



## **Summary of 4 Core Competency Training Delivered Through the ACT Alcohol, Tobacco and Other Drug Qualification Strategy (QS), 2014**

### **Background**

The ACT alcohol, tobacco and other drugs (ATOD) sector is currently in the process of implementing a Qualification Strategy (QS), which aims to ensure the development and maintenance of a competent and professional workforce. For more information regarding the QS visit: <http://www.atoda.org.au/projects/qs/>

A number of developments in the QS have occurred over the past couple of years. This included undertaking a range of pilot activities with an increased focus on the provision of education and training through ATOD specialist industry providers. One component of this work was the delivery of 4 Core Competencies in ATOD training conducted by ReGen UnitingCare through a face to face delivery to 20 workers in 2014 (the focus of this report).

The Training Program consisted of the following units:

CHCAOD402B: Work effectively in the Alcohol and Other Drug Sector

CHCAOD406E: Work with clients who are intoxicated

CHCAOD408B: Assess the needs of clients who have alcohol and other drug issues

CHCAOD411B: Provide interventions for people with alcohol and other drug issues

For more information on context, stakeholder feedback to date and the pilots undertaken through the QS visit [http://www.atoda.org.au/wp-content/uploads/ACT\\_ATOD\\_QS\\_Paper\\_Feb\\_2014\\_Final.pdf](http://www.atoda.org.au/wp-content/uploads/ACT_ATOD_QS_Paper_Feb_2014_Final.pdf)

### **Purpose**

The purpose of this paper is to inform stakeholders about:

- The evaluations of the 4 Core Competencies in ATOD (delivered as part of the QS in 2014) including pre and post testing of participant knowledge and skills by training provider ReGen UnitingCare
- The agreed approach to future delivery of accredited ATOD training in the ACT as part of the QS (that have been endorsed by ACT Health).

### **Training Impact: Pre and Post Testing**

ReGen UnitingCare undertook an evaluation of the 4 Core Competencies where participants were asked a series of questions pertaining to the skills and knowledge they had before the commencement of the training and the skills and knowledge participants felt they had after the delivery of the training program. A summary of this self-assessment is provided in this section.

In the majority of domains the pre and post measures demonstrated that the training had a positive impact. In summary:

Domain	Pre and post measurements
ATOD Knowledge Within the Australian Context	<p><u>Well developed understanding of harm minimisation</u></p> <ul style="list-style-type: none"> <li>• Pre training 17% of participants had a high or very high understanding of harm minimisation.</li> <li>• Post training this increased to 84%.</li> </ul> <p><u>Well developed understanding of the strategies implemented under each of the three components of harm minimisation</u></p> <ul style="list-style-type: none"> <li>• Pre training 17% of participants had a high or very high understanding of the strategies implemented under each of the three components of harm minimisation.</li> <li>• Post training this increased to 84%.</li> </ul> <p><u>Well developed understanding of the National Drug Strategy Framework and its place within Australia's response to AOD issues</u></p> <ul style="list-style-type: none"> <li>• Pre training 17% of participants had a high or very high understanding of the National Drug Strategy Framework and its place within Australia's response to AOD issues.</li> <li>• Post training this increased to 53%.</li> </ul> <p><u>Well developed understanding of the different social, political and economic perspectives on AOD use</u></p> <ul style="list-style-type: none"> <li>• Pre training 28% of participants had a high or very high understanding of the different social, political and economic perspectives on AOD use.</li> <li>• Post training this increased to 73%.</li> </ul>
Pharmacology	<p><u>Well developed knowledge of the different ways that drugs are classified</u></p> <ul style="list-style-type: none"> <li>• Pre training 45% of participants had a high or very high knowledge of the different ways drugs are classified.</li> <li>• Post training this increased to 94%.</li> </ul> <p><u>Well developed understanding of the differences between stimulants, depressants and hallucinogens</u></p>

	<ul style="list-style-type: none"> <li>• Pre training 45% of participants had a high or very high understanding of the difference between stimulants, depressants and hallucinogens.</li> <li>• Post training this increased to 100%.</li> </ul> <p><u>Able to classify different drugs according to how they impact on the central nervous system</u></p> <ul style="list-style-type: none"> <li>• Pre training 44% of participants had a high or very high ability to classify different drugs according to how they impact on the central nervous system.</li> <li>• Post training this increased to 100%.</li> </ul> <p><u>Well developed knowledge of and skill in describing the concept of tolerance to a client</u></p> <ul style="list-style-type: none"> <li>• Pre training 67% of participants had a high or very high knowledge of and skill in describing the concept of tolerance to a client.</li> <li>• Post training this increased to 83%.</li> </ul>
<p>ATOD (Relevant) Legislation</p>	<p><u>Well developed operational understanding of what is meant by duty of care</u></p> <ul style="list-style-type: none"> <li>• Pre training 72% of participants had a high or very high operational understanding of what is meant by duty of care.</li> <li>• Post training this increased to 94%.</li> </ul> <p><u>Well developed knowledge of their clients' rights and ability to effectively communicate these to their clients</u></p> <ul style="list-style-type: none"> <li>• Pre training 61% of participants had a high or very high knowledge of their clients' rights and ability to effectively communicate these to their clients.</li> <li>• Post training this increased to 88%.</li> </ul> <p><u>Well developed knowledge and understanding of AOD specific acts of legislation</u></p> <ul style="list-style-type: none"> <li>• Pre training 11% of participants had a high knowledge and understanding of AOD specific acts of legislation.</li> <li>• Post training this increased to 44%.</li> </ul> <p><u>Well developed operational understanding of the professional ethics required for a worker by the AOD sector</u></p> <ul style="list-style-type: none"> <li>• Pre training 72% of participants had a high or very</li> </ul>

	<p>high understanding of the professional ethics required for a worker in the AOD sector.</p> <ul style="list-style-type: none"> <li>• Post training this increased to 89%.</li> </ul>
Harm Reduction	<p><u>Well developed understanding of the different harm reduction strategies clients can implement to help avoid overdosing</u></p> <ul style="list-style-type: none"> <li>• Pre training 33% of participants had a high or very high understanding of the different harm reduction strategies clients can implement to help avoid overdosing.</li> <li>• Post training this increased to 78%.</li> </ul> <p><u>Well developed understanding of the different harm reduction strategies clients can implement to avoid blood-borne virus (BBV) transmission</u></p> <ul style="list-style-type: none"> <li>• Pre training 44% of participants had a high or very high understanding of the different harm reduction strategies clients can implement to avoid BBV transmission.</li> <li>• Post training this increased to 72%.</li> </ul> <p><u>Well developed knowledge and skill in being able to implement different harm reduction strategies to avoid harm to others and the community</u></p> <ul style="list-style-type: none"> <li>• Pre training 45% of participants had a high or very high knowledge and skill in being able to implement different harm reduction strategies to avoid harm to others and the community.</li> <li>• Post training this increased to 73%.</li> </ul>
Family Inclusive Practice	<p><u>Well developed understanding of the impact of AOD issues on child and family wellbeing</u></p> <ul style="list-style-type: none"> <li>• Pre training 56% of participants had a high or very high understanding of the impact of AOD issues on child and family wellbeing.</li> <li>• Post training this increased to 83%.</li> </ul> <p><u>Comfortable discussing child safety and risks with clients who are parents/carers</u></p> <ul style="list-style-type: none"> <li>• Pre training 45% of participants had a high or very high level of comfort discussing child safety and risks with clients who are parents/carers.</li> <li>• Post training this increased to 72% post training.</li> </ul>

	<p><u>Encourage family members to be actively involved in treatment planning</u></p> <ul style="list-style-type: none"> <li>• Pre training 50% of participants highly or very highly encouraged family members to be actively involved in treatment planning.</li> <li>• Post training this increased to 84%.</li> </ul>
Referral	<p><u>Well developed skills in seeking secondary consultation where appropriate</u></p> <ul style="list-style-type: none"> <li>• Pre training 67% of participants had a high or very high level of skill in seeking secondary consultation where appropriate.</li> <li>• Post training this increased to 78%.</li> </ul> <p><u>Well developed knowledge of and familiarity with local AOD services and supports</u></p> <ul style="list-style-type: none"> <li>• Pre training 61% of participants had a high or very high knowledge of and familiarity with local AOD services and supports.</li> <li>• Post training this increased to 72%.</li> </ul> <p><u>Well developed understanding of the obligations around confidentiality in seeking secondary consultation or referral</u></p> <ul style="list-style-type: none"> <li>• Pre training 61% of participants had a high or very high understanding of their obligations around confidentiality in seeking secondary consultation or referral.</li> <li>• Post training this increased to 100%.</li> </ul>
Assessment	<p><u>Well developed operational understanding of how to assess the current needs of their clients and / or families</u></p> <ul style="list-style-type: none"> <li>• Pre training 26% of participants had a high or very high operational understanding of how to assess the current needs of their clients and / or their families.</li> <li>• Post training this increased to 80%.</li> </ul> <p><u>Well developed skill in developing rapport with clients when they arrive for an assessment</u></p> <ul style="list-style-type: none"> <li>• Pre training 40% of participants had a high or very high level of skill in developing rapport with clients when they arrive for an assessment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Post training this increased to 86%.</li> </ul> <p><u>Well developed knowledge and skill in being able to assess for risks associated with substance misuse including suicide, self harm, harm to others and drug related harm</u></p> <ul style="list-style-type: none"> <li>• Pre training 33% of participants had a high or very high level of knowledge and skill in being able to assess for risks associated with substance misuse including suicide, self-harm, harm to others and drug related harm.</li> <li>• Post training this increased to 87%.</li> </ul> <p><u>Well developed knowledge and skill in being able to assess and record a client's drug history</u></p> <ul style="list-style-type: none"> <li>• Pre training 14% of participants had a high or very high knowledge and skill in being able to assess and record a client's drug history.</li> <li>• Post training this increased to 73%.</li> </ul> <p><u>Well developed understanding of how to assess and respond holistically to other issues that may be affecting clients</u></p> <ul style="list-style-type: none"> <li>• Pre training 27% of participants had a high or very high understanding of how to assess and respond holistically to other issues that may be affecting clients.</li> <li>• Post training this increased to 80%.</li> </ul>
Interventions	<p><u>Well developed operational understanding of the rules and requirements expected when documenting AOD services provided</u></p> <ul style="list-style-type: none"> <li>• Pre training 33% of participants had a high or very high level of understanding of the rules and requirements expected when documenting AOD services provided.</li> <li>• Post training this increased to 80%.</li> </ul> <p><u>Well developed knowledge of and skills in providing clients with a range of different AOD interventions</u></p> <ul style="list-style-type: none"> <li>• Pre training 20% of participants had a high or very high knowledge of and skills in providing clients with a range of different AOD interventions.</li> <li>• Post training this increased to 60%.</li> </ul> <p><u>Well developed knowledge of and skill in providing a</u></p>

	<p><u>range of interventions that match different stages of change</u></p> <ul style="list-style-type: none"> <li>• Pre training 14% of participants had a high or very high knowledge of and skill in providing a range of interventions that match the different stages of change.</li> <li>• Post training this increased to 74%. With all others reporting an adequate knowledge.</li> </ul>
<p>Relapse Prevention and Counselling Skills</p>	<p><u>Well developed knowledge and skills to be able to identify the different counselling micro skills used to engage clients</u></p> <ul style="list-style-type: none"> <li>• Pre training 33% of participants had a high or very high knowledge and skills to be able to identify the different counselling micro skills used to engage clients.</li> <li>• Post training this increased to 87%.</li> </ul> <p><u>Well developed knowledge and skills to be able to identify the principles of relapse prevention and ability to work with clients to help them identify high risk situations</u></p> <ul style="list-style-type: none"> <li>• Pre training 27% of participants had a high or very high knowledge and skills to be able to identify the principles of relapse prevention and ability to work with clients to help them identify high risk situations.</li> <li>• Post training this increased to 94%.</li> </ul> <p><u>Well developed ability to identify the difference between relapse and lapse</u></p> <ul style="list-style-type: none"> <li>• Pre training 27% of participants had a high or very high ability to identify the difference between relapse and lapse.</li> <li>• Post training this increased to 93%.</li> </ul>

In summary, participants significantly improved their knowledge, skills and confidence to work with people who experience ATOD issues as a result of undertaking the 4 Core Competencies training. Therefore, the sector can be confident that after completing the 4 Core Competencies with ReGen UnitingCare through the ACT ATOD Qualification Strategy, that workers are competent (to a basic level) in understanding or providing:

- ATOD Knowledge within an Australian Context
- Pharmacology
- ATOD (Relevant) Legislation

- Harm Reduction
- Family Inclusive Practice
- Referral
- Assessment
- Interventions
- Relapse Prevention and Counselling Skills

## Training Evaluation

ReGen utilised four questionnaires to measure the effectiveness of the training program. A standard AQTF (Australian Qualification Training Framework) evaluation feedback form was used to assess students' **satisfaction levels** with the training overall as well as particular aspects of the training (the training content and materials; the trainers; the students' own learning; and the skills and knowledge gained). This questionnaire was administered four times, once for each of the competency units delivered during the program. A summary of this evaluation is provided in this section.

These findings will be considered by ATODA and the training provider to improve future delivery of the training. A summary, by competency, is provided below.

### *CHCAOD406E: Work with clients who are intoxicated*

#### Training expectation and assessment

- 100% of participants agreed or strongly agreed that they had developed the skills expected from the training.
- 100% of participants agreed or strongly agreed that the training built on existing knowledge and skills.
- 100% of participants agreed or strongly agreed that the training focused on relevant skills and knowledge.
- 100% of participants agreed or strongly agreed that they had developed the skills expected from the training.

#### Trainer and training program

- 100% of participants agreed or strongly agreed that the training program had a good mixture of theory and practice.
- 100% of participants agreed or strongly agreed that the trainers had excellent knowledge of the subject content.

#### Venue and equipment

- 94% of participants agreed or strongly agreed that the training facilities and materials were in good condition. 6% disagreed.
- 94% of participants agreed or strongly agreed that the training used up to date equipment, facilities and materials. 6% disagreed.

#### Overall satisfaction



- 100% of participants agreed or strongly agreed that they were overall satisfied with the training.

*CHCAOD408B: Assess the needs of clients who have AOD issues*

Training expectation and assessment

- 100% of participants agreed or strongly agreed that they had developed the skills expected from the training.
- 100% of participants agreed or strongly agreed that the training built on existing knowledge and skills.
- 100% of participants agreed or strongly agreed that the training focused on relevant skills and knowledge.
- 100% of participants agreed or strongly agreed that they had developed the skills expected from the training.

Trainer and training program

- 100% of participants agreed or strongly agreed that the training program had a good mixture of theory and practice.
- 100% of participants agreed or strongly agreed that the trainers had excellent knowledge of the subject content.
- 100% of participants agreed they would recommend the training to others.

Venue and equipment

- 83% of participants agreed or strongly agreed that the training facilities and materials were in good condition. 17% disagreed or strongly disagreed.
- 83% of participants agreed or strongly agreed that the training used up to date equipment, facilities and materials. 17% disagreed or strongly disagreed.

*CHCAOD406E: Work with clients who are intoxicated*

Training expectation and assessment

- 100% of participants agreed or strongly agreed that they had developed the skills expected from the training.
- 100% of participants agreed or strongly agreed that the training built on existing knowledge and skills.
- 100% of participants agreed or strongly agreed that the training focused on relevant skills and knowledge.
- 100% of participants agreed or strongly agreed that they had developed the skills expected from the training.

Trainer and training program

- 100% of participants agreed or strongly agreed that the training program had a good mixture of theory and practice.
- 100% of participants agreed or strongly agreed that the trainers had excellent knowledge of the subject content.

Venue and equipment

- 94% of participants agreed or strongly agreed that the training facilities and materials were in good condition. 6% disagreed.
- 94% of participants agreed or strongly agreed that the training used up to date equipment, facilities and materials. 6% disagreed.

*CHCAOD411B: Provide interventions for people with alcohol and other drug issues*

Training expectation and assessment

- 100% of participants agreed or strongly agreed that they had developed the skills expected from the training.
- 100% of participants agreed or strongly agreed that the training built on existing knowledge and skills.
- 100% of participants agreed or strongly agreed that the training focused on relevant skills and knowledge.
- 100% of participants agreed or strongly agreed that they had developed the skills expected from the training.

Trainer and training program

- 100% of participants agreed or strongly agreed that the training program had a good mixture of theory and practice.
- 100% of participants agreed or strongly agreed that the trainers had excellent knowledge of the subject content.

Venue and equipment

- 94% of participants agreed or strongly agreed that the training facilities and materials were in good condition. 6% disagreed.
- 94% of participants agreed or strongly agreed that the training used up to date equipment, facilities and materials. 6% disagreed.

**Policy Developments Regarding the ATOD Qualification Strategy (and accredited ATOD training in the ACT more generally)**

In summary, participants consistently reported satisfaction with the content and relevance of the training and the training provider. This was complemented by a significant increase in skills, confidence and competence of participants to work with people experiencing ATOD issues.

From the evaluation and pre and post testing of the 4 Core Competencies delivered by ReGen UnitingCare in 2014, ATODA has made a number of policy decisions regarding the future delivery of accredited AOD training in the ACT (particularly as it relates to the QS). This includes:

- ATODA will continue to support industry providers to deliver training for the QS where possible and within the resources available. This will include an essential focus on industry focused training for ATOD specific content (4 Core Competencies). Given the lack of industry providers in the ACT, this training will continue to be sourced from an interstate provider as required.

- ATODA will continue to evaluate training provided and monitor participant satisfaction with course content.
- If alternative providers are pursued to deliver the 4 Core Competencies training in the future, the provider must be able to demonstrate (through evaluation and pre and post testing) that comparable skills and knowledge are acquired by participants. This includes ensuring workers are competent (to a basic level) in understanding or providing:
  - ATOD Knowledge within an Australian Context
  - Pharmacology
  - ATOD (Relevant) Legislation
  - Harm Reduction
  - Family Inclusive Practice
  - Referral
  - Assessment
  - Interventions
  - Relapse Prevention and Counselling Skills