



# TECHNICAL COMPETENCIES

for Canada's Substance  
Use Workforce v. 3

**FAMILIES, CAREGIVERS  
and SOCIAL SUPPORTS**



Canadian Centre  
on Substance Use  
and Addiction

Evidence. Engagement. Impact.



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on Substance Use  
and Addiction

All behavioural indicators across proficiency levels are examples only and can be adapted or tailored to meet individual organizational needs and mandates.

For CCSA's competencies, substance use is inclusive of situations where professionals are working with individuals who use or have used substances, are diagnosed with a medically recognized substance use disorder or are experiencing harms as a result of using substances. For more information, please refer to the criteria for substance use disorders in the *Diagnostic and Statistical Manual of Mental Disorders*, 5<sup>th</sup> edition (DSM-5).

For more information on sex- and gender-based analysis (SGBA+), please visit [www.ccsa.ca/sex-and-gender-based-analysis](http://www.ccsa.ca/sex-and-gender-based-analysis)

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## FAMILIES, CAREGIVERS\* AND SOCIAL SUPPORTS

Working collaboratively with individuals, families, caregivers, partners, Elders, groups and communities who are positioned to support the well-being goals of people who use substances. It includes acknowledging families, caregivers and other people providing social support as partners in care and recognizing the value of family-based interventions. Considers the role of other-than-human supports (e.g., companion and service animals, connections to nature, land-based healing, etc.) in achieving well-being.

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1 = Foundational	2 = Developing	3 = Proficient	4 = Advanced
<p><b>EXAMPLES</b></p> <ol style="list-style-type: none"> <li>Engages with people and listens to gain insight into their lived and living experience of substance use, challenges and goals for well-being</li> <li>Engages people to identify resources, both internal and external, that are shown to improve outcomes, which includes identifying meaningful sources of social support (e.g., family members, caregivers, partners, Elders, friends, persons or groups within the individual's community or network of social relationships) and resources such as access to safe and affordable housing, income and employment</li> <li>Engages with identified sources of support to assess their willingness and suitability; collaboratively develops a plan of engagement to ensure that supportive relationships are not excluded</li> <li>Demonstrates an understanding of the role and contribution of caregivers, and recognizes the value of engaging them in the development of person-directed care plans that involve family, caregiver, partners and social support, where appropriate</li> <li>Collaboratively and regularly reviews the engagement of people involved in the individual's support network to respond to people's changing needs over time</li> </ol>	<ol style="list-style-type: none"> <li>Collaborates with people, their families, caregivers, partners and social support networks to:               <ol style="list-style-type: none"> <li>Identify relevant power dynamics that help or hinder the development of healthy, supportive relationships</li> <li>Assess the needs of all and factor them into plans for meaningful support of people and, when appropriate, their families, caregivers, partners and social support networks</li> </ol> </li> <li>Facilitates dialogue with the individual's family, caregiver, partner and social support network to improve:               <ol style="list-style-type: none"> <li>Their understanding of the impact that substance use is likely to have on them and their support for the individual</li> <li>Their understanding of and ability for self-care</li> <li>Their ability to access services they need to support themselves and their efforts, referring them to other resources, as required</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Identifies and implements actions in collaboration with people that will lead to improved relationships with family, caregivers, partners and social supports</li> <li>Assesses the health of the family, caregiver, partner and social support as a cohesive network and works with them to increase cohesion and build support for the individual's efforts to pursue goals for well-being and develop and implement an effective plan to achieve well-being</li> <li>Facilitates access to individual, couples and family counselling when such services are identified as helpful in addressing relationship concerns</li> <li>Assists in rebuilding trust and stability in relationships affected by the individual's substance use</li> <li>Works with people and their families, caregivers, partners and social support networks to collaboratively develop support plans for family members, caregivers, partners and others supporting the individual, when needed and identified, including consultations and referrals, when appropriate</li> </ol>	<ol style="list-style-type: none"> <li>Collaborates with people to develop a deeper understanding of the family, caregiver, partner and social support as a cohesive network, and to identify changes that could be made to improve the well-being of the people involved</li> <li>Conducts interventions in complex situations in which multiple relationship, family, caregiver, partner or social support factors or risks are likely to have an impact on one another</li> <li>Supervises or coaches others developing and applying gender- and evidence-informed interventions in their responses to complex challenges impacting the family, caregiver, partner and social support network</li> <li>Develops strategies to promote the value of well-being within the family, caregiver, partner and social support network</li> <li>Develops and promotes anti-stigma initiatives and includes family members, caregivers, partners and social supports in the design, delivery and evaluation of these initiatives (e.g., Moms Stop the Harm, Families for Addiction Recovery)</li> </ol>

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<b>EXAMPLES</b>	<ul style="list-style-type: none"> <li>6. Obtains consent from people about who, from their support network, should be consulted and in what circumstances, except where duty to report requirements overrides consent; ensures the people so identified are kept informed of any developments in the individual's goals for well-being</li> <li>7. Where a decision to exclude certain family members, caregivers or partners occurs, engages further with people to gain insight and listens to enhance understanding about these relationships</li> <li>8. Initiates contact with family, caregivers, partners or social support network for input, where appropriate</li> <li>9. Educates family, caregivers, partners and social support network on evidence-informed practices and services</li> <li>10. Recognizes the significance of family, caregiver, partner and social support relationships, including other-than-human supports (e.g., companion or service animals), to achieving and managing well-being and preventing recurrence; involves these supports throughout the process of prevention planning as well as before and after access to services</li> </ul>	<ul style="list-style-type: none"> <li>3. Assesses risks to safety and well-being of children, dependents, family members, caregivers, partners and any other people in the individual's network of social support relationships (e.g., risks of intimate partner violence; child abuse, etc.); and when assessed risks are high, takes appropriate next steps (i.e., duty to report)</li> <li>4. Advocates for unique and creative supports in response to individualized situations and needs</li> <li>5. Recognizes that it is sometimes necessary and appropriate for the individual to disengage from family, friends, caregivers, partners or other social relationships, and the challenges in doing so; facilitates and supports a healthy transition from, or closure to, such relationships</li> <li>6. Recognizes when it is appropriate and necessary to respectfully bring closure to the therapeutic relationship with the individual, their family, caregiver, partner or social support network</li> </ul>		<ul style="list-style-type: none"> <li>6. Advocates at municipal, provincial and federal levels for recognizing and respecting families, caregivers, partners and social supports as central to an individual's well-being in a way that is respectful to people experiencing substance use</li> <li>7. Educates individuals, families, caregivers, partners and social supports about adverse childhood experiences and directs people and service providers towards evidence-informed approaches (e.g., trauma- and violence-informed care models; sex- and gender- informed approaches)</li> <li>8. Explains and advocates for the support of caregivers and their unique role as partners in care and their involvement in policy development</li> </ul>

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<b>EXAMPLES</b>	<ol style="list-style-type: none"> <li>11. Demonstrates an understanding of the bi-directional impact of an individual's substance use on family, caregiver, partner and social support relationships, and how those relationships impact an individual's substance use; engages the individual's family, caregiver, partner and social support relationships in supporting well-being</li> <li>12. Describes the process of navigating and accessing gender- and culturally sensitive community resources that are available to people and their families, caregivers, partners and social support networks</li> <li>13. Engages with families, caregivers, partners and social support networks in a courteous, helpful and professional manner, recognizing them as partners in achieving collaborative goals for well-being</li> <li>14. Engages people in accessing family-based interventions and resources for well-being</li> <li>15. Educates the individual and their families, caregivers, partners or social support networks about evidence-informed practices, services, approaches and interventions</li> </ol>			

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EXAMPLES	<p>16. Demonstrates an understanding of the significance of non-judgmental, gender- and culturally sensitive and collaborative support for the individual</p> <p>17. Respects and recognizes people's autonomy in decision making around goals for well-being</p> <p>18. Demonstrates an understanding of the indications and contraindications for family-based interventions</p> <p>19. Articulates the four types of family work:</p> <ul style="list-style-type: none"> <li>• family orientation</li> <li>• family education</li> <li>• family counselling</li> <li>• family therapy</li> </ul>			

### ADDITIONAL RESOURCES FOR FAMILY, CAREGIVERS AND SOCIAL SUPPORT COMPETENCY

Family Mental Health Alliance. (2006). *Caring Together: Families as Partners in the Mental Health and Addiction System*.

Ontario Caregiver Organization. (2020). *Caregivers as Partners eLearning for Healthcare Providers* (three 20-minute modules).

Mental Health Commission of Canada. (2013). *National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses*.

Mental Health Commission of Canada. (2020). *Caregiver Mobilization Toolkit*.

Ontario Centre of Excellence for Child and Youth Mental Health. (2019). *Family Engagement* (resource hub).

Vancouver Coastal Health. (2013). *Family Involvement with Mental Health & Addiction Services*.