROMOTION

PREVENTION AND HEALTH PROMOTION: Engaging with substance use and concurrent disorders clients, their families and their communities to encourage the adoption of knowledge, behaviours, values and attitudes that promote personal and community well-being.

Note that throughout this competency, the term “prevention” should be interpreted to mean “prevention of substance use and concurrent disorders.”

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Promotes the use of First Nations languages in all print materials and elsewhere as appropriate Promotes awareness and guides individuals to funding and access for education and skills training on culturally based prevention services 	<ul style="list-style-type: none"> Uses both service and community environments to promote First Nations culture to reduce stigma and discrimination, and promote inclusion Uses the community media channels and other means to promote culturally relevant, community-based health activities Encourages youth engagement through holistic outlets 	<ul style="list-style-type: none"> Develops and coordinates a plan to support culturally relevant, community-based health promotion activities, grounded in local First Nations ceremonies and practices Plans and supports school interventions, public speakers and community participatory events (e.g., National Aboriginal Awareness Week), with active engagement of Elders and youth Grounds early identification services and initiatives in culturally appropriate practices and events (e.g., holding workshops, inviting Elders to speak, welcoming ceremonies for each new program intake) 	<ul style="list-style-type: none"> Hires culturally competent staff who champion cultural practices as integral to health programs Promotes community discussions, through a variety of means, to increase awareness of the costs and consequences of substance use Supports community-based programs in both intervention and relapse prevention (e.g., land-based camps, aftercare support groups) Promotes the role of traditional teachings (e.g., pride in self, family and ancestry) and practices in health promotion

EXAMPLES

PROGRAM DEVELOPMENT, IMPLEMENTATION AND EVALUATION: Developing and implementing new substance use programs, modifying existing programs to respond to identified needs and evaluating the outcomes of new or revised programs.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Collects and uses information on cultural indicators Collects and builds an evidence base demonstrating how traditional ways enhance the efficiency and effectiveness of the healing process 	<ul style="list-style-type: none"> Ensures its services and programs offer cultural supports and guidance (e.g., through cultural coordinators, traditional healers and Elders) Initiates discussion with mainstream and community stakeholders concerning culturally based strategies for reducing secondary harms Implements innovative ways to support discharge planning and aftercare of clients in remote and isolated communities Implements culturally based protocols adapted to each community's needs and respecting the community's medicines, ceremonies and supports 	<ul style="list-style-type: none"> Develops community-based risk reduction plans that build on Indigenous evidence and include: <ul style="list-style-type: none"> An assessment of cultural supports in place An assessment of the community strengths and protective factors Partnerships with health units, nursing services and provincial services to target at-risk groups Develops and endorses cultural protocols to guide relationships with service providers Develops programs and strategies to respond to complex community needs 	<ul style="list-style-type: none"> Collaborates with federal and provincial correction systems to ensure access to culturally safe services for all clients throughout the continuum of care Enables community development plans that involve changes or increasing programs to build a continuum of care that includes cultural supports Implements funding payment models that include cultural elements of care within specialized plans Implements policies, services and supports that foster culturally safe care for clients with highly complex needs Establishes a culturally competent system-wide approach within treatment programs through policy development, program design and service delivery Funds skills training that supports cultural safety Commits training funds, specifically targeting all NNADAP and NYSAP programs, to increase competence in working with concurrent disorders

EXAMPLES

BEHAVIOUR INDICATORS BY COMPETENCY
RECORD KEEPING AND DOCUMENTATION

IX-16

RECORD KEEPING AND DOCUMENTATION: Creating and maintaining accurate, up-to-date, comprehensive client records able to withstand legal scrutiny.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Ensures data entry is consistent with National Addictions Management Information System (NAMIS) requirements 	<ul style="list-style-type: none"> Keeps up to date on changes in record keeping practices and legislation 	<ul style="list-style-type: none"> Provides training to workers on data-entry measures and scoring 	<ul style="list-style-type: none"> Ensures that staff receives training on record keeping and data management

EXAMPLES

SCREENING AND ASSESSMENT: Selecting, administering and interpreting the results of evidence-informed tools and methods to measure a client's substance use and related concerns, and inform the care and treatment plan.

Screening is a brief process used to identify the risks associated with client's substance use and related concerns. Assessment is a more in-depth process used to engage the client, gather information, establish the presence or absence of a problem, identify strengths and problem areas, monitor client readiness to change, and inform the therapeutic approach.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Explains the importance of cultural awareness and safety in early identification and intervention services Uses culturally safe screening, assessment and referral tools adapted to the needs of the community 	<ul style="list-style-type: none"> Increases capacity within the community to best respond in a culturally competent manner when assessing clients Promotes a shift toward screening and assessment tools that focus on client strengths and cultural identity with a strong focus on youth engagement and resilience 	<ul style="list-style-type: none"> Implements culturally safe assessment tools and placement criteria to address gaps in the client's cultural-supports requirements 	<ul style="list-style-type: none"> Ensures that culturally safe and culturally appropriate assessment tools and placement criteria are used Trains all workers, both mainstream and within NNADAP and NYSAP, on culturally appropriate screening, assessment and brief intervention tools Coordinates cross-cultural training of service providers on screening questions endorsed for First Nations clients

EXAMPLES

BEHAVIOUR INDICATORS BY COMPETENCY
TRAUMA-SPECIFIC CARE

TRAUMA-SPECIFIC CARE: Interacting with substance use clients to identify and consider the impact that overwhelmingly negative events have on functioning and the ability to cope, and then developing and delivering interventions that emphasize safety, choice and control and enable the client to develop resiliency and coping skills.

For First Nations and Inuit in Canada, trauma must be understood within the context of their collective history of colonization, oppression and assault on cultural ways of living. Given that the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, definition of trauma is limited in assessing group trauma and intergenerational trauma, it does not take into consideration “cultural differences in the experience, meaning, and consequences of trauma.” (Aboriginal Healing Foundation, 2011)

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> Explains the centrality of Aboriginal culture in the healing process and the diversity of First Nations expressions of culture Describes specific mechanisms through which thoughts about historical losses affect behaviours and how these thoughts interact with more proximate causes of stress such as economic disadvantage, discrimination and social problems experienced by First Nations 	<ul style="list-style-type: none"> Increases their familiarity with First Nations experience, meaning and consequences of trauma from the perspective of group and intergenerational trauma Focuses on adopting a strengths-based, perspective to assist First Nations individuals and communities recover from trauma Integrates counselling techniques that assess post-traumatic stress disorder issues that may be prevalent in the family and need to be addressed prior to healing occurring 	<ul style="list-style-type: none"> Supports the application of narratives to: <ul style="list-style-type: none"> Resolve or integrate a fragmented or misunderstood past, and Help First Nations individuals and communities negotiate and establish the meaning of contemporary or historical experiences Integrates post-traumatic stress and cultural trauma and loss issues during assessment and diagnosis Ensures that clients receive culturally appropriate and effective trauma recovery or treatment programming 	<ul style="list-style-type: none"> Trains service providers to respond to more complex client needs Provides training to service providers in relapse prevention that is sensitive to the residential school legacy Encourages avenues for producing change in systems that will allow Aboriginal people to regain their collective strength

EXAMPLES

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

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> • Demonstrates that First Nations healing practices and cultural activities are valued, while maintaining formal links to mainstream health and addiction services in a seamless manner • Considers the role of the family and detachment from children as factors in treatment planning success 	<ul style="list-style-type: none"> • Provides culturally safe inpatient/outpatient services (e.g., being able to smudge, communicating in language of choice) • Promotes residential treatment centres as a national First Nations resource providing a unique treatment environment that supports recovery and reduces recidivism 	<ul style="list-style-type: none"> • Assists clients to set goals ensuring that the techniques incorporate Indigenous values, knowledge and teachings • Encourages communication between community-based and treatment centre workers to promote culturally based treatment options • Promotes access to culturally safe detoxification services 	<ul style="list-style-type: none"> • Delivers NNADAP and NYSAP programs through a national network of treatment centres with due consideration to the travel and mobility needs of clients • Provides training to service providers on culturally appropriate services, supports and treatment planning • Liaises with drug diversion courts on post-treatment planning to ensure follow-up with targeted community supports (e.g., community justice circles) • Promotes culturally safe detoxification services to federal and provincial governments

EXAMPLES