

# Competencies

for the Youth Substance Use Prevention Workforce

## PREVENTION WORKFORCE COMPETENCIES REPORT



Canadian Centre  
on Substance Abuse

Centre canadien de lutte  
contre les toxicomanies

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## TABLE OF CONTENTS

### PREVENTION WORKFORCE COMPETENCIES REPORT

PURPOSE METHODS .....	1
PRINCIPLES COMPETENCY DESCRIPTIONS .....	3
PROFICIENCY LEVELS FOUNDATION COMPETENCIES .....	4
LINK BETWEEN HEALTH PROMOTION, SUBSTANCE USE PREVENTION AND HARM REDUCTION .....	5
GLOSSARY OF KEY TERMS .....	7
COMPETENCIES WITH DESCRIPTIONS AND SAMPLE BEHAVIOUR INDICATORS .....	8
APPENDIX: THE STORIES .....	25



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The Canadian Centre on Substance Abuse (CCSA) gratefully acknowledges the significant contributions and support received from people working in the prevention field who participated in focus groups across Canada. They helped particularly to validate and revise the draft competencies.

CCSA especially thanks all its partners and the youth-based organizations who so graciously allowed and encouraged staff to participate in the focus groups.

The research means nothing if the end result is not meaningful to the people for whom it is intended and CCSA could not produce a meaningful report without the input from the focus groups.

CCSA also thanks the directors and frontline staff who participated in the preliminary consultations in January to March 2014. The guidance from these meetings was invaluable in drafting the competencies.

The extra support that CCSA received from prevention and health promotion staff in Nova Scotia Health's Addiction and Mental Health Services, during both the drafting process and finalizing process, has resulted in a more substantive report than otherwise would have been produced. Thank you!

# Competencies for the Youth Substance Use Prevention Workforce

## YOUTH SUBSTANCE USE COMPETENCIES REPORT



1

### PURPOSE

Research indicates that working with youth to prevent substance use requires specialized focus on issues, needs, considerations and approaches. What works with adults does not necessarily work with youth. Further, important prevention work actually happens upstream, at the community level, by establishing and supporting initiatives and activities that help to create flourishing communities and environments where youth can thrive and be engaged.<sup>1</sup>

Those working with youth in substance use prevention face challenges such as knowledge gaps, inconsistencies in recommended evidence and practice, a lack of understanding and support surrounding successful youth engagement, and a lack of common terminology and language.

As a result, the Canadian Centre on Substance Abuse (CCSA) set out to determine the competencies needed to work effectively with youth, from community health to minimizing harm, to prevent substance use. The overall goal is to raise the quality and increase the consistency of prevention efforts across Canada.

The validated key competencies for the workforce focused on youth substance use prevention are:

1. Child and Youth Development
2. Health Promotion and Prevention Knowledge
3. Substances and Substance Use
4. Advocacy
5. Building and Sustaining Relationships
6. Community Engagement and Partnership Building
7. Comprehensive Planning, Implementation and Evaluation

8. Early and Brief Intervention, Harm Minimization and Referral
9. Media Savvy
10. Personal and Professional Development
11. Teamwork and Leadership

The Competencies can be used to create and improve HR practices such as:

- Job descriptions and job profiles
- Questions to use when interviewing candidates for positions
- Performance management tools to use when conducting employee annual appraisals

### METHODS

To prepare for creating the competencies described in this report, CCSA performed a literature review in 2013 to identify and compare relevant competency frameworks. Of 26 frameworks reviewed, six were deemed relevant because of their focus on youth health promotion and substance use prevention. From these frameworks, CCSA identified 21 competencies that we then grouped and reduced to 14 proposed competencies.

Subsequently, CCSA hosted three preliminary meetings with organizations across Canada focused on prevention and health promotion to guide development of the draft competencies. The first was a director-level consultation in January 2014 and the other two were focus groups of frontline prevention staff in March 2014.

<sup>1</sup> In the prevention arena, the work is described in terms of initiatives and activities, not programs and services, which describe work in treatment.

Directors from provincial ministries of health and senior staff from national not-for-profit organizations that focus on youth were asked to participate in the January consultation. The purpose of the director-level consultation was to obtain input on:

- Relevant principles for effective youth substance use prevention
- An appropriate framework for these competencies
- Applicability of the existing Behavioural Competencies Report<sup>2</sup>
- Working from the proposed 14, a preliminary identification of pertinent competencies

The directors emphasized that the prevention paradigm is very different from a clinical or treatment perspective. For the new set of competencies to be seen as credible, the language throughout must reflect the paradigm and the language of prevention. Nuance matters.

CCSA asked each person at the director-level consultation to identify an appropriate frontline staff person to participate in a focus group in March. Two one-day focus groups were held, one for eastern Canada and one for western Canada. Starting with feedback from the director-level consultation, the purpose of frontline focus groups was to obtain input on:

- Relevant principles for effective youth substance use prevention
- Identification, including extensive discussion, of pertinent competencies

The two focus groups reduced the number of competencies to 12. In addition to supplying the input sought by CCSA, the focus group participants provided stories that illustrate their work in the prevention field; some recounted stories about particular youth and others amalgamated stories about several youth. The stories, found in Appendix A, highlight a number of key characteristics about the prevention paradigm, primarily that “it’s not about the drugs, it’s about the relationships” with the youth. The other key characteristics were:

- Recognizing and dealing with the cultural dimensions of prevention initiatives is essential
- It is critical to involve youth in initiative and policy planning
- Credibility is linked to language
- Prevention is a process that takes time and patience

The feedback from the preliminary meetings provided guidance for the research company specializing in competencies with which CCSA contracted to develop draft competencies. They were ready in the fall of 2014, at which point CCSA began hosting a series of 10 focus groups across Canada to validate and revise the draft competencies. Participants included both staff from provincial ministries of health and related organizations, such as the Addiction Foundation of Manitoba and the Centre for Addiction and Mental Health, and staff from youth-focused organizations.

Drawing on their knowledge and experience, participants at the preliminary meetings identified principles that need to drive substance use prevention activities and initiatives for youth. Participants in the validation focus groups further refined the principles.

In-person focus groups, one day in length, were held in Ottawa, Toronto, Winnipeg, Calgary, Vancouver, Montreal and Halifax. Online focus groups, a half-day in length, were held for Nunavut, Northwest Territories and Yukon. A total of 72 participants provided input on the draft competencies and principles.

In compiling the input from the focus groups, it became apparent that one competency was actually almost a job description because the behaviour indicators provided by the focus groups fit better in other competencies. As a result, those behaviour indicators have been added to the appropriate competencies, leaving 11 competencies.

An example of how to incorporate behaviour indicators in a job description for prevention outreach workers will be published in 2015, along with a similar example focusing on community health promotion. Organizations can compare the similarities and differences between these and their staff job descriptions and identify where they want to increase their focus and efforts, taking into account the organization’s mandate and the clients’ needs.

<sup>2</sup> Section 1, Behavioural Competencies Report, *Competencies for Canada’s Substance Abuse Workforce* (Ottawa: CCSA, 2014).

## PRINCIPLES

These principles were created and refined by participants in the focus groups that helped to forge the *Competencies for the Youth Use Prevention Workforce*.

### Overarching Principle

The most effective youth substance use prevention activities and initiatives feature a holistic, integrated, empathetic, respectful, flexible and strength-based approach informed by evidence about what works. They are youth-driven (recognizing that some community or population health initiatives might not be driven solely by youth), fostering the development and maintenance of positive, collaborative relationships among youth and the community of those who care for and about them. These over-arching principles contribute to building a fluid network of community partnerships, all of which support the more specific principles below.

### Specific Youth Substance Use Prevention Principles

Effective youth substance use prevention activities and initiatives:

1. Use a comprehensive approach to deliver multi-tiered and coordinated prevention activities and initiatives to individuals, families, schools and communities, including system-level population health initiatives such as public policy development.
2. Ensure that those who deliver prevention activities have the appropriate aptitude, commitment, flexibility, knowledge, training, skills and support to do so effectively, and thus build and sustain relationships and serve as role-models for youth.
3. Empower youth by engaging them in thought-provoking, meaningful, age-appropriate interactive activities; integrate youth ideas and voices in planning and implementing policies, initiatives and activities; and provide the training and opportunities required so youth can function effectively as advocates, leaders and peer mentors.
4. Are developmentally appropriate and responsive to the social determinants of health as identified through an assessment of specific populations.
5. When adapted (as is often required to ensure cultural and geographic suitability) from pre-existing, proven, evidence-informed programs, stay true to the key concepts and fact-based information conveyed through the pre-existing program or initiative.
6. Leverage engagement with youth to encourage reciprocal learning, so that youth and prevention workers learn from each other. Support youth and strengthen the community by taking positive action, thus increasing protective and reducing risk factors.
7. Must be strategically delivered prior to key points in adolescent development where evidence shows that substance use challenges are most likely to be encountered, and should be ongoing.
8. Adhere to and reflect existing up-to-date policies and best practices for health promotion and preventing youth substance use.
9. Operate with sustained funding for a sustained period, continuously build capacity, and measure, monitor, evaluate, report results and respond to feedback.

... a key factor contributing to Rosie's success ... is helping youth realize they have power and control over their decisions. (For the whole story, turn to the appendix.)

## COMPETENCY DESCRIPTIONS

Competencies are the specific, measurable skills, knowledge and values needed to perform effectively in a particular function or role.<sup>3</sup> Both Technical and Behavioural Competencies are included in this report, reflecting an integrated approach consistent with youth substance use prevention. The approach starts from a community-wide health perspective and moves along a continuum to an individual perspective of reducing harm.

<sup>3</sup> Section VII, Technical Competencies Report, *Competencies for Canada's Substance Abuse Workforce* (Ottawa: CCSA, 2014). In its other competency documents, CCSA has referred to definitions for each of the competencies. These definitions are more accurately characterized as descriptions of what the competency encompasses. As a result, the explanation that accompanies the title of each competency in this report is referred to as the competency description.

## PROFICIENCY LEVELS

Each competency has four levels of proficiency and includes sample behaviour indicators for each level of proficiency:

**Level 1, Introductory:** A person at this level demonstrates basic knowledge and ability, and can apply the competency, with guidance, in common situations that present no or limited difficulties. Typically, Level 1 is applicable to individuals new to the field or who have just finished a related educational program.

**Level 2, Developing:** A person at this level demonstrates sound knowledge and ability, and can apply the competency, with minimal or no guidance, in the full range of typical situations. This person likely requires guidance to handle novel or more complex situations. Typically, Level 2 is applicable to individuals with a few years' experience working with youth to prevent substance use.

**Level 3, Intermediate:** A person at this level demonstrates in-depth knowledge and ability, and can apply the competency, consistently and effectively, in complex and challenging situations and settings. This person guides other professionals. Typically, Level 3 is applicable to significantly more experienced staff who are expected to model required and desirable behaviours for, and to support and guide, less-experienced colleagues.

**Level 4, Advanced:** A person at this level demonstrates expert knowledge and ability, and can apply the competency in the most complex situations. This person develops or facilitates new practices, programs or initiatives, and policies. He or she is recognized as an expert, both inside and outside the organization. Typically, this is a very experienced, senior staff person (possibly the executive director) whose role includes both oversight of the organization and collaboration with other organizations to bring about system change.

The distinctions between levels are no doubt more evident in a larger organization with multiple staff than they are in smaller organizations with few staff. In smaller organizations, levels 1 and 2 likely merge to some extent.

In each proficiency level, there are examples of behaviours — called behaviour indicators (BIs) — that a supervisor or manager can expect to see exhibited by a person working at that level of proficiency. It is not possible to record all possible

BIs, so these are examples only. However, according to the focus group participants, the examples represent the most significant behaviours. In essence, the proficiency level is a snapshot that illustrates the anticipated autonomy and responsibility for a person at that level.

It is very important to note that the behaviours are cumulative; for example: a person working at level 3 proficiency in a particular competency has mastered the behaviours expected for levels 1 and 2 staff. Also, a staff person can be at different levels of proficiency for different competencies and still be fully competent to carry out their responsibilities.

It is equally important to note that the BIs should be read down the proficiency level column and not across from level to level for two reasons: first, given the quantity of BIs, it is not possible to keep each competency at a reasonable size if every BI were to be expanded upon across the levels; second, as staff gain experience, the complexity of their work increases as does the types of work they perform.

We decided to illustrate BIs that are important for each level of proficiency. Organizations desiring a progression of complexity for certain BIs have the ability to create the additional BIs, using the knowledge and techniques provided in this report. Organizations that wish to create BIs related to the work their staff undertake can use the existing BIs as a guide or template for creating others.

Some BIs could fit equally well in a different competency. This fact reflects the connectedness of the competencies one to another; the competencies are linked together.

## FOUNDATION COMPETENCIES

The focus groups agreed that three of the competencies are critical to provide a foundation for the others: Child and Youth Development; Substances and Substance Use; and Health Promotion and Prevention Knowledge. These competencies are listed first and the rest are in alphabetical order. Except for the group of three foundation competencies, there is no order of relative importance for the competencies.

In all the competencies, some common terminology was used to simplify the BIs. For example:

- “Collaborates” incorporates, among other things, sharing the workload, contributing meaningfully, seeking to understand others’ perspectives and being willing to make reasonable compromises to achieve shared goals.



- “Shows respect” incorporates, among other things, being courteous, treating others fairly and with dignity, being considerate of them, and listening attentively and with an open mind even in a disagreement or lively discussion.
- “Self-care” incorporates efforts to increase good health (mental, physical, social and spiritual), to reduce stress, and to prevent trauma, fatigue and burn-out.

## LINK BETWEEN HEALTH PROMOTION, SUBSTANCE USE PREVENTION AND HARM REDUCTION

Health promotion work applies across the continuum of substance use prevention and treatment. Treatment occurs at the individual end of the continuum where substance abuse is established. It includes treatment, relapse prevention and skills-building (or health promotion) groups. Population health promotion occurs at the population end of the continuum where interventions are aimed at whole communities. Prevention efforts occur across the continuum to prevent and reduce substance use and related problem behaviours.<sup>4</sup>

Primordial interventions focus on improving foundational socioeconomic structures (e.g., reduce poverty and increase food security, education, housing and access to parks and recreation). Primary interventions strengthen whole communities, and are broad and wide reaching (e.g., smoke-free public places, minimum drinking age, school-board substance use policies, social and emotional learning implemented across elementary schools). Secondary interventions focus on specific at-risk populations (e.g., youth, LGBTSQ,<sup>5</sup> women, First Nations) to enhance long-term protective factors and reduce risk. Tertiary interventions are aimed at individuals and groups with already established substance use, and focus on treatment and relapse prevention.

The health promotion continuum, as illustrated, supports organizational planning and movement to a population health approach. For example:

- A smoking cessation group held at school for students who are established smokers is treatment and is also considered a long-term protective intervention.
- A skills development group at school for identified high-risk youth with multiple risk behaviours, including possible early substance use, is tertiary prevention.
- A program delivered in high school to the entire school population to increase positive mental health and increase resiliency (enhance protective factors) is considered secondary prevention.
- A similar approach in elementary school is considered primary prevention.
- Working at the community or whole population level to change the socioeconomic environment to increase opportunity for everyone is primordial prevention.

In practice, the work is linked and iterative, not linear. It is mapped as a continuum solely for illustrative purposes.

<sup>4</sup> *Stronger Together: Canadian Standards for Community-based Youth Substance Abuse Prevention* (Ottawa: CCSA, 2010) is a complementary resource for health promotion. It is one of three documents in the CCSA's Portfolio of Canadian Standards for Youth Substance Abuse Prevention.

<sup>5</sup> LGBTSQ is the acronym for Lesbian, Gay, Bisexual, Transgendered, Two-Spirited and Questioning. LGBT (Lesbian, Gay, Bisexual, Transgendered) is a more common, but less inclusive, acronym.

## The Health Promotion Continuum for Substance Use Prevention and Treatment



**FOUNDATIONAL PRINCIPLES:** Holistic, Integrated, Evidence-informed, Population-based, Respectful, Flexible, Strength-based

**OUTCOME:** Healthy communities and healthy individuals (improved health status, implemented policy, increased community action, etc.)

**CORE FUNCTIONS OF HEALTH PROMOTION:**

- Planning and advocating for healthy public policy and legislation
- Strengthening community action: engagements, mobilization and development
- Re-orienting health services
- Developing life skills

These functions work across the continuum. Health promotion and prevention staff work with community partners at the population end of the continuum (the primordial, primary and secondary prevention levels) to change the conditions that lead to substance use and abuse (e.g., helping to establish smoke-free public places, local alcohol and substance use policies, mental health promotion, safe and affordable housing and food security, and reducing gender violence). They also work to re-orient and improve access to health services (e.g., promote population approaches).

Treatment staff work at the tertiary and treatment levels and might advocate with community partners to address client needs (housing, income, legal support), re-orient health services to reduce stigma and blame, and strengthen the client's ability to act on his or her own behalf. Skills development alone, without supportive environmental changes, has very limited success in changing behaviour.

Informed by work by Gwyneth Dwyer, Prevention and Health Promotion Team Lead, Mental Health and Addiction Services, Annapolis Valley, Nova Scotia Health Authority, Nova Scotia, 2014.

**References:**

Frieden, Thomas. (2010). A framework for public health action: the health impact pyramid. *American Journal of Public Health*, 100(4), 590-595.

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World Health Organization. (1986). Ottawa Charter for health promotion. Geneva: Author.

## GLOSSARY OF KEY TERMS

Throughout the *Prevention Workforce Competencies Report*, certain words and phrases have been assigned specific meanings, defined below, pertinent to these competencies.

### Community

A group of people who shares particular characteristics or lives in the same place.

### Community Organizations

Such organizations include municipal councils; health, safety and law enforcement committees and services; recreation associations; arts groups; sports leagues; social justice and community development committees and organizations; family and youth service agencies; cultural and faith-based groups; and employee and business associations. Prevention staff do not need to engage with all community organizations, but should engage with those that are appropriate, given the issues.

### Cultural Sensitivity

An all-inclusive phrase used to capture cultural awareness and cultural competency, as applicable to all cultures.<sup>6</sup>

### Evidence-informed

Prevention initiatives and activities must be guided by evidence, preferably that provided through documented scientific research. However, in the absence of a solid base of evidence, evidence-informed prevention approaches can be used. They allow for innovation while incorporating lessons learned from existing research literature and are responsive to cultural backgrounds and community values, among other things.

### Family

Individuals or groups who constitute family both in the traditional sense and in a broader sense that includes any configuration of significant others, as identified by the youth, in the youth's past, present or future.

### Health Promotion

The process of enabling people to increase control over and improve their health so they reach a state of complete physical, mental and social well-being. Well-being requires a secure foundation in factors addressed in the social determinants of health (see below). Health promotion includes building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills and reorienting health services.

### Initiative

The term used instead of “program” or “project” to emphasize that health promotion and prevention works best when infused in everyday work, rather than viewed as a separate, time-limited add-on. Health promotion and prevention initiatives are planned efforts directed to whole populations or definable subgroups.

### Population Health

An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. To reach these objectives, health promotion looks at and acts upon the broad range of factors and conditions that influence our health. It applies to the entire spectrum of health system interventions, from prevention and promotion to health protection, diagnosis, treatment and care. A population health approach recognizes that health is a capacity or resource that encompasses being able to pursue one's goals, acquire skills and education, and grow.

### Risk and Protective Factors

Influences on youth and adults that increase (risk) or decrease (protective) the likelihood that a person will use substances. Protective factors buffer the effects of risk factors in an environment.<sup>7</sup>

<sup>6</sup>For more information on cultural sensitivity with First Nations peoples, see *A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People* (2013), developed by the National Native Addictions Partnership Foundation (NNAPF) and available on the NNAPF website ([www.nnapf.com](http://www.nnapf.com)). Although this toolkit focuses on treatment, the explanations of cultural sensitivity, cultural competence, cultural safety and so on are helpful for prevention and health promotion staff working in First Nations communities. As of July 2015, NNAPF joined with another organization to form the Thunderbird Partnership Foundation ([thunderbirdpf.org](http://thunderbirdpf.org)).

<sup>7</sup>Nova Scotia Health created a table that sets out risk and protective factors by life area or domain (individual, family, school, community, etc.). For additional information, go to [www.cha.nshealth.ca/addiction/forParentsRiskAndProtectiveFactors.asp](http://www.cha.nshealth.ca/addiction/forParentsRiskAndProtectiveFactors.asp).

### Social Determinants of Health

The social determinants of health are:<sup>8</sup>

- Aboriginal status
- Disability
- Early life
- Education
- Employment and working conditions
- Food insecurity
- Gender
- Health services
- Housing
- Income and income distribution
- Race
- Social exclusion
- Social safety net
- Unemployment and job security

For Aboriginal peoples, the social determinants of health are:<sup>9</sup>

- Socio-political context
- Holistic perspective of health
- Life course — child, youth, adult
- Health behaviours
- Physical environments
- Employment and income
- Education
- Food insecurity
- Health care systems
- Educational systems
- Community infrastructure, resources and capacities
- Environmental stewardship
- Cultural continuity

### Substance Use

The self-administration of a psychoactive substance. It includes abuse, dependency, addiction and misuse of both licit and illicit substances.

### Technical and Behavioural Competencies

Technical Competencies are the specific, measurable knowledge and skills required to apply technical principles and information in a job function. They are usually learned in an educational environment or on the job. They are the “what” of a job and sometimes are called “hard” skills. Behavioural Competencies are the specific, measurable knowledge, skills and values required to perform effectively in a job function. They are typically learned and developed through life experiences. They are the “how” of performing in a job and are sometimes called “soft” skills.

### Youth

People ages 14 to 24.

Important parts of the assessment include lining up allies, ... early engagement with school employees, ... early engagement with youth .... The language used by the school and the language we use affects our success in delivering a school-based prevention program. (For the whole story, turn to the appendix.)

## COMPETENCIES WITH DESCRIPTIONS AND SAMPLE BEHAVIOUR INDICATORS

For every competency on the following pages, the behaviour indicators (BIs) in each proficiency level were identified by participants in the focus groups as important elements of their work. Nevertheless, these are examples. Organizations are encouraged to use these BIs as a guide when creating or revising job descriptions and related documentation to ensure that the BIs reflect the key elements of the work their staff undertake.

<sup>8</sup>As described by Juha Mikkonen and Dennis Raphael in *Social Determinants of Health: The Canadian Facts* (Toronto: York University, 2010). Available at [www.thecanadianfacts.org](http://www.thecanadianfacts.org).

<sup>9</sup>As described by Charlotte Reading and Fred Wien in *Health Inequalities and Social Determinants of Aboriginal Peoples' Health* (Prince George: National Collaborating Centre for Aboriginal Health, 2009). Available at [www.nccah-ccnsa.ca/en/publications.aspx](http://www.nccah-ccnsa.ca/en/publications.aspx).

**CHILD AND YOUTH DEVELOPMENT:** Applying knowledge of child and adolescent development that takes into account social, physiological, psychological, neurological, emotional, intellectual and cultural factors in working with colleagues, youth, their families and the community.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Describes the influence of age and gender on youth substance use</li> <li>Explains how family circumstances, like those identified as social determinants of health, influence the choices youth make about substance use and other risk-taking behaviours</li> <li>Explains how family role-modelling, support, supervision and monitoring can help prevent youth substance use</li> <li>Explains the range of behaviours and skills that can either lead youth to harmful risk-taking behaviours or protect them against harms, including those resulting from substance use</li> <li>Describes how and when various aspects of sexual development occur</li> <li>Describes the impact trauma and syndromes like FASD and ADHD can have on child and youth development</li> <li>Explains evidence-based information on physiological development as it applies to adolescents</li> <li>Explains adolescent brain development in relation to youth behaviours and choices</li> <li>Explains adolescent neurological development and the impact that has on the choices youth make about substance use</li> </ul>	<ul style="list-style-type: none"> <li>Uses evidence-based research to dispel myths and misinformation about the effects of substance use</li> <li>Explains the pervasiveness of a culture of substance use</li> <li>Assists youth and their families in identifying both harmful risk-taking behaviours and healthy alternatives to prevent or reduce harmful risk-taking</li> <li>Identifies a range of methodologies related to reducing harmful risk-taking behaviours</li> <li>Adapts the delivery of information and activities to the specific characteristics and needs of the intended audience</li> <li>Applies evidence-based research on physiological and neurological development when working with youth</li> <li>Monitors research and attends events to remain current in child and youth development field</li> </ul>	<ul style="list-style-type: none"> <li>Applies understanding of child and adolescent development, incorporating the role of family, peers and culture, when developing youth substance use prevention activities</li> <li>Assists youth to develop the life skills and resilience needed to respond to substance use and other challenges they will encounter as they mature</li> <li>Uses evidence-based research to challenge cultural stereotypes when developing youth prevention activities or working with youth</li> <li>Implements culturally-sensitive strategies to reduce substance use</li> <li>Incorporates advanced knowledge of child and youth development when developing comprehensive, population-based prevention plans</li> </ul>	<ul style="list-style-type: none"> <li>Remains current on and assesses new information related to preventing youth substance use, and guides staff to promising websites and information</li> <li>Contributes to or conducts research on child and youth development and substance use</li> <li>Ensures staff are provided with resources and training to increase their ability to work with youth and to understand the multifaceted factors that influence youth substance use</li> </ul>

EXAMPLES

**HEALTH PROMOTION AND PREVENTION KNOWLEDGE:** Applying evidence-informed health promotion and prevention practices to address both community and individual behaviours and attitudes related to youth substance use.

**4 = Advanced**

**3 = Intermediate**

**2 = Developing**

**1 = Introductory**

<ul style="list-style-type: none"> <li>Explains best practice models and key concepts of substance use prevention and health promotion</li> <li>Explains a population public health approach to substance use</li> <li>Explains the continuum of prevention services from primary prevention to harm minimization</li> <li>Describes the social determinants of health and the impact they can have on youth and potential substance use</li> <li>Explains important concepts related to the nature and extent of both risk and protective factors related to substance use</li> <li>Identifies risk factors that influence youth decisions to use substances</li> <li>Identifies protective factors that decrease the likelihood of youth substance use</li> <li>Describes harm reduction strategies and key concepts</li> <li>Focuses on a strength-based approach when interacting with youth and their families</li> <li>Remains factual and professional when discussing attitudes related to use of substances</li> <li>Explains how gender and cultural differences are addressed in health promotion and substance use prevention initiatives and activities</li> </ul>	<ul style="list-style-type: none"> <li>Shares knowledge of protective and risk factors for substance use</li> <li>Participates in developing and delivering substance use prevention and health promotion activities</li> <li>Applies evidence-informed practices and practical knowledge of prevention when engaging with youth</li> <li>Celebrates successes and acknowledges good practices</li> <li>Promotes protective factors and uses evidence-informed practices to support and encourage reduction in harmful risk-taking behaviours</li> <li>Monitors research to remain current on general trends in health promotion and prevention and specific trends related to substance use prevention</li> <li>Attends workshops and conferences to maintain currency in substance use prevention field</li> <li>Applies knowledge and best practices in respecting gender differences and cultural considerations</li> </ul>	<ul style="list-style-type: none"> <li>Identifies and responds to prevention and health promotion needs by selecting and delivering activities appropriate to youth</li> <li>Provides information and training to community-based partners</li> <li>Promotes and provides guidance to staff on using resiliency models and best practice prevention strategies to help youth succeed</li> <li>Adapts evidence-informed practices on youth substance use prevention to local culture and environment</li> <li>Ensures that initiatives and activities respect gender differences and cultural considerations</li> <li>Contributes to the development of public policies related to preventing youth substance use</li> </ul>	<ul style="list-style-type: none"> <li>Oversees a range of prevention-focused initiatives that are based on best practice, address sustainability and cultural relevance, and include benchmarks for evaluation purposes</li> <li>Provides opportunities for staff to develop and share their knowledge on health promotion and substance use prevention, including risk and protective factors related to substance use</li> <li>Works with community partners to integrate prevention approaches into initiatives that deal with social determinants of health</li> </ul>
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**EXAMPLES**

**SUBSTANCES AND SUBSTANCE USE:** Knowing the range of substances that might be used, classes of drugs and the effects of those drugs, and issues related to withdrawal, and applying that knowledge when working with youth, organizations and communities to prevent youth substance use.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Identifies, by both their proper and street names, substances that are often used improperly or illegally in the community</li> <li>Explains how and why these substances are used</li> <li>Describes the physical and psychological effects of withdrawal</li> <li>Explains the rationale for harm reduction approaches</li> <li>Explains how mental illnesses or mental health issues and substance use can adversely interact</li> <li>Describes the impact that stigma, trauma, and cultural and historical events can have on youth with substance use issues</li> <li>Explains in general terms the impact that medications and other drugs can have on one another</li> <li>Explains the impact that the social determinants of health can have on choices youth make about substance use</li> <li>Describes ways in which substance use is a population health and public health issue</li> </ul>	<ul style="list-style-type: none"> <li>Describes general classes of drugs, the commonalities within each class, the appeal each can have for youth, and the specific signs, symptoms and results of use</li> <li>Engages with youth and their families to raise awareness of factors that might contribute to or protect against developing substance use</li> <li>Applies knowledge of concurrent disorders in working with youth</li> <li>Applies understanding of the impact that medications and other drugs can have on one another when working with youth</li> <li>Applies understanding of the impact the range of substances can have on neural and physical development of youth</li> <li>Introduces family members to harm minimization measures like safely using, storing and disposing of prescription medications</li> <li>Consults evidence-informed resources to enhance learning about substance use</li> </ul>	<ul style="list-style-type: none"> <li>Updates prevention knowledge base with latest developments in the substance use prevention field</li> <li>Shares knowledge of developments in the substance use prevention field with staff</li> <li>Applies understanding of both substance use and concurrent disorders when working with different cultures and populations</li> <li>Remains current in the substance use field by reviewing, participating in or conducting research, and attending or leading conferences and workshops</li> <li>Seizes opportunities to share key issues and concerns about trends with community members and organizations</li> <li>Translates substance use knowledge effectively to community partners</li> </ul>	<ul style="list-style-type: none"> <li>Supervises and coaches others in developing their knowledge of substance use and concurrent disorders</li> <li>Acts as a catalyst to ensure health promotion and substance use prevention strategies reflect emerging trends and priority issues in the community</li> <li>Initiates or organizes research, evaluates findings that emerge and recommends relevant policy changes</li> </ul>

**EXAMPLES**

**ADVOCACY:** Working to devise strategies, actions and possible solutions to influence decision makers to implement positive change related to preventing youth substance use, at individual, system, organization, community, provincial and national levels.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Explains who stakeholders, partners and collaborators are for local advocacy efforts related to preventing youth substance use</li> <li>Works with interdisciplinary colleagues to advocate for resources and initiatives to prevent youth substance use</li> <li>Advocates for local activities and initiatives for individual youth and their families</li> <li>Works with youth and youth groups to advocate for resources and initiatives accessible to youth</li> <li>Describes population health and the impact of healthy public policy</li> </ul>	<ul style="list-style-type: none"> <li>Advocates for culturally sensitive and relevant community youth substance use prevention initiatives and activities</li> <li>Works with school staff and boards to implement evidence-based actions when applying school-based substance use policies</li> <li>Works with community partners to advocate for effective evidence-based action throughout the community to discourage youth substance use</li> <li>Engages with community groups to address the range of factors that research has shown are correlated to or causes of substance use</li> </ul>	<ul style="list-style-type: none"> <li>Works with organizations and communities to build readiness for policy-level change</li> <li>Mobilizes community champions to advocate for policy action to reduce substance use harms in the community</li> <li>Works with schools and school boards to develop and implement evidence-based substance use policies</li> <li>Supports and mentors youth advocacy when developing best practices in health promotion and substance use prevention in the community</li> <li>Builds support for community initiatives that facilitate crisis resolution for youth who might otherwise turn to substance use</li> <li>Works to influence allocation decisions and activities aimed at youth substance use prevention</li> <li>Works with community coalitions to advocate for public policy</li> </ul>	<ul style="list-style-type: none"> <li>Mobilizes community to establish youth substance use prevention activities and other initiatives that positively influence the well-being of youth</li> <li>Initiates and supports establishment of advocacy guidelines and best practice approaches both within the organization and at the community and provincial levels</li> <li>Works with all orders of government to implement healthy public policy</li> <li>Works to lessen health inequities by advocating for measures to improve social determinants of health</li> <li>Meets with leaders of community organizations to discuss and implement strategies to lessen the risks for youth substance use</li> <li>Establishes and maintains relationships with media representatives</li> <li>Promotes youth substance use prevention initiatives to a wide group of policy and decision makers</li> <li>Works at the provincial and national levels, as appropriate, to advocate for increased initiatives and activities, and associated funding</li> </ul>

EXAMPLES



**COMPETENCIES WITH DESCRIPTIONS AND SAMPLE BEHAVIOUR INDICATORS**  
**BUILDING AND SUSTAINING RELATIONSHIPS**

**BUILDING AND SUSTAINING RELATIONSHIPS:** Developing and maintaining ongoing reciprocal relationships with community members and other stakeholders, including youth and their families. This competency includes interpersonal, facilitation and conflict management skills.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Follows appropriate protocols for seeking assistance when facing conflict in the workplace</li> <li>Explains the principles and techniques of active listening</li> <li>Explains basic principles of group facilitation and of the tools used in group facilitation</li> <li>Communicates (words, body language and tone of voice) in a helpful and culturally sensitive way, building trust and treating community groups, other professions, youth and their families fairly and ethically and as valued allies</li> <li>Displays empathy and develops positive rapport with youth and their families, discussing their interests, issues and activities — not just substance use</li> <li>Manages own emotions and maintains composure under challenging circumstances</li> <li>Follows through on commitments made with youth and their families</li> <li>Respects the confidentiality of the interactions with youth and their families</li> <li>Remains current on youth culture, language and trends in the community</li> <li>Explains trends in youth substance use</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes and mediates or resolves conflicts with or between others, and seeks assistance from more experienced colleagues or supervisor, as needed</li> <li>Facilitates effectively, using a range of proven techniques in routine situations</li> <li>Identifies and develops contacts within potential allied organizations and interdisciplinary groups</li> <li>Tailors communication to the audience, adapting style, language preference, content and format as appropriate</li> <li>Reads body language, emotional cues and verbal and non-verbal cues accurately, and adjusts communication approach accordingly</li> <li>Incorporates an integrated approach in reaching out to youth to prevent substance use</li> <li>Uses a range of evidence-based and evidence-informed means to discuss key issues with youth and families and assist them in moving their relationship forward</li> <li>Helps youth and families to develop insight into themselves and their relationships with others</li> <li>Engages family members at an early stage on healthy life choices and decision making</li> </ul>	<ul style="list-style-type: none"> <li>Recognizes conflict between others and supports others in dealing with it effectively and appropriately</li> <li>Explores shared needs and common areas of interest among identified networks</li> <li>Conveys information with creativity, cultural sensitivity, insight and persuasion when needed</li> <li>Transfers and assimilates knowledge effectively and efficiently</li> <li>Engages with youth who may face multiple or complex challenges such as crisis situations or isolation due to language or culture</li> <li>Periodically conducts visits with youth, their families and the community to maintain currency with their issues</li> <li>Prepares youth for success through individual counselling or group workshops</li> <li>Assists the community, including family members, in understanding, engaging with and supporting youth</li> <li>Consults with staff and supervisor concerning activities for individual and families</li> </ul>	<ul style="list-style-type: none"> <li>Supervises and mentors others to ensure best facilitation practices</li> <li>Communicates complex issues clearly and credibly with widely varied audiences</li> <li>Adeptly addresses difficult, on-the-spot questions from, for example, officials, interest groups or media</li> <li>Coaches staff on crisis intervention or difficult cases</li> <li>Addresses particularly challenging conflicts between organizations and individuals</li> <li>Consults with staff to understand changing trends and influences in youth culture</li> <li>Participates in the community to increase networking opportunities</li> </ul>

**EXAMPLES**

continued on next page

**EXAMPLES**

**4 = Advanced**

**3 = Intermediate**

**2 = Developing**

**1 = Introductory**

- Facilitates in complex and challenging situations
- Establishes credibility by connecting with key outreach leaders in the community

- Interviews youth (individually, in families or in groups) to assess their situations and determine what activities are required to meet their needs
- Organizes support to assist the community, including family members, in understanding, engaging with and supporting youth
- Assists youth with accessing community resources for services such as building life skills, job placement, debt counselling, legal aid, housing, medical treatment and financial assistance
- Solicits and responds to youth and family feedback about the success of outreach efforts

- Presents her- or himself in a manner that promotes approachability, professionalism and credibility
- Engages and creates rapport with other outreach workers in the community
- Engages and creates rapport with youth and their families encountered during outreach efforts
- Maintains contact with representatives from community services

**COMPETENCIES WITH DESCRIPTIONS AND SAMPLE BEHAVIOUR INDICATORS**  
**COMMUNITY ENGAGEMENT AND PARTNERSHIP BUILDING**

**COMMUNITY ENGAGEMENT AND PARTNERSHIP BUILDING:** Networking and engaging to build ongoing collaborative partnerships with community organizations to enhance community well-being and offer initiatives to prevent youth substance use.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Engages collaboratively and in a culturally sensitive fashion to establish relationships with community members and community stakeholders</li> <li>Demonstrates familiarity with local agencies and organizations that deal with youth substance use and related issues</li> <li>Supports staff with scheduling meetings and maintaining networks with community organizations</li> <li>Accompanies senior staff in attending community events and meeting members of the community</li> <li>Provides referrals to agencies and organizations for youth substance use and related issues</li> <li>Explains the benefits of working with community partners for population-level impacts (healthy communities, public policy advocacy, action on the social determinants of health)</li> <li>Professionally represents the organization within designated authority and decision-making power</li> <li>Explains the nature and levels of public participation and youth engagement</li> </ul>	<ul style="list-style-type: none"> <li>Supports and engages with community organizations whose efforts focus on improving social determinants of health</li> <li>Supports and promotes community participation in decision making and community ownership of constructive change aimed at addressing youth substance use prevention</li> <li>Maintains relationships with schools and other organizations in the community to identify and remedy unmet needs and to plan and implement complementary prevention activities for youth without duplication of efforts</li> <li>Participates in interagency committees and professional associations to collaboratively achieve prevention and health promotion goals</li> <li>Engages with youth in the community by accessing them through a broad range of venues and activities</li> <li>Consults with family, school personnel, community representatives and youth to identify behaviours related to substance use</li> <li>Delivers presentations and interactive workshops, as part of a comprehensive prevention strategy to build capacity to respond effectively to issues related to preventing substance use</li> </ul>	<ul style="list-style-type: none"> <li>Encourages and maintains support for community involvement in developing and delivering initiatives and activities to prevent youth substance use</li> <li>Collaborates with community members in planning, developing, implementing and evaluating culturally sensitive initiatives and activities</li> <li>Creates a forum through which youth can express their wants and needs related to community prevention initiatives</li> <li>Encourages and evaluates levels of teacher and youth engagement in substance use prevention activities in schools, making adjustments as required to maintain continuous engagement</li> <li>Encourages and evaluates the level of youth and family engagement in community prevention initiatives, making adjustments as required to maintain continuous engagement</li> <li>Reviews potential initiatives and partnerships to ensure they are culturally relevant to youth in the community</li> </ul>	<ul style="list-style-type: none"> <li>Takes a leadership role in shaping an organizational vision for both collaborative, population-level practices and service delivery systems that reflect community engagement best practices and youth engagement principles</li> <li>Establishes and maintains processes to encourage collaboration and partnerships</li> <li>Facilitates and fosters active communication, collaboration and linkages among key stakeholders, within and outside the community, who shape policy and program or initiative design</li> <li>Strengthens the community infrastructure to facilitate delivering activities and initiatives aimed at preventing and reducing youth substance use</li> <li>Engages with policy makers in a range of fields, including health, education and policing, to implement coordinated policies related to preventing access to substances</li> <li>Builds collaborative working relationships with funding partners, mentors and other community partners to develop, implement and evaluate initiatives and activities that meet the needs of youth</li> </ul>

**EXAMPLES**

continued on next page

**EXAMPLES**

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Identifies and reviews sources of community health status information</li> <li>Distributes materials and information on resources available for substance use prevention, answers questions and encourages follow-up to initial discussions</li> <li>Identifies potential outreach venues and facilities for targeted audience</li> </ul>	<ul style="list-style-type: none"> <li>Establishes and maintains relationships and communication networks with government agencies, non-profit organizations, and community groups to work strategically and collaboratively to address population-level health inequities</li> <li>Supports community resiliency with culturally sensitive and informed activities and initiatives</li> <li>Assesses the community to identify potential new environments and venues for outreach efforts</li> </ul>	<ul style="list-style-type: none"> <li>Works with community partners in taking public-policy and community-level actions to decrease the supply of substances available to youth</li> <li>Supports and promotes community involvement and championing of constructive community-level change aimed at reducing youth substance use and related issues</li> <li>Works with partners to monitor community health status and identify indicators of community risk and resiliency</li> <li>Collaborates with other organizations in the community to provide feedback to ensure that prevention activities link well between organizations and are consistent with evidence-based or evidence-informed best practices</li> </ul>	<ul style="list-style-type: none"> <li>Builds collaborative relationships to increase investments in population-level health promotion</li> <li>Manages partnerships to ensure services are delivered cooperatively and are cohesive, coherent and comprehensive</li> <li>Facilitates strategic stakeholder engagement for targeted policy- and community-level change</li> <li>Strengthens the community's readiness to take collaborative action on public policy initiatives that promote community health and reduce the risk of substance use</li> <li>Works strategically with community organizations whose efforts focus on improving the social determinants of health</li> <li>Mobilizes multi-disciplinary teams, community-based resources, spiritual and community leaders, and other related professionals as required</li> <li>Initiates or conducts research and collaborates with others to identify unmet needs and ways of meeting those needs through more comprehensive outreach efforts</li> <li>Leads or participates in community efforts to develop and implement outreach initiatives that build on community strengths and address community needs</li> </ul>

**COMPREHENSIVE PLANNING, IMPLEMENTATION AND EVALUATION:** Analyzing the local environment to identify youth substance use prevention initiative, program and policy needs and then developing, adapting, implementing, monitoring and evaluating initiatives, programs, activities and policies to address those needs.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Describes the existing network of community youth substance use prevention activities, initiatives and policies</li> <li>Explains substance use prevention and its role in overall health promotion planning</li> <li>Provides facilitative and other support when planning development, implementation and evaluation of activities, initiatives and policies</li> <li>Identifies potential needs for prevention initiatives using multiple sources, including population health data and community conversations</li> <li>Explains the need for initiatives, activities and policies to be culturally sensitive</li> <li>Assists with information gathering by conducting research on specific topics</li> </ul>	<ul style="list-style-type: none"> <li>Provides feedback on existing youth substance use prevention initiatives, activities and policies, including how they could be improved</li> <li>Assists in implementing new and modifying existing initiatives and policies that address the needs of the community</li> <li>Demonstrates a basic understanding of initiative (program) evaluation models, procedures, protocols and standards</li> <li>Facilitates opportunities for youth to identify prevention initiative and policy needs</li> <li>Interviews a wide range of community members to identify factors related to youth substance use</li> <li>Examines data on risk and protective factors as they are relevant to community health</li> <li>Engages with schools and other community agencies to enhance their policies on substance use</li> <li>Explains the phases of needs assessment, initiative (program) development, implementation and evaluation</li> <li>Explains the goals and outputs for each phase, and the activities likely to be conducted as part of each phase, as they are relevant to prevention work</li> </ul>	<ul style="list-style-type: none"> <li>Employs established research techniques to assess the health and social needs of the target population</li> <li>Engages with key stakeholders to identify relevant objectives and to plan, develop and implement corresponding initiatives and policies</li> <li>Assists in the development of a range of substance use activities, often as part of a multi-disciplinary team</li> <li>Verifies that culturally sensitive approaches are incorporated in all prevention and outreach efforts</li> <li>Identifies and mobilizes key resources required to develop, implement and evaluate the initiative or policy</li> <li>Engages youth directly in the design of initiatives, activities and policies, encouraging contributions to shape the approach, terminology used, structure, duration, etc.</li> <li>Develops initiatives and policies that are sensitive to gender and culture, and are geographically suitable</li> <li>Demonstrates formal analytic skills required to facilitate program evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Collaborates with and sometimes leads multi-disciplinary teams in the community to assess needs and then design, implement and evaluate complex and sensitive customized initiatives</li> <li>Develops initiative and policy documents in accordance with research-based evidence and standards</li> <li>Identifies and cultivates potential funding sources for both general and specific prevention initiative and policy needs</li> <li>Collaborates and partners with others to maximize in-kind contributions to efforts related to planning, implementation and evaluation of policies and initiatives</li> <li>Successfully manages funds and other resources</li> <li>Partners with social services and community agencies to coordinate delivery of prevention initiatives and activities</li> <li>Regularly meets with staff to obtain updates on the effectiveness of their work</li> <li>Evaluates or oversees the evaluation of the efficacy of initiatives and policies</li> <li>Oversees staff and volunteers in implementing prevention initiatives, activities and policies</li> </ul>

## EXAMPLES

continued on next page

**EXAMPLES**

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
	<ul style="list-style-type: none"> <li>Delivers evidence-informed activities in a range of outreach environments and venues for youth at risk for substance use</li> </ul>	<ul style="list-style-type: none"> <li>Develops data-collection tools for evaluation purposes and oversees or gathers information on developing trends in the substance use prevention field</li> <li>Monitors initiatives, programs and policies to ensure long-term sustainability of the objectives</li> <li>Works with community organizations, including schools, to assist them to incorporate best practices in substance use prevention within their policies and procedures</li> <li>Mentors less experienced staff and provides more in-depth understanding of what is involved in the cycle of planning, implementation and evaluation</li> <li>Advocates for health policy with organizations, communities and all levels of government</li> <li>Participates in designing evaluations of outreach efforts, ensuring that youth feedback is featured</li> <li>Participates in evaluating outreach activities, including those provided by one's own organization and by others in the community</li> </ul>	<ul style="list-style-type: none"> <li>Oversees and coaches others involved in needs assessment and initiative and policy development, implementation and evaluation</li> <li>Creatively applies new learning to reflect evidence-informed approaches to needs assessment and program (initiative) and policy development, implementation and evaluation</li> <li>Oversees the allocation of resources for substance use prevention services</li> <li>Initiates, conducts or reviews evaluations of outreach activities and initiatives and referral outcomes and, when appropriate, provides feedback to organizations and professionals</li> </ul>

**BEHAVIOUR INDICATORS BY LEVEL OF PROFICIENCY**  
**EARLY AND BRIEF INTERVENTION, HARM MINIMIZATION AND REFERRAL**

**EARLY AND BRIEF INTERVENTION, HARM MINIMIZATION AND REFERRAL:** Engaging with youth to assess the situation and identify the best ways to maximize resiliency and minimize harms to the individual and the community that are caused by youth substance use.

	1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<b>EXAMPLES</b>	<ul style="list-style-type: none"> <li>Maintains early intervention files and systems, and coordinates or distributes information as requested by senior staff</li> <li>Develops or maintains an inventory or database of resources and supports available for youth</li> <li>Explains how social determinants of health link to youth substance use</li> <li>Explains the relationship between mental health issues and youth substance use</li> <li>Describes the signs and symptoms of youth involved in substance use and the range of both risk and protective factors</li> <li>Explains the differences between primary, secondary and tertiary prevention</li> <li>Explains the key concepts of abstinence and harm reduction and their relation to youth substance use prevention work</li> <li>Describes the continuum of services from health enhancement to treatment and recovery</li> <li>Provides information or refers individuals to appropriate public or private agencies or community services for assistance</li> </ul>	<ul style="list-style-type: none"> <li>Uses evidence-based tools to conduct brief assessments</li> <li>Develops plan with youth</li> <li>Implements tertiary prevention methods (minimizing harms) for youth who are using substances</li> <li>Liaises with treatment service providers, as necessary, to support youth</li> <li>Documents all aspects of service and referrals provided and ensures files are complete and coherent</li> <li>Refers youth to relevant community resources and appropriate service providers based on each youth's unique needs and culture</li> </ul>	<ul style="list-style-type: none"> <li>Conducts on-going reviews of assessment approaches and tools, and makes recommendations for adoption of best practices</li> <li>Monitors and evaluates the results of assessments and delivers training and guidance to assessors, as required</li> <li>Assists staff in learning about how social determinants of health and concurrent disorders can impact or influence substance use behaviours</li> <li>Facilitates the development of peer support networks to help youth respond to substance use challenges they encounter</li> <li>Facilitates coordination of multi-disciplinary activities</li> </ul>	<ul style="list-style-type: none"> <li>Collaborates with and sometimes leads a range of community organizations to coordinate referrals between agencies</li> <li>Monitors and evaluates case files and systems to ensure they are complete and to facilitate referrals and multi-disciplinary service delivery</li> <li>Works with other agencies to ensure processes are in place to provide multi-disciplinary and seamless activity delivery that is both culturally and geographically appropriate</li> </ul>

**MEDIA SAVVY:** Using a full range of social and business media to reach youth, communities and relevant organizations with information related to youth substance use prevention and community health efforts.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Explains the influence of media as a contributor to ideas, experiences, knowledge and perceptions of youth about the acceptability of substance use</li> <li>Describes the importance of social media as a tool for maximizing the reach and impact of substance use prevention communication</li> <li>Explains which social media platforms are used most often by local youth</li> <li>Summarizes organizational policies related to having access to and using social media</li> <li>Accesses and interacts with youth on established and emerging social media platforms</li> <li>Monitors and updates website with relevant social media content</li> <li>Increases youth awareness of privacy issues while encouraging them to share their stories, highlight their successes and reach out to their peers through social media</li> <li>Describes the benefits of prevention activities in non-conventional venues, and of using social media and new technologies to highlight these efforts</li> </ul>	<ul style="list-style-type: none"> <li>Engages with youth to discuss how they are depicted in the media</li> <li>Explores with youth the benefits, short- and long-term disadvantages, and possible repercussions of sharing their stories through social media</li> <li>Challenges and opposes the depiction of youth engaging in substance use in entertainment media and advertising</li> <li>Provides examples of how media can be used to convey to youth positive and negative messages related to substance use</li> <li>When engaging with youth about social media and the Internet, emphasizes the value of assessing the validity and credibility of any information they access online</li> <li>Visits sites and accesses social media platforms used most often by local youth to learn about their concerns and issues</li> <li>Uses social media to enable youth to learn about the potential for exposure to cues and triggers related to substance use</li> <li>Facilitates community's and families' understanding of the potential for both positive and negative effects of social media use among youth</li> </ul>	<ul style="list-style-type: none"> <li>Develops and shares approaches designed to engage youth to develop their own media message based on issues of interest and importance to them</li> <li>Develops and shares materials, apps, etc. to help youth assess the credibility of information they access online</li> <li>Develops positive and culturally relevant content for media platforms when promoting healthy behaviours</li> <li>Develops key messages for use on social media</li> </ul>	<ul style="list-style-type: none"> <li>Advocates for activities that educate youth on the influence of media messaging on substance use</li> <li>Establishes and maintains organizational policy on use of and access to the media, including social media</li> <li>Creates forums with other agencies to encourage critical thinking about effective use of media to convey constructive messages to youth</li> <li>Collaborates with community partners to share or leverage media-related resources and develop positive and appealing promotional materials for youth using a variety of media</li> </ul>

**EXAMPLES**



**PERSONAL AND PROFESSIONAL DEVELOPMENT:** The process of continually developing and improving skills and knowledge to stay current on developments and best practices related to preventing youth substance use. Personal and professional development also covers ongoing engagement in self-care practices both within and outside the work environment.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Researches developments and changes related to substance use in the community, such as “street names” for substances and emerging trends in substances being used</li> <li>Shares knowledge about youth substance use in the community with colleagues</li> <li>Works, with assistance from senior staff, to adapt skills, as necessary, for working within the cultural context of the community</li> <li>Complies with relevant legislation, ethical standards and rules of professional conduct</li> <li>Articulates career goals and plans for development to supervisor</li> <li>Implements steps to reach goals based on performance feedback</li> <li>Explains the relationship between overwork, inadequate self-care and burnout</li> <li>Sets personal and professional boundaries and limits to prevent or mitigate compassion fatigue, vicarious trauma and burnout</li> </ul>	<ul style="list-style-type: none"> <li>Stays current and engaged in developments in the prevention field through independent review of research</li> <li>Assesses career in relation to performance feedback</li> <li>Participates in and advocates for appropriate supervision from superiors</li> <li>Seeks opportunities to learn new skills through various venues</li> <li>Seeks out work challenges and takes other steps, as required, to maintain enthusiasm</li> <li>Takes independent action to improve in areas of personal and professional weakness</li> <li>Proactively engages in positive health behaviours (e.g., work-life balance, proper nutrition and good physical health habits)</li> <li>Builds informal support system for self at work</li> <li>Self-assesses and seeks feedback from others to identify skills and knowledge gaps</li> <li>Closes knowledge and skills gaps through self-study, continuing education and coaching, and by seeking assistance or advice</li> </ul>	<ul style="list-style-type: none"> <li>Engages in reciprocal learning experiences with colleagues and supervisors</li> <li>Maintains a network of professional relationships</li> <li>Maintains professional credentialing and certification on own initiative and in conjunction with organization’s resources, where available</li> <li>Leverages professional relationships to stay current in substance use prevention trends and best and promising practices</li> <li>Builds skills necessary for working within the cultural context of the community</li> <li>Recommends appropriate performance improvement measures to managers and team leads</li> <li>Models ethical behaviour and facilitates discussions of ethics-related situations with colleagues to explore considerations and potential solutions for ethical dilemmas</li> <li>Monitors the work environment to guard against duplication of activities and unnecessary, inadequate or inappropriate activities</li> </ul>	<ul style="list-style-type: none"> <li>Ensures establishment of, compliance with and training on legal standards, ethical standards and rules of professional conduct</li> <li>Ensures training plans display linkages between individual and organizational goals</li> <li>Reviews operational plans to ensure goals can be achieved without jeopardizing staff self-care</li> <li>Establishes and implements policies mandating organizational responsibility to allow and encourage self-care efforts of all staff at all levels</li> <li>Conducts appropriate supervisory sessions with staff and ensures that both team and individual work plans are achievable without sacrificing good self-care</li> <li>Implements self-care assessments and self-monitoring programs</li> <li>Demonstrates flexibility and fairness in supporting the adjustment of work demands for employees who may be experiencing personal challenges</li> <li>Encourages staff to seek out both personal and professional development opportunities</li> </ul>

**EXAMPLES**

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**1 = Introductory**

- Creates a healthy work space for self and takes responsibility for maintaining reasonable work hours and addressing overwork concerns with supervisor
- Applies new knowledge, skills and lessons learned to one's job in a timely manner

**2 = Developing**

**3 = Intermediate**

- Develops informal support systems and social networks to assist self and peers in positive self-care
- Practices self-care and refers others experiencing compassion fatigue, vicarious trauma or burnout to appropriate resources
- Creates opportunities to share best and promising practices and emerging trends with others inside the organization
- Actively contributes to building a learning culture, encouraging learning and knowledge sharing, and advocating for professional development activities

**4 = Advanced**

- Strategically undertakes and encourages learning related to future operational needs
- Uses organizational changes as opportunities to develop new skills and increase knowledge in self and others
- Promotes, creates and sustains knowledge sharing and a learning culture within the organization

**EXAMPLES**

**TEAMWORK AND LEADERSHIP:** Displaying the skills, knowledge, attitudes and flexibility required to act as a team member, mentor or leader when engaging with youth, colleagues and other stakeholders throughout the community.

1 = Introductory	2 = Developing	3 = Intermediate	4 = Advanced
<ul style="list-style-type: none"> <li>Assesses work priorities for self and seeks clarification as needed</li> <li>Adheres to set timelines</li> <li>Willingly shares the workload of other team members and assists them</li> <li>Coordinates own work with that of others</li> <li>Independently initiates and conducts straightforward tasks that go beyond routine demands</li> <li>Contributes positively by sharing information and listening, accepting and learning from others' points of view</li> <li>Maintains a positive outlook, shows flexibility and is open to new approaches and ideas</li> <li>Supports and embraces diversity</li> <li>Supports team decisions</li> <li>Engages in team-building efforts</li> </ul>	<ul style="list-style-type: none"> <li>Solicits ideas and opinions from others to help form specific decisions or plans</li> <li>Works with others to set and then achieve goals and expectations</li> <li>Ensures that those involved have the information they need to effect change</li> <li>Provides meaningful feedback by augmenting general observations with specific examples</li> <li>Responds constructively to guidance and input from others</li> <li>Provides opportunities for youth to develop interpersonal and leadership skills to effect change in their environment</li> <li>Creates or takes advantage of opportunities to learn from youth leaders</li> <li>Coaches youth through the process of providing support as peer leaders</li> <li>Helps youth develop realistic plans and goals and responds to those plans and goals with an open mind</li> </ul>	<ul style="list-style-type: none"> <li>Creates opportunities for soliciting employee feedback</li> <li>Produces realistic and achievable work plans, accurately assessing scope of projects and difficulty of tasks</li> <li>Establishes priorities for self and others</li> <li>Monitors outcomes, activities and use of resources</li> <li>Updates employees, management and stakeholders regularly on status of projects</li> <li>Engages with youth, schools, community partners and other staff to provide opportunities for youth to assume leadership roles</li> <li>Evaluates the quantity and quality of activities provided</li> <li>Challenges rules or practices that present barriers to independent action and decision making</li> <li>Conveys appreciation of the efforts of other team members and brings excellent performance to the attention of the organization</li> <li>Exercises sound judgment in new situations in the absence of specific guidance</li> </ul>	<ul style="list-style-type: none"> <li>Ensures that tasks required of both leaders and team members are clear and achievable</li> <li>Ensures activities are monitored to track progress, outcomes and optimal use of resources, and adjustments are made, as needed</li> <li>Determines and communicates objectives, priorities and strategies that provide direction for the organization</li> <li>Ensures that policies, systems and processes are implemented and reviewed periodically to support continuous learning, teamwork and improved practices among staff</li> <li>Assembles teams with complementary skills and promotes the expectation that they will learn from one another</li> <li>Delegates authority to match responsibility and holds staff accountable for agreed-upon commitments</li> <li>Provides new information or data to key decision makers or stakeholders to enhance their understanding and decisions</li> </ul>

**EXAMPLES**

continued on next page

**4 = Advanced**

- Demonstrates an understanding of the dynamic relationships, viewpoints and agendas, both acknowledged and implicit, of key players and stakeholders
- Values, recognizes and rewards individual and team successes through organizational initiatives
- Promotes the sharing of expertise and resources
- Oversees others delivering substance use prevention activities
- Promotes, supports and enhances a variety of outreach activities in the community, adhering to evidence-based and evidence-informed standards and best practices

**3 = Intermediate**

- Displays effective problem identification and solution skills, even when responding to complex or sensitive issues
- Facilitates collaboration and cooperation within and across teams to achieve common goals and eliminate functional, structural and cultural barriers

**2 = Developing**

**1 = Introductory**

**EXAMPLES**

## APPENDIX: THE STORIES

Participants in the preliminary focus groups of frontline staff provided narratives that illustrated their prevention efforts with youth. Some of these are true stories about particular youth (names have been changed) and others amalgamate stories about several youth.

**Note that these stories are in the words of the focus groups and have been edited by CCSA only for grammar, sentence structure and continuity.**

### The Power of a Candid Relationship, Time and Patience

Jackson met a young Aboriginal woman, Layla, when she was 11 years old. She was already smoking and drinking and having a tremendous amount of trouble at school. The counsellors at school were unable to help her. Jackson, a former addict who had served time in prison, had given talks at the school about substance abuse, and he had been candid about his background. He presented jointly with the RCMP to teach the kids about the reality of the criminal justice system and that the consequences of drug use can involve contact with the criminal justice system. He says being in recovery has been one of the most important aspects of his ability to build rapport with the kids.

The kids attending Jackson's presentations learn about Jackson and see his mug shots, which opens the door to conversation. In the process of that conversation, he builds a level of trust. Jackson is able to say he's been there (addicted to drugs and in jail) and tells them the truth about what can happen when they use substances. Jackson believes that telling kids not to do drugs might make them more likely to do so. He also believes that a one-time effort (presentation or intervention) will have no lasting effects; if you build a relationship and speak one-on-one over time, there will be lasting effects.

Layla wanted to talk with Jackson because she could relate to various aspects of his story. At 13, she became pregnant; she told people about the pregnancy seven months after conception. She birthed the child and went back to grade 8. The child went to a familial setting and was close to her. She went through a time when she needed to be close to the father and remained in tremendous trouble in school.

When Layla entered high school, her level of substance abuse escalated. When things grew very bad, she went to Jackson with her family members, saying she'd decided to go into treatment. Jackson and her family connected her with the appropriate services, which included the youth advisory committee (many young people). She changed the people she was hanging out with and improved her life significantly. The health promotion approach and peer support were crucial to her success. She was also connected to an Elder who helped her gain insight and she became more involved with and committed to her cultural beliefs.

Layla turned a corner. She now has a loving, close relationship with her child. She finished high school and sits on the youth advisory council that Jackson runs, where she provides peer-to-peer support. She went from using substances to leading conversations about not using substances. The opportunity to be a respected member of the community and to play a leadership role helped to focus her efforts, as did the Elder who helped her connect with her heritage and the culture that helped to ground her.

### The Family as a System

Caitlin, who worked as a school counsellor in Northern Canada at the time, told this story. She believes it typifies many of the drug and alcohol abuse issues she saw there.

Rosie, a high-school student, was caught using drugs around the school. Her parents approached Caitlin and asked her to help them. When Caitlin asked them where they thought their daughter got the hash, cannabis, cigarettes and alcohol she was using, they replied that they gave the substances to her because she asked for them.

This was not unusual. Many of the youth Caitlin worked with were forced into supplying drugs to their parents or grandparents or felt forced to do so, and vice versa. The fact that some community leaders were well-known drug users complicated the situation; Caitlin thought it probably allowed family members to think that substance use is acceptable.

Caitlin talks a lot about power and choices and looking at individual power to make one's own decisions. Caitlin provides sessions to everyone (youth and parents) and these meetings are based on trust. She believes that if trust is established, youth can reach the stage where they can be honest with parents about how their parents' drug use affects them and how their parents' drug use compares to their own. She says that if you think you can do anything in isolation, you're fooling yourself and you won't get anywhere.

Rosie's parents told Caitlin that they felt they couldn't say no to her because she would threaten them with committing suicide. Caitlin worked a lot with Rosie, her parents and her brother, and her efforts were successful. Rosie stopped her drug use and her father cut down drastically. Both Rosie and her younger brother are doing extremely well. Both finished high school: one is in college and the other is working for the government. Caitlin says they're both smoking cigarettes and she thinks it's possible that they may be using substances but, in her opinion, neither is abusing substances.

Caitlin believes that a key factor contributing to Rosie's success and the success of others she knows is helping youth realize they have power and control over their decisions. She also thinks that her being clear about the ground rules in her sessions with youth and parents helps people to be comfortable and forthcoming because they know there will be no surprises.

### **The Power of Youth-to-Youth Approaches**

While working in the treatment world, Alec began to examine the issue of serious marijuana use. He began by speaking to youth in schools to find out what was of interest to youth who were involved with or affected by marijuana use. Alec quickly realized that the solution was a harm reduction approach that began by acknowledging the issues related to frequent marijuana use by youth.

To tailor a program effectively for the local population, the youth Alec worked with were invited to identify what they wanted to learn in a program designed to deal with the issues related to serious marijuana use. Alec quickly realized that decreasing serious marijuana use by youth did not involve challenging their opinions; rather, it involved reducing risk and applying information surrounding its use.

As Alec and his colleagues moved forward in their research, the principal of the school allowed two students who had been expelled for selling marijuana, thereby bringing harm to other students, to participate. These former dealers became advocates, which Alec attributes to the non-threatening leadership and youth engagement.

One of the outcomes that Alec's team wanted to establish was what the next steps should be. From a prevention perspective, the youth were asked: what do you want to see and how do you want to move forward and prevent future harm? There was an outreach liaison component in that Alec's team discovered what youth wanted to move forward in their lives and to learn about services and resources available for them.

Alec and his youth advocates convened a group of 12 young people in high school who were considered problematic — either suspended or expelled dealers with a history of serious marijuana use — as peer advocates. Guided by what this group had to say about meaningful interaction and messages, they developed eight sessions that were open to interested youth in the school. These interactive sessions were designed to encourage dialogue and it was hoped that the youth would open up.

The objectives of these sessions were to promote good behaviour, and problem-solving and decision-making skills, and to switch bad behaviours to good ones. The Behavioural Competencies were very important to the service provider establishing a climate of receptivity; that is, the guidance they provide enabled Alec to establish an environment where youth were receptive. Everyone agreed that a connection is number one! The ability to have rapport with the kids is paramount. If you lack such skills, you can't accomplish much.

### **The Power of Holistic and Youth-to-Youth Approaches**

Ten years ago in our community, organizations were pretty much stand-alone. Since then, the Health and Wellness Centre and the Sports and Recreation Association have worked together to promote a drug-free lifestyle by sharing resources to fund activities for the kids. This work was initiated by one woman who worked with youth dealing with the intergenerational effects of residential schools. The parents of these youth couldn't convey love to them because they were too desensitized by their experiences in residential schools. This situation inspired the organizations to work together.

The service providers acknowledged that there are some community-building advantages in small areas like ours, because people know their community and that makes organizing easier. However, community building in big cities is possible by forging small communities.

Integrating services is very important. By coordinating with others, we avoid having two organizations offering the same services to one youth. Further, the holistic approach is good because there are intersections (sports, drug-free lifestyle, etc.) that afford opportunities for service providers to be multifaceted. For instance, a service provider can teach youth both sports and life skills simultaneously. This allows the youth and service providers to become, and stay, close. It ensures that youth feel safe coming to us with any problems and sharing their experiences. In turn, we are expected to act as role models and leaders.

Being a role model and leader is important to young people in the community. It also is a powerful incentive for potential service providers, who must live a drug-free lifestyle for at least two years prior to working with these youth. The idea of being a leader is part of the success of the community's approach, as it affords the youth the opportunity to look up to leaders and become leaders themselves.

### **The Impact of Sudden, Imposed Changes**

The Boys and Girls Club in our community was once very youth driven and it hosted dances and club nights. At first, we were relaxed about substance use because we figured the youth were in a safe environment at the organization's events. When the organization imposed a zero-tolerance policy on substance use, 85% of youth stopped showing up and many of those who did show up had consumed substances.

In trying to understand the failure of the dances and club nights, we learned that one major issue was that policies and procedures require youth input, and not just brief input, but continuing engagement. The major lesson learned was that forcing a radical shift in position caused difficulty and was not effective. It is all relationship-based; it is a matter of engaging with these people and slowly integrating messages and lessons demonstrating the value of living alcohol- and drug-free lives. Prevention workers must be slow to teach and never judge.

### **The Benefits of Youth Ownership**

We tried to connect with a population of youth by offering a group called Drug Abuse Group. Not many youth showed up, so we thought we would change the group name to something more positive. Once the name was changed to something more appropriate, we had a better turn out. We learnt that if you don't have the right language, youth won't show up. Despite having a much better turn out, we thought we could connect with still more youth.

We decided that we needed to develop a program. We approached a group of at-risk youth (drug users) and asked them if they would help us develop a program for their friends. They agreed and, as a result, our program has the terminology, viewpoints and ownership of youth. Our program is currently a huge success and, because it was developed by friends of our target population, we have a more committed audience. Furthermore, the at-risk youth involved opened the door for others by talking about their drug use. This both demonstrated that they were respected and provided an opportunity for them to open up safely to the prevention workers tasked with creating the program.

The key lesson we have to share is that allowing a group of at-risk youth to help create a program is the best method for program development, because programs developed with input from youth are more relevant to youth. We also learnt that focusing on the positives rather than the negatives has a tremendous benefit. When thinking of a program name, we suggest avoiding terms like drug prevention and recommend using another activity instead. We also suggest using positive statistics; for example, instead of saying how many youth use drugs, say how many do not.

### **A Successful Engagement Process Starts with Assessment**

Our approach to school-based prevention begins by assessing the climate of the school — conducting an environmental scan or, if you will, a needs assessment. Important parts of the assessment process include:

- Lining up allies by finding out who's on board with a strength-based perspective. That means that a part of the assessment is actually relationship building. If a key ally in the school administration leaves, the program can change completely.
- Early engagement with school employees. We ask to be involved in a staff meeting; we ask school employees to meet with us in small groups and we ask them what is going well and what challenges they are experiencing. This information allows us to get a sense of what is needed and what needs to be done.
- Early engagement with youth. We try to meet with the youth as soon as possible, because they actually know what's going on.
- Use of a youth forum. We use a youth forum to hear from youth advocates, youth workers, teachers, and police and program developers, as well as youth, to describe what youth need, what youth want and what drugs youth use. We then compare the answers of all those invited (youth advocates, youth workers, teachers, police and program developers) with the answers from youth. We've found that the descriptions from police, teachers and program developers were way off from the descriptions of youth, youth workers and youth advocates.

Once we've conducted this initial assessment, we work with our allies to convince the school administration to allow us in. The language used by the school and the language we use affects our success in delivering a school-based prevention program.

Eventually, we work with teachers and counsellors to develop an effective plan that can be built into the curriculum. There are different models, some of which are tailored to individual schools and others that are tailored to broader local needs and shared. It is important to have enough service providers involved to implement the program and maintain continuous engagement (checking up on the school personnel, administering the program and continuing to assist with it as required).

Generally, we have a foundation program and tailor it to the schools. We start with concurrent disorders and preventative skill building — self talk, sleeping, hygiene, life skills, etc. We follow up with staff and they in turn are expected to follow up with the students.

#### **Treatment plus Prevention**

Enforcement officers and counsellors end up working with youth who have already been affected by substance use or abuse. We therefore do prevention and intervention at the same time. This means that as we intervene, we are constantly working towards prevention. We try to understand what is keeping drug-abusing youth where they are and what their goals are. We then try to figure out what roadblocks are preventing them from accomplishing their goals. We tailor prevention and intervention approaches, as much as possible, to the individual youth. This involves discovering what motivates the youth to accomplish their goals and what hinders them from doing so. In other words, we figure out the individual motivation for change.

The key to a successful prevention and intervention approach is showing youth respect, as doing so provides an incentive for them to better themselves. Showing youth respect and affording them an opportunity to contribute and become leaders are some of the most powerful incentives a prevention worker can offer. Therefore, one must have the skill to provide respect as an incentive. As incentives are not always explicit, we must build in incentives to our prevention programs that are implicit, such as showing respect to youth. We need to find leverage with the kids; we should be their cheerleaders and be excited when they are not using.







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