



Enhancing concurrent capability:
A toolkit for managers and staff

Understanding concurrent capable competencies: A user's guide

Contents

Introduction.....	5
Concurrent capability and competencies	8
Concurrent capable competencies	13
Using the competencies: Front-line staff.....	19
Using the competencies: Managers.....	23
Appendices	
1. Concurrent capable competencies.	30
2. Concurrent capable competency game	31
3. STAR interview questions	36
4. Competency based interview questions.....	38
5. Competency conversation tool.....	39
References	44

Copyright © (2016) Alberta Health Services. This material is protected by Canadian and other international copyright laws. All rights reserved. This material may not be copied, published, distributed or reproduced in any way in whole or in part without the express written permission of Alberta Health Services (please contact Senior Program Officer at Community, Seniors, Addiction and Mental Health at AHS.Info@albertahealthservices.ca). This material is intended for general information only and is provided on an “as is”, “where is” basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

Table of Contents

- Introduction5**
 - How was this toolkit chapter created?.....5
 - Learning objectives.....6
 - Where do competencies fit in?6
- Concurrent capabilities and competencies8**
 - What does it mean to be “concurrent capable”?8
 - What are competencies?8
 - The shift to competencies.....10
 - The value of a competency-based focus11
- Concurrent capable competencies13**
 - Competencies14
 - Levels of proficiency18
 - Applying the competencies18
- Using the competencies: Front-line staff19**
 - Assessing my competencies.....19
 - Applying for a position: Preparing for a competency-based interview21
 - Career planning.....22
- Using the competencies: Managers.....23**
 - Matching competencies to job descriptions.....23
 - Using the competency conversation tool and learning plan.....24
 - Team competencies24
 - Competency-based job interviewing24
 - The vision28
- Appendix 1: Concurrent capable competencies30**
- Appendix 2: Concurrent capable competency game31**
 - Game instructions31
- Appendix 3: STAR interview questions36**
 - Sample form.....36
 - Blank form37
- Appendix 4: Competency-based interview questions38**
- Appendix 5: Competency conversation tool38**
 - How to use the tool.....38
- References44**

Introduction

How was this toolkit chapter created?

The content of this chapter is based on *The Concurrent Capable Competency Framework for an Integrated Service Delivery System* (Alberta Health Services, 2013a), *Competencies for Canada's Substance Abuse Workforce* (CCSA, 2014) and discussions with AHS Addiction and Mental Health (AMH) to identify the essential knowledge, skills and attitudes necessary for concurrent capable practice in AHS's integrated, recovery-oriented addiction and mental health service system.

Participants from the Concurrent Capable Competency Framework Reference Group reviewed a draft of this toolkit chapter and provided feedback. We would like to acknowledge this group's hard work. Their suggestions and direction have greatly improved this chapter. We would also like to acknowledge the Canadian Centre on Substance Abuse (CCSA) for its leadership and its contributions towards a concurrent capable competency framework.

We are committed to matching toolkit content to the needs of the people who will be using it. We welcome any feedback, questions or suggestions for additions or revisions to the content. We wish to learn from the experiences at the front line, so please let us know how well this toolkit works for you by emailing us at concurrent.disorders@ahs.ca

Acknowledgements and special thanks

Sponsors

Barry Andres, Executive Director, Provincial Addiction and Mental Health (AMH)

Jill Mitchell, Director, Professional Development and Concurrent Capability, Provincial AMH

Lead

Tracey Labbie, Manager, Concurrent Capability, Provincial AMH

Reference group participants

Tuxephoni Winsor, Manager, Professional Development, Provincial AMH

Jackie Clark, Clinical Consultant, Concurrent Capability, Provincial AMH

Peter Churchill, Senior Advisor, Addiction Counselor Initiative, AMH

Louis Benincasa, Senior Advisor, Professional Development, Provincial AMH

Ron Beach, Team Lead, Provincial Addiction Prevention

Bob Johnston, Manager, AMH, South Zone

Deborah Vass, Manager, AMH, South Zone

Tom Mountain, Manager, AMH, South Zone

Robbin Sutherland, Education Consultant, AMH, Calgary Zone

Dawn Edwards, Education Consultant, AMH, Calgary Zone

Louise Streimer, Education Coordinator, AMH, Calgary Zone

Cindy King, Manager, AMH, Edmonton Zone

Craig Staniforth, Manager, AMH, Edmonton Zone

Glenn Walmsley, Manager, AMH, Edmonton Zone

Lois Ryan-Ottley, Manager, AMH, North Zone

Cindy Shyback, Manager, AMH, Central Zone

Donna Kerr, Writer, Kerr Creative

Learning objectives

This chapter will focus on the practical applications of the concurrent capable competencies. After reading this chapter, readers will understand

- competencies in general (what they are, how they are developed and why they should be used)
- concurrent capable competencies recommended for AHS, AMH
- practical applications of the competencies for individuals and supervisors/managers

Throughout this chapter, as well as in the appendices, you will find suggested activities to enhance your learning and additional information on topics of further interest.

Where do competencies fit in?

The Standard Approach to Concurrent Capable Practice algorithm outlines a process for concurrent capable practice that identifies the knowledge, skills and attitudes required for each step, as illustrated on the next page:

A standard approach to concurrent capable practice

First contact with person

EVERY DOOR IS THE RIGHT DOOR...

Concurrent Capable
Addiction Services

Concurrent Enhanced Programs
Integrated AMH Teams

Concurrent Capable
Mental Health Services

WELCOME AND ENGAGE

Observe and gather information on appearance, behaviour and cognition (ABC) and review history, while establishing rapport and engaging individual/family

SCREEN FOR CONCURRENT DISORDERS

Using a reliable tool (GAIN-SS, DSM-V CC, etc.) identify the presence of a mental health, addiction or concurrent disorder

BRIEF INTERVENTION

- Solution focused
- Single session or more (5-10)
- Crisis intervention

WARM HANDOFF

- Mental Health
- Addictions
- Concurrent Enhanced Service
- Community supports

KEEP AND CONSULT

Consultation, collaboration and coordination with other service (addiction or mental health) and other involved service providers

COMPREHENSIVE ASSESSMENT

- Recovery oriented, collaborative process that is person-centred, trauma informed and strengths based
- Involves person/family and other services providers in care coordination
- Reassessment is ongoing throughout the recovery journey with shifts in treatment planning as needed

INTEGRATED TREATMENT PLANNING

COMPREHENSIVE INTERVENTIONS

CONTINUOUS CARE

Time unlimited services using long term strategies to support recovery

CASE MANAGEMENT & SERVICE COORDINATION

DISCHARGE TRANSITION

Concurrent capabilities and competencies

What does it mean to be “concurrent capable”?

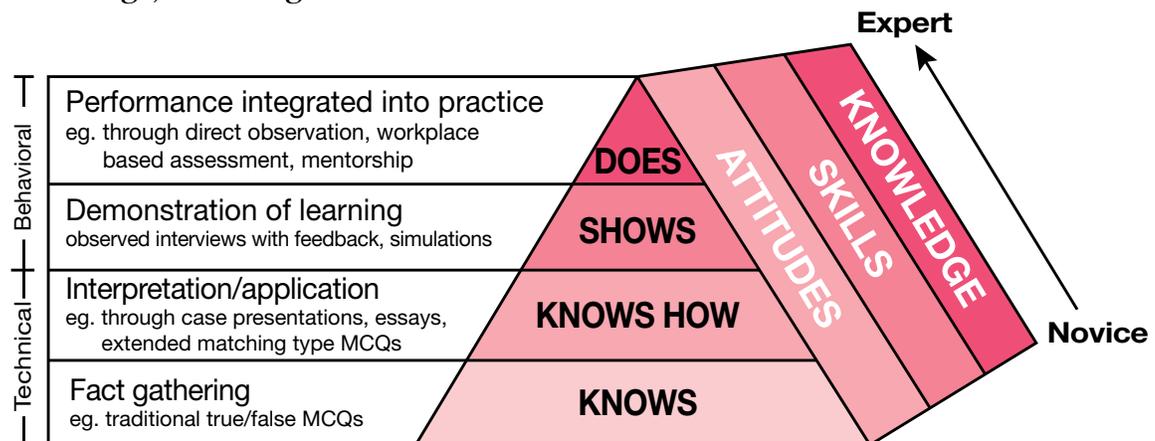


At first, the answer to this question might seem obvious: that all staff are able to identify and work with people who present with concurrent disorders. The reality, however, is a bit more complicated. What skills do you need to work with people with both addictions and mental health issues? What about personal qualities? Do they make a difference? How do we know what to look for when hiring new staff?

What are competencies?

Competencies are specific combinations of measurable knowledge, skills and attitudes that are needed to do one’s job effectively. They are not job tasks, but rather the skills that are needed to accomplish those tasks.

In 1990, psychologist George Miller developed a pyramid illustration to describe the levels of clinical competence for physicians. Miller’s framework was expanded into a prism by Mehay and Burns (2009) that added more details. This framework has been applied to a variety of settings, including addictions and mental health.



Based on Miller, G. E. The assessment of clinical skills/competence/ performance. (1990). Academic Medicine; 65(9), s63–s67. (Adapted by Mehay, R., & Burns, R. 2009).

Knowledge ≠ behaviour

The bottom two levels of the pyramid are cognitive or technical knowledge, which is different than the application of that knowledge. In fact, there is little correlation between the cognitive levels and the behavioural levels. Just because a person knows, or knows how, to do something doesn't mean they are able to, or that they will incorporate it into their daily practice.

The prism figure also shows that even if someone can demonstrate showing how to do something (e.g., by doing well in a sample recorded interaction), it does not mean that they do it in their everyday work.

A **competency framework** is a collection of competencies that together define successful performance in a particular job, job group, occupation, organization or industry (Substance Abuse and Mental Health Services Administration, 2011). For example, professional organizations, such as the Registered Psychiatric Nurses Association of Alberta (RPNAA) or the Alberta College of Social Workers (ACSW), may have a competency framework that outlines the required competencies for their particular profession.

Most competency frameworks identify levels of proficiency, from basic to advanced, within their competency domain. This can help staff and organizations develop competency profiles specific to their roles and can assist in professional learning activities.

A **competency profile** is a snapshot of how competencies are defined for a specific occupation or position. For example, counselling, senior management and health promotion are occupational clusters that would have different competency profiles. These profiles narrow the number of competencies that are required and will also specify the levels of proficiency for each competency. Profiles can be adapted and tailored to fit specific jobs.

Competency frameworks are not just for identifying skills or knowledge you don't have. They are also about identifying areas you excel in or competencies you already have. They can help give us the words to describe both our strengths and areas of further growth.

The shift to competencies

Many professions and organizations, from accountants to teachers to nurses, have switched to competency-based frameworks. This shift has happened over time and speaks to a demand for competent professionals. AHS AMH's experience is similar to what is happening in other sectors.

AHS AMH's journey to concurrent capable competencies

Historically, in Alberta and across North America, addiction and mental health systems were separate service streams, with different approaches to language, professional culture and individual care. These systems were not well connected to the primary health-care system, where many people first attempt to access help through their family physician. It was left to the consumers to navigate complex and separate systems of care—and often at times when they had reduced capacity, due to the severity of their illness.

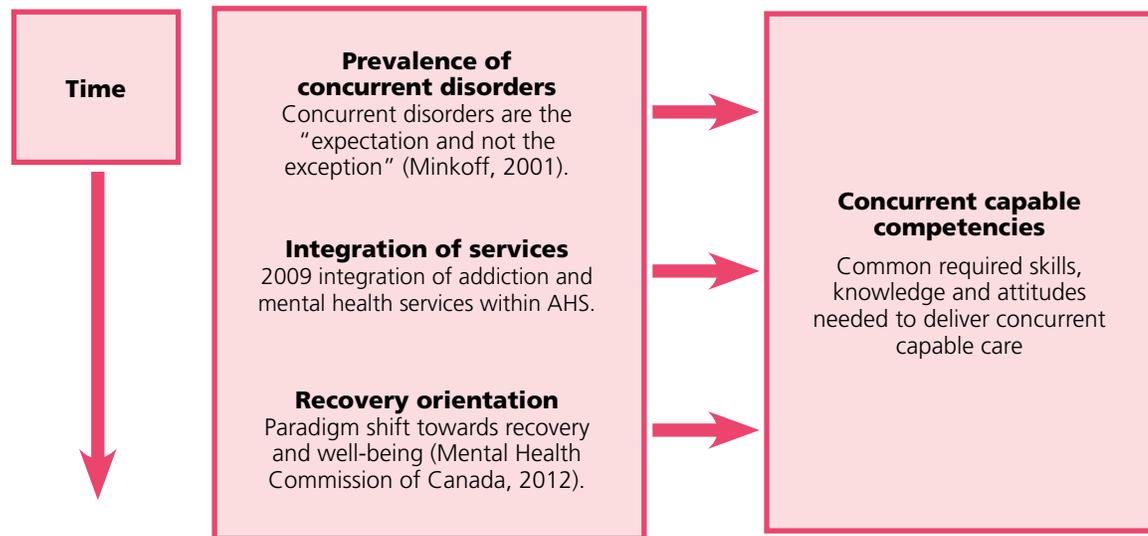
Several major trends reflect the growing awareness of integrating services to better meet the needs of the populations being served (Alberta Health Services, 2013a). These trends also contribute to the need for concurrent capable competencies. AHS AMH needed competencies that outline commonly required skills, knowledge, attitudes and system changes to deliver concurrent capable care.

From 2011 to 2014, AHS AMH adapted CCSA's first version of *Competencies for Canada's Substance Abuse Workforce* to include competencies for concurrent capable practice. In 2014, CCSA released an improved and expanded version that uses a rigorous competency development process, including pan-Canadian consultation, and now includes competencies for concurrent capable practice, trauma-specific care, medications and documentation. AHS AMH has now endorsed these competencies for use with staff.

A recipe for success

You can think of competencies like cooking. The competencies are the ingredients (e.g., chicken, flour, sugar). The framework is the collection of ingredients that are relevant to each meal (e.g., a cook who specializes in Italian cooking will stock ingredients commonly used in Italian food). And the profile is the actual recipe for a specific dish (e.g., Spaghetti Bolognese).

The trends are shown below:



The value of a competency-based focus

A range of qualified personnel deliver addiction and mental health services in Alberta, often within an interdisciplinary practice environment that includes addiction counsellors, mental health therapists, mental health clinicians, physicians, psychiatrists, nurses, psychiatric nurses, social workers, psychologists, recreation therapists, pharmacists, occupational therapists, support workers, mental health aides and psychology assistants. Each practitioner contributes a unique combination of knowledge and skills gained from education, training and experience and collaborates with other care providers to meet the persons' needs.

People can attain competencies in many ways, including formal education, on-the-job training and life experience. Competency frameworks provide a common language so that staff from different backgrounds understand what competencies are needed to be concurrent capable.

New research on effective practice, evolving job roles (due to new care delivery models) and new demands on health care mean that practitioners must continually assess the competency requirements needed to fulfill their job and deliver the highest quality of care. Using competencies as the basis for planning is more accurate and helpful than occupational classifications alone.

Shifting to competencies affects training and education, hiring and promoting, and planning future workforce needs. The following chart shows the differences between approaches.

Traditional	Competency based
<ul style="list-style-type: none"> • Focus more on what staff <i>know</i> 	<ul style="list-style-type: none"> • Focus more on what staff <i>do</i>
<ul style="list-style-type: none"> • Continuing education credits, certificates, credentials 	<ul style="list-style-type: none"> • Direct performance assessments
<ul style="list-style-type: none"> • Training defined by exposure to content over a certain period of time (e.g., practicum of three months) 	<ul style="list-style-type: none"> • Trainee remains in training until they have been shown to be competent to progress to the next stage
<ul style="list-style-type: none"> • Specified number of years assumed to acquire specific skills of specialty 	<ul style="list-style-type: none"> • No set time period to acquire the needed knowledge, skills, attitudes—trainees work on them until they are acquired
<ul style="list-style-type: none"> • Traditional hiring methods focus on education, qualifications and credentials. Interview questions ask about credentials, opinions and feelings 	<ul style="list-style-type: none"> • Interview questions prompt the candidate to talk about actual performance on the job, or about job experiences and accomplishments in specific situations
<ul style="list-style-type: none"> • Traditional interviews do a poor job of helping predict how a candidate will behave in specific situations (20% accuracy rate) 	<ul style="list-style-type: none"> • Competency-based interviews achieve an accuracy of over 80%
<ul style="list-style-type: none"> • Job titles and occupational classifications used for planning and hiring 	<ul style="list-style-type: none"> • Competencies used for planning and hiring
<ul style="list-style-type: none"> • Occupational classifications 	<ul style="list-style-type: none"> • Competencies that span different occupations

Adapted from B.C. Assessment (2014) and Cunnington & Southgate (2002).

Concurrent capable competencies

Concurrent capable competencies guide planning and the development of tools that support front-line operational managers and staff in identifying essential behavioural and technical competencies for delivering concurrent capable care.

Concurrent capable competencies, like CCSA's, provide a common language and point of reference for establishing consistent, high-quality performance among service providers within Addictions and Mental Health.

Competencies in brief

There are 17 technical competencies, 18 behavioural competencies and four levels of proficiency for each competency in *Competencies for Canada's Substance Abuse Workforce* (CCSA, 2014).

Technical competencies

Specific skills and knowledge required for working effectively in a concurrent-capable environment

- Understanding substance use
- Understanding concurrent disorders
- Case management
- Community development
- Counselling
- Crisis intervention
- Family and social support
- Group facilitation
- Medications
- Outreach
- Referral
- Prevention and health promotion
- Program development, implementation and evaluation
- Record keeping and documentation
- Screening and assessment
- Trauma-specific care
- Treatment planning

Behavioural competencies

Specific skills and knowledge required for working effectively in a concurrent-capable environment

- Adaptability/flexibility
- Analytical thinking and decision making
- Collaboration and network building
- Continuous learning
- Creativity and innovation
- Developing others
- Diversity and cultural responsiveness
- Effective communication
- Ethical conduct and professionalism
- Interpersonal rapport/savvy
- Leadership
- People service orientation
- Person-centred change
- Planning and organizing care
- Self-care
- Self-management
- Self-motivation and drive
- Teamwork and cooperation

Competencies

There are two types of competencies. Technical competencies are more what you do and behavioural competencies are more how you do it.

Technical competencies

For detailed descriptions and examples of each technical competency, see Appendix 1.

Technical Competency	Definition
Case management	Facilitating a person's movement within and between service providers. Includes maintaining accurate documentation, sharing information appropriately and collaborating with other service providers.
Community development	Working together with community stakeholders to identify community needs and resources, and to plan and support or guide collective action.
Counselling	Applying a comprehensive range of evidence-informed counselling styles, techniques and methodologies to improve the person's overall well-being.
Crisis intervention	Recognizing and responding effectively when a person or associated group or community is in a dangerous or potentially dangerous situation.
Family and social support	Working with people and individuals and groups most affected by the person and most able to either support or undermine the person's treatment goals.
Group facilitation	Using evidence-informed approaches to work effectively with people in group settings.
Medications	The knowledge and skills required to understand and use medications in the treatment of people and to understand and respond to the impact that medications could have on the person.
Outreach	Designing and delivering services in the community to a broad range of people, including those who might otherwise not seek or have access to those services.

Continued...

Technical Competency	Definition
Prevention and health promotion	Engaging with people, their families and their communities to encourage the adoption of knowledge, behaviours, values and attitudes that promote personal and community well-being.
Program development, implementation and evaluation	Developing and implementing new programs, modifying existing programs to respond to identified needs and evaluating the outcomes of new or revised programs.
Record keeping and documentation	Creating and maintaining accurate, up-to-date and comprehensive health records that are able to withstand legal scrutiny.
Referral	Collaborating with the person, services and supports to identify and access the best available resources to meet the individual's needs.
Screening and assessment	Selecting, administering and interpreting the results of evidence-informed tools and methods to measure a person's concerns and inform the care and treatment plan.
Trauma-specific care	Interacting with substance use people to identify and consider how overwhelmingly negative events affect their functioning and ability to cope, and then developing and delivering interventions that emphasize safety, choice and personal control.
Treatment planning	Collaboratively developing a treatment plan based on screening and assessment findings, and ensuring that activities and resources reflect the person's needs, strengths and goals. The process also includes monitoring, evaluating, planning for discharge and updating the treatment plan so that it reflects the person's evolving needs and goals.
Understanding concurrent disorders	The knowledge and skills required to inform specific aspects of a professional's work with people with co-occurring substance use and mental illness/mental health issues.
Understanding substance use	Background or contextual knowledge of substance use required to inform specific aspects of a professional's work with people and their families.

Behavioural competencies

For detailed descriptions and examples of each behavioural competency, see Appendix 1.

Behavioural Competency	Definition
Adaptability/ flexibility	Willingly adjust one's approach to meet the demands and needs of constantly changing conditions, situations and people and to work effectively in difficult or ambiguous situations.
Analytical thinking and decision making	Gather, synthesize and evaluate information to determine possible alternatives and outcomes and make timely, well-informed decisions. Includes critical thinking and reasoning.
Collaboration and network building	Identify and create informal and formal interdisciplinary networks and allied community groups to support the provision of services and the achievement of the organization's objectives. People can include individuals, groups, organizations and communities.
Continuous learning	Identify and pursue learning opportunities to enhance one's professional performance and development and the effective delivery of high-quality programs and services.
Ethical conduct and professionalism	Provide professional services according to the principles and values of integrity, competence, responsibility, respect and trust to safeguard both self and others. Includes the development of professionalism and ethical behaviour in self and others (individuals, groups, organizations, communities).
Interpersonal rapport/savvy	Establish and maintain relationships based on mutual respect and trust, appropriate sensitivity and transparency, empathy, and compassion with people, colleagues, professional associates and the greater community. Includes tact, diplomacy and sensitivity in all encounters with others.
Leadership	Help others achieve results and create enthusiasm for a shared vision and mission, even in the face of critical debate and adversity.
People service orientation	Provide excellent service to people (including individuals, groups, communities and organizations). Includes making a commitment to serve people and focusing one's efforts on discovering and meeting needs within personal, professional and organizational capacities and boundaries.

Behavioural Competency	Definition
Person-centred change	Enhance, facilitate, support, empower and otherwise increase motivation for positive change. Positive change is achieved by actively involving the person in the change process and encouraging them (whether an individual, group, community or organization) to take responsibility for the outcomes they achieves.
Planning and organizing	Identify and prioritize tasks, develop and implement plans, evaluate outcomes, and adjust activities in order to achieve objectives.
Self-care	Deliberately and continuously apply professional and personal self-care principles to one's self and, at times, others to stay productive while maintaining physical, mental, spiritual and emotional health.
Self-management	Appropriately manage one's own emotions and strong feelings. Maintain a calm and tactful composure under a broad range of challenging circumstances. Think clearly and stay focused under pressure. Includes self-regulation and mindfulness.
Self-motivation and drive	Remain motivated and focused on a goal until the best possible results are achieved, with both passion for making a difference and persistence despite confronting obstacles, resistance and setbacks.
Teamwork and cooperation	Work cooperatively and productively with others within and across organizational units to achieve common goals. Demonstrate respect, cooperation, collaboration and consensus-building.

Hard and soft skills

Hard skills are the concrete, hands-on technical skills to do a job. Examples include administering a screening tool, writing a case note or developing a treatment plan.

Soft skills are personal qualities and interpersonal or "people" skills. Soft skills are more intangible and harder to measure, yet they are the ones that determine success in most workplaces. Examples include a good work ethic, dependability and good communication skills.

Levels of proficiency

There are four levels of proficiency:

Level 1: Introductory	Demonstrates basic knowledge and ability, and can apply the competency, with guidance, in common situations that present no or limited difficulties.
Level 2: Developing	Demonstrates sound knowledge and ability, and can apply the competency, with minimal or no guidance, in the full range of typical situations. Likely requires guidance to handle novel or more complex situations.
Level 3: Intermediate	Demonstrates in-depth knowledge and ability, and can consistently and effectively apply the competency in complex and challenging situations and settings. Guides other professionals.
Level 4: Advanced	Demonstrates expert knowledge and ability, and can apply the competency in the most complex situations. Develops or facilitates new practices, programs and policies. Is recognized as an expert, internally and externally.

These levels include behavioural indicators as examples of ways in which the competency can be demonstrated for each level. The levels are also cumulative, as proficiency builds over time.

For example, a new graduate from a recognized post-secondary program may come prepared with basic knowledge and understanding in social work. The specific knowledge, skills and attitudes required to work in a child and youth concurrent disorder program may require further development if the provider was not adequately exposed to this in his or her education, practicum placements or work experience. As clinicians gain experience working in addiction and mental health care settings, they integrate this experience into their knowledge and progress along a continuum towards advanced practice competence.

The competencies list generic behavioural indicators for the levels. This is a good starting point, and individual program managers can add or substitute their own indicators to accurately reflect the levels as they are typically demonstrated in their setting.

Applying the competencies

Competencies can be used by front-line service providers who provide care to individuals and families experiencing concurrent disorders, as well as managers and front-line supervisors who can apply the competencies for staff and teams to support competency-based interviewing, orientation and clinical development planning.

Using the competencies: Front-line staff

Assessing my competencies

Many clinicians need to submit annual learning documentation for continuing competency requirements. By assessing your practice competencies regularly, you can assess your strengths and areas for development and consider what learning actions should be pursued each year. There are two tools available to facilitate this process: The Competency Conversation Tool and Learning Plan and the Concurrent Capable Competency Game (see Appendix 2).

The Competency Conversation Tool and Learning Plan

- uses behavioural and technical competencies to provide consistent direction and common language around skills and knowledge regardless of the practitioner's discipline
- facilitates a conversation between an employee and their manager
- identifies competencies to focus on for professional development
- can be used to create a custom, competency-based job profile
- automatically creates an individualized learning plan for the employee to decide how learning will take place
- is an Excel workbook available on AHS's Insite or by request from concurrent.disorders@ahs.ca

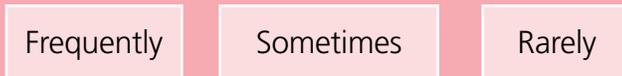
How to use the tool

1. A manager inputs the "expected level of practice" (1–4) for each technical and behavioural competency for their program. Additional competencies maybe added.
2. The employee assesses their "current level of proficiency" (1–4) for each technical and behavioural competency.
3. Two technical and two behavioural competencies are chosen by the employee with their manager to address with learning actions.
4. This results in a learning plan that can be printed, signed and revised at set intervals (from monthly to annually).

The Concurrent Capable Competency Game (see Appendix 2) is a fun and easy way to assess your competencies. Both behavioural and technical competencies are listed on cards that can be printed and cut into a card deck. You can play this game by yourself, with your supervisor or as a team.

Step 1: Determine the competencies that your job requires most often

Think about what competencies are required at your current job. For each competency, place it under the category you think best applies for your job. If using the card sort, arrange the Frequently, Sometimes and Rarely cards as shown below



Step 2: Determine level of proficiency

For each competency, decide which level you think best applies to you. You can do this to rate yourself for all competencies, or to narrow yourself down to the ones that were used frequently and sometimes (as marked in the previous step). If using the card sort, arrange the levels cards as shown below and sort accordingly:

Level 1: Introductory	Level 2: Developing	Level 3: Intermediate	Level 4: Advanced
Demonstrates basic knowledge and ability, and can apply the competency, with guidance, in common situations that present no or limited difficulties.	Demonstrates sound knowledge and ability, and can apply the competency, with minimal or no guidance, in the full range of typical situations. Likely requires guidance to handle novel or more complex situations.	Demonstrates in-depth knowledge and ability, and can consistently and effectively apply the competency in complex and challenging situations and settings. Guides other professionals.	Demonstrates expert knowledge and ability, and can apply the competency in the most complex situations. Develops or facilitates new practices, programs and policies. Is recognized as an expert, internally and externally.

Step 3: Record your concurrent capable competencies

You can use this form to record the results from the competency game.

> | suggested activity | <

Applying for a position: Preparing for a competency-based interview

The first thing you should do to prepare for a competency-based interview is read the section below called “Competency-based job interviewing,” which was written to help managers develop interviews. Knowing how interviewers develop their questions can help you better answer them. Here are some other tips:

- Ask for the required competencies and expected levels before your interview (in addition to the job description). Think of sample questions that you might be asked for each competency. You can look at Appendix 4, “Competency-Based Interview Questions,” for some sample questions.
- Prepare your answers to sample questions. The STAR forms in Appendix 3, “STAR Interview Questions,” will help prepare you for your interview. Rehearse your answers. Remember, the interviewers want real-life situations with specifics, not generalities.
- Think of ways that you can demonstrate your level of proficiency. Review the behavioural indicators and think of how you can communicate which level you feel you are at.

Dos and don'ts for interviews

Here are some phrases to use and avoid (remember, be specific!):

Do	Don't
Always speak in the first person: “I thought/felt/did”	Avoid plural/indirect subject statements: “In the region, we...” “At the local level, we...”
Discuss events that have occurred and speak in the past tense: “The way I handled the situation with the media was I first called my local contact...”	Using hypothetical or future tense: “What I usually do is...” “What I would do is...”
Focus on what actually happened: “At that time, I responded by...”	Presenting thoughts on incident: “I should have handled it by doing...”

Source: B.C. Assessment (2014).

Career planning

Reflecting on your competencies and addressing your learning plan regularly can provide a clear pathway to the competency levels needed for promotion or a change in jobs. When you know what competencies are required for a future position, you can start developing them now.

< | suggested activity | >

Spend a few moments either alone or with a colleague, and answer the following questions:

- What kind of job would you like in the future?
- Do you want to stay in a position that provides direct clinical service or move into management?
- What competencies do you have now and what will be needed for your dream job? (The “Assessing my Competencies” section can help with this.)
- How can you begin developing the competencies you’ll need? (You could also develop a learning plan with your supervisor.)

Using the competencies: Managers

The competencies can be used to prepare for interviewing, and to plan for ongoing professional development.

Matching competencies to job descriptions

Competencies can add to traditional job descriptions. Competencies can identify indicators for the core knowledge, skills, and attitudes (competency domains) that service providers need to deliver concurrent capable, recovery-oriented care within an integrated service delivery system.

A competency-based job description has one significant feature that traditional job descriptions do not possess. In addition to listing duties assigned to a position, a competency-based job description also includes the skills and behaviors required to successfully perform these duties. This feature does the following:

- *enables recruiters to fully describe job requirements;*
- *leads to lower turnover due to better matches between applicants and job;*
- *helps supervisors adequately explain areas for improvement using concrete examples of expectations during performance reviews;*
- *shows employees what skill sets are required to advance within an organization (Substance Abuse and Mental Health Services Administration, 2011)*

Identifying the competencies

It is also important to identify which competencies are essential for the job, and which are merely nice to have. You may also want to eliminate the competencies that do not apply to this particular job.

Read through the job description and reflect on what an ideal candidate might look like. If you are using the card sort, arrange the job requirements sorting cards (found in Appendix 2, “Concurrent Capable Competency Game”) and sort the competency cards into each category.

Critical

Nice to have

Not needed

- Many experts recommend no more than eight competencies per job description (often for practical purposes—you only have so much time in an interview to ask about the competencies). Select your top competencies. If you choose fewer than eight critical competencies, choose the most important “nice to have” competencies.
- For each competency, identify the expected level of proficiency.

Using the competency conversation tool and learning plan

The Competency Conversation Tool and Learning Plan is a tool that makes it easier for managers to identify competencies needed for each job description, and for staff to generate a competency-based learning plan (see Appendix 5). It is described in detail in the “Assessing My Competencies” section above.

Team competencies

It is a good idea to look at the competency mix amongst work teams. It is common within Addiction and Mental Health for services to be delivered using a multidisciplinary treatment team model determined by individual need and program objectives, with the end view on positive outcomes. In many cases competencies can be distributed, balanced and developed within your team environment.

Using a tool like the Competency Conversation Tool and Learning Plan

- provides an overall view of the competencies needed by your team and the levels of individual staff
- identifies gaps across your team as a whole to assist in coordination of budgets
- identifies individuals with additional learning needs, as well as those who are highly proficient

Competency-based job interviewing

Traditional vs. competency-based interviews

Traditional hiring methods focus on education, qualifications and credentials. The problem is that traditional methods merely elicit responses that address credentials, opinions and feelings. Rarely will a traditional interview question prompt the candidate to tell the interviewer about actual performance on the job, or about job experiences and accomplishments in specific situations. Answers given by the candidate do not focus on what a person actually did in a specific situation or in a previous job, how it was done and under what circumstances it was done. As a result, traditional interviews do a poor job of helping to predict how a candidate will behave in specific situations.

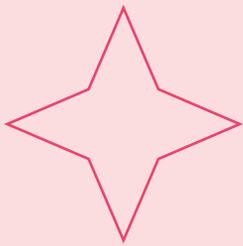
This poor predictive ability has been proven repeatedly in many research studies. Competency-based interviews achieve an accuracy of over 80% compared to approximately 20% for more traditional interviews and represent the highest accuracy found in contemporary interviewing methods (B.C. Assessment, 2014).

This shift in approaches affects the type of questions asked in a competency-based interview.

Traditional question	Competency-based question
What is a concurrent disorder?	Describe a time when you suspected someone of having a concurrent disorder. What made you think that?
What motivates you?	Think of a time when you did not feel motivated to accomplish something. Tell me about it.

Preparing interview questions

Once you have identified the competencies and their expected levels for a specific position, you can develop interview questions that will help you determine whether a candidate has the skills, knowledge and attitudes you want. The STAR framework is a widely used format that assists managers in developing competency-based job interviews.

	Situation	Situation, background and context.
	Task	Specific task(s) to be accomplished.
	Action	What was done and how it was done. Why those actions were taken.
	Result	Results, accomplishments and learnings as a result of the actions.

You can use the form in Appendix 3, “STAR Interview Questions,” to develop questions for each competency. There is a sample as well as a blank form.

Competency-based interviewing tools

The Canadian Centre on Substance Abuse (CCSA) has developed tools to help managers conduct competency-based interviews relating to each competency. Below are sample interview questions you might wish to consider (see Appendix 4 for links to all the CCSA interview tools). You can use them as is, or adapt them to meet your needs.

Behavioural competency: Adaptability/flexibility

LEVEL 1: INTRODUCTORY

Question

People see things differently. Tell me about a time when you needed to make a special effort to recognize the value of another person's point of view on the best way to handle a situation or problem.

- What was the situation/problem?
- What was your point of view on how it should be handled?
- What was the other person's point of view?
- How did the situation/problem end up being handled?

LEVEL 2: DEVELOPING

Question

Give me an example of a situation where you changed your behaviour or approach according to the circumstances and the people involved.

- Why did you need to change your approach?
- Describe how you changed your approach/behaviour.
- How easily did you adapt to the situation?
- What was the outcome?

LEVEL 3: INTERMEDIATE

Question

Describe a time when you foresaw that a change was to be implemented that you had to be prepared for.

- What change did you foresee?
- What did you perceive to be the impact?
- How did you plan for the change?
- What was the outcome?

LEVEL 4: ADVANCED

Question

Often projects do not go as originally planned. Give an example of a time when you needed to adjust or make changes to your plan/strategy, in response to the situation at hand.

- What happened?
- What changes were required? Why?
- What changes did you make?

- How did you feel about having to change your plan/strategy?
- How did things turn out?
- What would you do differently next time?

Technical competency: Trauma-specific care

LEVEL 1: INTRODUCTORY

Question

Describe a specific time when you spoke with someone about his or her trauma.

- What was the situation?
- What were the most important messages you wanted to convey about his or her trauma?
- What did you say to reassure the person that you had a good understanding of his or her particular type of trauma?

LEVEL 2: DEVELOPING

Question

Describe a recent time when you helped someone to manage the impact of trauma on his or her life.

- What was the situation?
- Given that these can be sensitive discussions, how did you create a safe environment and build rapport?
- What information did you seek from the person?
- What referrals did you make in this situation, if any? Why?

LEVEL 3: INTERMEDIATE

Question

Describe a situation when you were particularly successful in working with someone who was experiencing the impact of trauma.

- What was the situation?
- What did you do to ensure the person had an integrated treatment plan and that the relationship between trauma, substance use and mental illness or mental health issues was addressed?
- What strategies did you develop with the person to help him or her?
- Why do you consider this a particularly successful situation?

LEVEL 4: ADVANCED

Question

Describe one or two recent things you have done to create and promote programs that support good self-care for care providers and those receiving care.

- What obstacles did you face and how did you overcome them?
- What was the outcome?
- How did you ensure that a staff member improved his or her self-care?

The vision

Creating a culture of learning for an integrated service delivery system means that everyone teaches, learns and shares their abilities. Key to that success is the way we talk about competencies. We want to create an atmosphere where staff feel safe, appreciated and engaged while using the behavioural competencies. Creating this vision is similar to the apprenticeship system used in the past:

Once upon a time, workplace learning meant apprenticing with a mentor. He or she would take you into their shop or studio and over the course of months or years work side by side with you as you learned your craft. The expectation was that you would practice, make mistakes and learn how to fix them, and gradually build up your knowledge and skill under the watchful eye of your mentor. Eventually you'd be "ready" to go out on your own or perhaps replace your mentor, but either way you'd continue to learn and develop your craft by associating with other practitioners, talking, learning, and sharing new techniques and materials. Eventually it would be your turn to mentor another young person (Alberta Health Services, 2013b).

Tips to promote individual competencies

- Emphasize that this is a personal learning activity to help staff learn and grow. It is not a performance appraisal or evaluation. This may help ease some concerns.
- The learning plan that results from this process can be linked to staff members' future career aspirations. This bigger picture can help staff see that developing the identified competencies will help them on their career path and support professional development.
- Before you can use the tool, you'll need to identify the required competencies for the staff position and the expected levels for each competency. See the "Matching Competencies to Job Descriptions" section above for details on how to do this.
- Spend some time reviewing the competency profile with staff. Make sure they understand the competencies required and the expected level for each competency. You could have them complete the "Assessing My Competencies" activity and then compare it to the profile.

- Determining the current level for each competency can be done together. Ask staff which level they think they are at and why. The “What Level Am I At?” activity can be done together or completed by the employee and then compared to the expected levels together.
- Inform yourself ahead of time about resources (e.g., workshops, courses, written materials) that can be applied to the identified learning actions.

APPENDIX 1

Concurrent capable competencies

Detailed concurrent capable competencies adapted from Canadian Centre for Substance Abuse (CCSA) Competencies for Canada's Substance Abuse Workforce

Section VII — Technical Competencies Report [PDF, 353 KB]

<http://www.ccsa.ca/Resource%20Library/CCSA-Workforce-Technical-Competencies-Report-2014-en.pdf>

Identifies the updated 17 technical competencies (including definitions) deemed (by focus groups) to be most desirable for the substance abuse workforce and provides sample behaviour indicators at four levels of proficiency for each competency.

Section I — Behavioural Competencies Report [PDF, 368 KB]

<http://www.ccsa.ca/Resource%20Library/CCSA-Workforce-Behavioural-Competencies-Report-2014-en.pdf>

Identifies the 18 behavioural competencies (including definitions) deemed most desired for the substance abuse workforce and provides sample behaviour indicators at four levels of proficiency for each competency. This section also identifies job clusters common in the substance abuse workforce, provides generic proficiency profiles for each cluster and discusses adapting the profiles to individual organizations.

APPENDIX 2

Concurrent capable competency game

Game instructions

This is a group or individual activity to assess the level of proficiency with concurrent capable practice

1. Print the competency lists on colored paper and cut into squares for sorting:
 - Importance cards (blue)
 - Level of proficiency cards (blue)
 - Behavioural competencies (orange)
 - Technical competencies (yellow)
2. Each group gets a set of 4 card groups:
 - Importance cards (blue)
 - Level of proficiency cards (blue)
 - Behavioural competencies (orange)
 - Technical competencies (yellow)

STEP 1: Decide Importance

- Layout 3 **Importance cards**
- Place technical and behavioural **Competency cards** under each level of importance
- Remove competency cards under “not important”

STEP 2: Decide Level of Proficiency

- Layout 4 **Level of proficiency cards**
- Under each level card place decide your current proficiency level necessary for each competency. Consider: strengths and learning opportunities

STEP 3: Record on your competencies

- Team competency form
- Individual Learning Plan

Concurrent Capable Competencies

Team:

Date:

Level 1		Level 2		Level 3		Level 4	
Competency	Frequency	Competency	Frequency	Competency	Frequency	Competency	Frequency

Team strengths:

Team learning opportunities:

For recording Individual Learning Plan

Addiction and Mental Health Competency Based Learning Plan

Name:

Date:

Competency	Learning goal	Learning action
<i>Behavioural</i>		
<i>Technical</i>		
<i>Other</i>		

Technical Competencies

PRINT ON YELLOW PAPER and CUT OUT

Understanding substance use	Understanding concurrent disorders	Case management
Background or contextual knowledge of substance use, as defined in the Competencies, required to properly inform more specific aspects of a professional's work with people and their families.	Knowledge and skills required to properly inform more specific aspects of a professional's work with people with co-occurring substance use and mental illness, or substance use and mental health issues.	Facilitating a substance use client's movement within and between service providers. It includes maintaining accurate documentation, sharing client information appropriately and collaborating with other services providers.
Referral	Community development	Counselling
Collaborating with substance use individuals, services and supports to identify and access the best available resources to meet the person's needs.	Working together to identify community needs and resources, and to plan and support or guide collective action.	Applying a comprehensive range of evidence-informed counselling styles, techniques and methodologies aimed at improving the overall well-being of substance use and concurrent disorders clients.
Crisis intervention	Family and social support	Group facilitation
Recognizing and responding effectively when a substance use or concurrent disorders person or associated group or community is in an unstable, risky, dangerous or potentially dangerous situation.	Working with people and individuals and groups most affected by the person's substance use and most able to either support or undermine the person's treatment goals.	Using evidence-informed approaches to work effectively with substance use and concurrent disorders clients in group settings.
Medications	Outreach	Prevention and health promotion
The knowledge and skills required to understand and use medications in the treatment of people with substance use or concurrent disorders and to understand and respond to the impact that medications could have on the person.	Designing and delivering substance use and concurrent disorders services in the community to a broad range of people, including those who might otherwise not seek or have access to those services.	Engaging with substance use and concurrent disorders clients, their families and their communities to encourage the adoption of knowledge, behaviours, values and attitudes that promote personal and community well-being.
Program development, implementation and evaluation	Record keeping and documentation	Screening and assessment
Developing and implementing new substance use programs, modifying existing programs to respond to identified needs and evaluating the outcomes of new or revised programs.	Creating and maintaining accurate, up-to- date, comprehensive health records able to withstand legal scrutiny.	Selecting, administering and interpreting the results of evidence-informed tools and methods to measure a client's substance use and related concerns, and inform the care and treatment plan.
Trauma-specific care	Treatment planning	
Interacting with substance use people to identify and consider the impact that overwhelmingly negative events have on functioning and the ability to cope, and then developing and delivering interventions that emphasize safety, choice and personal control.	Collaboratively developing a treatment plan based on screening and assessment findings, ensuring that activities and resources reflect the person's needs, strengths and goals. The process also includes monitoring, evaluating, planning for discharge and updating the treatment plan so that it reflects the person's evolving needs and goals.	

Behavioural Competencies *PRINT ON ORANGE PAPER and CUT OUT*

<p>Interpersonal rapport/savvy</p> <p>Establish and maintain relationships based on mutual respect and trust, appropriate sensitivity and transparency, empathy, and compassion with people, colleagues, professional associates and the greater community. Encompasses skills of tact, diplomacy, and sensitivity in all encounters with others.</p>	<p>Ethical conduct and professionalism</p> <p>Provide professional services according to the principles and values of integrity, competence, responsibility, respect and trust to safeguard both self and others. Includes the development of professionalism and ethical behaviour in self and others (individuals, groups, organizations, communities).</p>	<p>Developing others</p> <p>Facilitate and motivate sustained learning and create learning opportunities and resources, as well as promote and respect others' needs for ownership of learning outcomes. Includes creation of a continuous learning environment that fosters positive growth in both work and public contexts among peers, people, their families, communities and other groups (recipients).</p>
<p>Teamwork and cooperation</p> <p>Work cooperatively and productively with others within and across organizational units to achieve common goals; demonstrate respect, cooperation, collaboration, and consensus-building.</p>	<p>Planning and organization</p> <p>Identify and prioritize tasks, develop and implement plans, evaluate outcomes, and adjust activities in order to achieve objectives.</p>	<p>Collaboration and network building</p> <p>Identify and create informal and formal interdisciplinary networks and allied community groups to support the provision of services and achievement of the organization's objectives.</p>
<p>Continuous learning</p> <p>Identify and pursue learning opportunities to enhance one's professional performance and development and the effective delivery of high-quality programs and services.</p>	<p>Analytical thinking and decision making</p> <p>Gather, synthesize and evaluate information to determine possible alternatives and outcomes and make well-informed, timely decisions. Includes critical thinking and reasoning.</p>	<p>Self-care</p> <p>Deliberately and continuously apply professional and personal self-care principles to oneself and, at times, others to sustain optimal productivity while maintaining physical, mental, spiritual and emotional health.</p>
<p>Leadership</p> <p>Help others achieve excellent results and create enthusiasm for a shared vision and mission, even in the face of critical debate and adversity.</p>	<p>Self-motivation and drive</p> <p>Remain motivated and focused on a goal until the best possible results are achieved, with both passion for making a difference in your field and persistence despite confronting obstacles, resistance and setbacks.</p>	<p>Adaptability/flexibility</p> <p>Willingly adjusts one's approach to meet the demands and needs of constantly changing conditions, situations, and people and to work effectively in difficult or ambiguous situations</p>
<p>Person-centred change</p> <p>Enhance, facilitate, support, empower, and otherwise increase the person's motivation for positive change. Positive change is achieved by involving the person actively in the change process and encouraging the person to take responsibility for the outcomes he or she achieves. These may be individuals, groups, communities and organizations.</p>	<p>Diversity and cultural responsiveness</p> <p>Provide respectful, equitable and effective services to diverse populations, as defined by culture, age, gender, language, ethnicity, socio-economic status, legal status, health, ability, sexual orientation, mental illness, substance use, etc. Affirm and value the worth of all individuals, families, groups, and communities; and protect the dignity of all.</p>	<p>Self-management</p> <p>Appropriately manage one's own emotions and strong feelings; maintain a calm and tactful composure under a broad range of challenging circumstances; and think clearly and stay focused under pressure. Encompasses self-regulation and mindfulness.</p>
<p>People service orientation</p> <p>Provide service excellence to people (which can include individuals, groups, communities and organizations). Includes making a commitment to serve people and focusing one's efforts on discovering and meeting the person's needs within personal, professional and organizational capacities and boundaries.</p>	<p>Effective communication</p> <p>Articulate both verbally and in writing across a range of technologies in a manner that builds trust, respect and credibility and that ensures the message is received and understood by the audience. Includes active listening skills and congruent non-verbal communication.</p>	<p>Creativity and innovation</p> <p>Use evidence-based practices in innovative and creative ways to initiate both effective new ways of working and advances in the understanding of the field of practice. Innovation is achieved in translating research into practice to optimize improvements in service delivery and professional practice.</p>

Understanding concurrent capable competencies: A user's guide | APPENDIX 2

Sorting Cards *PRINT ON BLUE PAPER and CUT OUT*

Importance

Frequently **Sometimes** **Rarely**

Level of Proficiency

Level 1

Introductory

Demonstrates basic knowledge and ability, and can apply the competency, with guidance, in common situations that present no or limited difficulties.

Level 2

Developing

Demonstrates sound knowledge and ability, and can apply the competency, with minimal or no guidance, in the full range of typical situations. Likely requires guidance to handle novel or more complex situations.

Level 3

Intermediate

Demonstrates in-depth knowledge and ability, and can consistently and effectively apply the competency in complex and challenging situations and settings. Guides other professionals

Level 4

Advanced

Demonstrates expert knowledge and ability, and can apply the competency in the most complex situations. Develops or facilitates new practices, programs and policies. Is recognized as an expert, internally and externally

For Managers: Job Requirements

Critical

Nice to Have

Not Needed

APPENDIX 3

STAR interview questions

Sample form

This form can help you generate competency-based interview questions and record your notes about the candidate's answers in one place. At the end of the interview, you can reflect on your notes and determine the level of competence for the candidate. Complete a form for each competency.

Competency: Planning and Organizing

	Write a few questions to explore the STAR items:
Situation Situation, background and context	Tell me about a time when you had to organize a project.
Task Specific task(s) to be accomplished.	What tasks needed to be completed?
Action What was done and how it was done. Why those actions were taken.	What steps did you take? How did you go about deciding what needed to be done first, second, third, etc.?
Result Results, accomplishments and learnings as a result of the actions.	What was the result? Did you get the outcome you had hoped for? If you had to do it again, what would you do differently?
Level (circle) 1 2 3 4	Notes:

Blank form

This form can help you generate competency-based interview questions and record your notes about the candidate's answers in one place. At the end of the interview, you can reflect on your notes and determine the level of competence for the candidate. Complete a form for each competency.

Competency: _____

Write a few questions to explore the STAR items:

Situation

Situation, background and context

Task

Specific task(s) to be accomplished.

Action

What was done and how it was done. Why those actions were taken.

Result

Results, accomplishments and learnings as a result of the actions.

Level (circle)

1 2 3 4

Notes:

APPENDIX 4

Competency-based interview questions

Generic Questions for the Behavioural Competencies

- <http://www.ccsa.ca/Resource%20Library/CCSA-Workforce-Behavioural-Competencies-Questions-Guide-2014-en.pdf>

Guide to Behavioural Competency-based Interviewing (Section III)

- <http://www.ccsa.ca/Resource%20Library/CCSA-Workforce-Behavioural-Competencies-Interviewing-Guide-2014-en.pdf>

Generic Questions for the Technical Competencies (Section VIII)

- <http://www.ccsa.ca/Resource%20Library/CCSA-Workforce-Competencies-Questions-Guide-2014-en.pdf>

Interview Tools for Common Job Clusters for the Behavioural Competencies (Section IV)

- <http://www.ccsa.ca/Resource%20Library/CCSA-Workforce-Behavioural-Competencies-Interviewing-Tool-2014-en.pdf>

APPENDIX 5

Competency conversation tool

An example of a completed Concurrent Capable Conversation Tool and Learning Plan is provided to illustrate the steps in annual competency development.

Access the Excel tool electronically from Addiction and Mental Health on AHS Insite or by request to concurrent.disorders@ahs.ca

There are 10 pages in the Excel workbook:

1. Cover page
2. Introduction
3. Instructions
4. Start *START HERE inputting staff name and job profile title
5. Proficiency Levels
6. Technical (competencies)
7. Behavioural (competencies)
8. Additional (competencies)
9. Learning Actions
10. Learning Plan

How to use the tool:

1. A Manager inputs the “*expected level of practice*” (1-4) for each technical and behavioural competency for their care area. Additional competencies may be added.
2. The employee assesses their “*current level of practice*” (1-4) for each technical and behavioural competency.
3. Two technical and two behavioural competencies are chosen by the employee with their manager to address with learning actions.
4. A learning plan results which can be printed, signed and revised at intervals of monthly to annually.

Proficiency Levels	
Level 1 - Introductory	Demonstrates basic knowledge and ability, and can apply the competency, with guidance, in common situations that present no or limited difficulties.
Level 2 - Developing	Demonstrates sound knowledge and ability, and can apply the competency, with minimal or no guidance, in the full range of typical situations. Likely requires guidance to handle novel or more complex situations.
Level 3 - Intermediate	Demonstrates in-depth knowledge and ability, and can consistently and effectively apply the competency in complex and challenging situations and settings. Guides other professionals.
Level 4 - Advanced	Demonstrates expert knowledge and ability, and can apply the competency in the most complex situations. Develops or facilitates new practices, programs and policies. Is recognized as an expert, internally and externally

Section A: Technical Standards and Competencies

For the following competencies, the employee must demonstrate the following skills/attributes in their practice:

Section A: Technical Standards

	Technical Competency	Competency Definition	Expected Level of Proficiency	Current Level of Proficiency
Knowledge				
<input type="checkbox"/>	Understanding Substance Use	Background or contextual knowledge of substance use, as defined in the Competencies, required to properly inform more specific aspects of a professional's work with clients and their families.	2-Developing	2-Developing
<input type="checkbox"/>	Understanding Concurrent Disorders	Knowledge and skills required to properly inform more specific aspects of a professional's work with clients with co-occurring issues.	2-Developing	2-Developing
<input type="checkbox"/>	Trauma-specific Care	Interacting with clients to identify and consider the impact that overwhelmingly negative events have on functioning and the ability to cope, and then developing and delivering interventions that emphasize safety, choice and personal control.	1-Introductory	2-Developing
Screening & Assessment				
<input type="checkbox"/>	Crisis Intervention	Recognizing and responding effectively when a client or associated group or community is in an unstable, risky, dangerous or potentially dangerous situation	1-Introductory	1-Introductory
<input type="checkbox"/>	Screening and Assessment	Selecting, administering and interpreting the results of evidence-informed tools and methods to measure a client's concerns, and inform the care and treatment plan.	1-Introductory	1-Introductory
Integrated Treatment Planning				
<input type="checkbox"/>	Client Referral	Collaborating with clients, services and supports to identify and access the best available resources to meet clients' needs.	2-Developing	2-Developing
<input type="checkbox"/>	Treatment Planning	Collaboratively developing a treatment plan based on screening and assessment findings, ensuring that activities and resources reflect the client's needs, strengths and goals. The process also includes monitoring, evaluating, planning for discharge and updating the treatment plan so that it reflects the client's evolving needs and goals.	3-Intermediate	3-Intermediate
Comprehensive Interventions				
<input checked="" type="checkbox"/>	Counselling	Applying a comprehensive range of evidence-informed counselling styles, techniques and methodologies aimed at improving the overall well-being of clients.	3-Intermediate	2-Developing
<input type="checkbox"/>	Family & Social Support	Working with family, individuals and groups most affected by the client and most able to either support or undermine the client's treatment goals.	2-Developing	2-Developing
<input type="checkbox"/>	Group Facilitation	Using evidence-informed approaches to work effectively with clients in group settings.	1-Introductory	2-Developing
<input checked="" type="checkbox"/>	Medications	The knowledge and skills required to understand and use medications in the treatment of clients and to understand and respond to the impact that medications could have on the client.	2-Developing	1-Introductory
Case Management and Service Coordination				
<input type="checkbox"/>	Case Management	Facilitating a client's movement within and between service providers. It includes maintaining accurate documentation, sharing client information appropriately and collaborating with other service providers.	2-Developing	2-Developing
<input type="checkbox"/>	Record Keeping & Documentation	Creating and maintaining accurate, up-to-date, comprehensive client records able to withstand legal scrutiny.	3-Intermediate	3-Intermediate
Continuous Care				
<input type="checkbox"/>	Prevention & Health Promotion	Engaging with clients, their families and their communities to encourage the adoption of knowledge, behaviours, values and attitudes that promote personal and community well-being.	1-Introductory	1-Introductory
<input type="checkbox"/>	Outreach	Designing and delivering services in the community to a broad range of clients, including those who might otherwise not seek or have access to those services.	1-Introductory	1-Introductory
<input type="checkbox"/>	Program Development & Implementation	Developing and implementing new programs, modifying existing programs to respond to identified needs and evaluating the outcomes of new or revised programs.	1-Introductory	1-Introductory
<input type="checkbox"/>	Community Development	Working together to identify community needs and resources, and to plan and support or guide collective action.	1-Introductory	1-Introductory

Section B: Behavioural Competencies

For the following competencies, the employee must demonstrate the following skills/attributes in their practice:

	Behavioural Competency	Competency Definition	Expected Level of Proficiency	Current Level of Proficiency
Relational				
<input type="checkbox"/>	Collaboration and Network Building	Identify and create informal and formal interdisciplinary networks and allied community groups to support the provision of client services and achievement of the organization's objectives. Clients include individuals, groups, organizations and communities.	1-Introductory	1-Introductory
<input type="checkbox"/>	Developing Others	Facilitate and motivate sustained learning and create learning opportunities and resources, as well as promote and respect others' needs for ownership of learning outcomes. Includes creation of a continuous learning environment that fosters positive growth in both work and public contexts among peers, clients, client families, communities and other groups (recipients).	1-Introductory	2-Developing
<input type="checkbox"/>	Diversity and Cultural Responsiveness	Provide respectful, equitable and effective services to diverse populations, as defined by culture, age, gender, language, ethnicity, socio-economic status, legal status, health, ability, sexual orientation, mental illness, type and mode of substance use, etc. Affirm and value the worth of all individuals, families, groups, and communities; and protect the dignity of all.	3-Intermediate	3-Intermediate
<input type="checkbox"/>	Interpersonal Rapport/Savvy	Establish and maintain relationships based on mutual respect and trust, appropriate sensitivity and transparency, empathy, and compassion with clients, colleagues, professional associates and the greater community. Encompasses skills of tact, diplomacy, and sensitivity in all encounters with others.	3-Intermediate	3-Intermediate
<input type="checkbox"/>	Leadership	Help others achieve excellent results and create enthusiasm for a shared vision and mission, even in the face of critical debate and adversity.	1-Introductory	1-Introductory
<input checked="" type="checkbox"/>	Teamwork and Cooperation	Work cooperatively and productively with others within and across organizational units to achieve common goals; demonstrate respect, cooperation, collaboration, and consensus-building.	3-Intermediate	2-Developing
Personal				
<input type="checkbox"/>	Adaptability/Flexibility	Willingly adjusts one's approach to meet the demands and needs of constantly changing conditions, situations, and people and to work effectively in difficult or ambiguous situations	2-Developing	2-Developing
<input type="checkbox"/>	Continuous Learning	Identify and pursue learning opportunities to enhance one's professional performance and development and the effective delivery of high-quality programs and services.	2-Developing	2-Developing
<input checked="" type="checkbox"/>	Self Care	Deliberately and continuously apply professional and personal self care principles to oneself and, at times, others to sustain optimal productivity while maintaining physical, mental, spiritual and emotional health.	3-Intermediate	2-Developing
<input type="checkbox"/>	Self Management	Appropriately manage one's own emotions and strong feelings; maintain a calm and tactful composure under a broad range of challenging circumstances; and think clearly and stay focused under pressure. Encompasses self-regulation and mindfulness.	3-Intermediate	2-Developing
<input type="checkbox"/>	Self Motivation and Drive	Remain motivated and focused on a goal until the best possible results are achieved, with both passion for making a difference in your field and persistence despite confronting obstacles, resistance and setbacks.	2-Developing	1-Introductory
Functional				
<input type="checkbox"/>	Analytical Thinking and Decision Making	Gather, synthesize and evaluate information to determine possible alternatives and outcomes and make well-informed, timely decisions. Includes critical thinking and reasoning.	2-Developing	1-Introductory
<input type="checkbox"/>	Client-centred Change	Enhance, facilitate, support, empower, and otherwise increase client motivation for positive change. Positive change is achieved by involving the client actively in the change process and encouraging the client to take responsibility for the outcomes he or she achieves. Clients may be individuals, groups, communities and organizations.	3-Intermediate	2-Developing
<input type="checkbox"/>	Client-centred Orientation	Provide service excellence to clients (which can include individuals, groups, communities and organizations). Includes making a commitment to serve clients and focusing one's efforts on discovering and meeting client needs within personal, professional and organizational capacities and boundaries.	3-Intermediate	3-Intermediate
<input type="checkbox"/>	Creativity and Innovation	Use evidence-based practices in innovative and creative ways to initiate both effective new ways of working and advances in the understanding of the field of practice. Innovation and creativity are achieved in translating research into practice to optimize improvements in service delivery and professional practice.	1-Introductory	2-Developing
<input type="checkbox"/>	Effective Communication	Articulate both verbally and in writing across a range of technologies in a manner that builds trust, respect and credibility and that ensures the message is received and understood by the audience. Includes active listening skills (attending, being silent, summarizing, paraphrasing, questioning and empathizing) and congruent non-verbal communication.	2-Developing	2-Developing
<input type="checkbox"/>	Ethical Conduct and Professionalism	Provide professional services according to the principles and values of integrity, competence, responsibility, respect and trust to safeguard both self and others. Includes the development of professionalism and ethical behaviour in self and others (individuals, groups, organizations, communities).	3-Intermediate	3-Intermediate
<input type="checkbox"/>	Planning and Organization	Identify and prioritize tasks, develop and implement plans, evaluate outcomes, and adjust activities in order to achieve objectives.	2-Developing	3-Intermediate

Section C: Additional Site/Role-Specific Competencies
 For the following competencies, the employee must demonstrate the following skills/attributes in their practice:

	Competency Domain and Definition	Expected Level of Proficiency	Current Level of Proficiency
Add competency			
<input checked="" type="checkbox"/>	<i>Understanding Mental Health Disorders</i>	2-Developing	3-Intermediate
Add competency			
<input type="checkbox"/>	<i>Add competency definition</i>	Choose	Choose

Learning Actions - Definitions	
Orientation Activity	Skill/attribute will be addressed in activities during orientation.
Clinical Supervision	Skill/attribute will be addressed through demonstration and reflection with clinical supervisor.
Self-Directed	Employee identifies various specific learning activities that will address skill/attribute. Competency aligned training maps that highlight self directed learning events are available on the AMH insite website
Formal Learning Event	Skill/attribute will be addressed in part by attending a formal learning event (conference, training event). If known, add specific dates and any applicable costs in comment box.
Other	Describe a combination of the above or additional learning activities in the comment box.

Addiction and Mental Health Learning Plan

The learning plan should reflect the competency conversation and highlight priority competencies for development.

Plan created for John Smith, Mental Health Therapist

Review Date: 17 November 2015

2015-2016 Fiscal Year

Section A: Technical Standards

Technical Competency	Competency Definition	Learning Action	Learning Action Status	Comments
Knowledge				
Integrated Treatment Planning				
Comprehensive Interventions				
Counselling	Applying a comprehensive range of evidence-informed counselling styles, techniques and methodologies aimed at improving the overall well-being of clients.	Formal Learning Event	Not Started	
Medications	The knowledge and skills required to understand and use medications in the treatment of clients and to understand and respond to the impact that medications could have on the client.	Self-Directed	In Progress	
Case Management and Service Coordination				
Continuous Care				

Section B: Behavioural Competencies

Behavioural Competency	Competency Definition	Learning Action	Learning Action Status	Comments
Relational				
Teamwork and Cooperation	Work cooperatively and productively with others within and across organizational units to achieve common goals; demonstrate respect, cooperation, collaboration, and consensus-building.	Clinical Supervision	In Progress	
Personal				
Self Care	Deliberately and continuously apply professional and personal self care principles to oneself and, at times, others to sustain optimal productivity while maintaining physical, mental, spiritual and emotional health.	Self-Directed	In Progress	
Functional				

Section C: Additional Site/Role-Specific Competencies

Competency Definition	Learning Action	Learning Action Status	Comments
Add competency			
Understanding Mental Health Disorders	Self-Directed	Not Started	

For the 2016-2017 clinical development process, Nadia Dharma(manager) agrees to provide the necessary support in terms of time, finance, or other resources required for the implementation of this learning plan. John Smith (employee) agrees to use these resources efficiently and responsibly in addressing their learning and development goals as defined in this Learning Plan.

Nadia Dharma (manager) and John Smith (employee) agree to meet annually to review progress on the Learning Plan, identify any issues arising in either providing appropriate resources, accessing learning opportunities, implementing the Learning Plan, and/or transferring learning, and adjust the Plan as necessary to facilitate success.

Nadia Dharma (manager) and John Smith (employee) may, at their discretion, agree to use the results of this Learning Plan to inform the performance appraisal at the end of the year and / or to inform the development of next year's learning and / or performance plan.

Signed

Employee: _____ Date: _____

Manager: _____ Date: _____

References

- Alberta Health Services. (2013). Concurrent Capable Competency Framework for an Integrated Service Delivery System. Edmonton: Primary & Community Care, Addiction & Mental Health Professional Development Advisory Committee, Professional Development & Concurrent Capability Team.
- BC Assessment. (2014). How to Prepare For a Competency Based Interview. Victoria, BC: Author.
- Canadian Centre on Substance Abuse. (2014). Competencies for Canada's substance abuse workforce. Ottawa, ON: Canadian Centre on Substance Abuse.
- Canadian Centre on Substance Abuse. (2014). Competencies for Canada's substance abuse workforce: Report in short. Ottawa, ON: Canadian Centre on Substance Abuse.
- Canadian Collaborative Mental Health Initiative. (2005). Advancing the Agenda for Collaborative Mental Health Care. Mississauga, Ont.: Author.
- Cunnington, J., & Southgate, L. (2002). Relicensure, recertification, and practice-based assessment. In G.R. Norman, D.I. Newble & C.P.M. Vander Vleuten (Eds.), *International handbook of research in medical education* (pp. 883–912). Amsterdam: Kluwer Academic Publishers.
- Government of Alberta. (2011). *Creating Connections: Alberta's Addiction and Mental Health Strategy*. Edmonton: Author.
- Government of Alberta. (2012). *Government Organization Act*. Edmonton: Author.
- Mehay, R. and Burns, R. (2009). The Miller Pyramid and Prism. Retrieved April 2, 2014, from: http://www.gp-training.net/training/educational_theory/adult_learning/miller.
- Mental Health Commission of Canada. (2012). *The Mental Health Strategy for Canada*. Calgary: Author.
- Miller GE. (1990). The Assessment of Clinical Skills/Competencies/Performances. *Acad Med* 1990;Sept; 65(9 suppl):S63-S67.
- Minkoff, K. (2001). *Behavioral Health Recovery Management Service Planning Guidelines Co-occurring Psychiatric and Substance Use Disorders*. Chicago: Illinois Department of Human Services.
- Substance Abuse and Mental Health Services Administration. (2011). *A Provider's Guide: How to Use Core Competencies in Behavioral Health*. Rockville, MD: Substance Abuse and Mental Health Services Administration.