

Review of Competency-Based Models and Quality Standards in Training and Education in the Addiction Field: Study Protocol

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BACKGROUND: There is a growing trend of development and improvement of education and training in the field of addictions, hand in hand with the increase and changes of substance use-related issues. To ensure a high level of education quality it is necessary to name and define competency-based models and quality standards of different groups of addiction workforce/professionals in various drug demand reduction settings (prevention, treatment/social reintegration/recovery, and harm reduction) as it is important to guarantee high-quality care to the target group of people dealing with substance use issues and addiction (including behavioural addictions). **METHODS:** The aim of the study is to identify quality standards and competency-based models in education programmes and training for addiction professionals/workforce. A review of available literature sources focusing on quality standards and competency-based models in training and education in the addiction field is going to be conducted. We will search for any eligible articles from

selected electronic databases (e.g., PubMed, EBSCO, Scopus), grey literature, and the internet. The Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) will be followed for study selection and reporting. Titles and abstracts will be independently reviewed for relevance and full-text studies acquired for analysis. The documents found will be kept in a single file, added to and sorted, and analysed for the types of standards, curricula, and training modules that exist, with a focus on identifying competencies.

ETHICS AND DISSEMINATION: This study does not include human participants or other subjects requiring ethical approval. The research project is going to be implemented in accordance with ethical standards. The results will be published in a professional journal and presented at the Lisbon Addiction Conference 2024. The next steps would lead to open discussions with relevant stakeholders.

Keywords | Competencies – Competency Models – Education and Training – Quality Standards – Addiction Workforce/Professionals

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1 BACKGROUND

Professionals/the workforce in the addiction field work across a range of disciplines and service types but should have a shared understanding of the process of the emergence and development of addiction that transcends the boundaries of individual specialisms. Addiction services tend to be described as transdisciplinary or multidisciplinary, and the level of skills, abilities, and involvement with people who use psychoactive substances or deal with other addictive behaviours varies between specialisms. To date, there is no uniform consensus on what the curriculum for addiction professionals should be, and nor is there a mandatory accrediting body or college that regulates the field and oversees standards of practice (ASPE, 2019). Some authors have attempted to identify core requirements and areas that professionals should have mastered when working with people who use drugs and that they should continually develop (SAMSHA, 2017; Volfova et al., 2020).

Although one may get the impression that the content of the concept of competence is quite clear, defining it is not easy. In the literature, this is done using different models. Competencies can be understood as a set of acquired resources (knowledge and skills) and as the ability to act in a certain way (ASPE, 2019). Also, they tend to be described as a set of knowledge, skills, abilities, qualities, experiences, and attitudes that enable performance. In such a conception, competence consists of prerequisites (knowledge, skills, etc.) and performance (achieving specific measurable results) (Pilařová, 2016; Bajis et al., 2020). Schneider (2019) conducted a systematic literature review to analyse the concept. Among other things, the summarised results showed that from a functional-psychological perspective, competence focuses on a person's ability to cope with demands. The results of this study also suggested that competence serves a developmental purpose too (Schneider, 2019). The ability to learn is essential for the life-long development of competencies (Volfova et al., 2020).

Competencies in addiction medicine can be defined for areas such as screening and assessment (clinical assessment), treatment planning and coordination, referral to follow-up services, counselling (individual, group, family), record-keeping, ethics, etc. (CSAT, 2006 in Graves et al., 2009). Some materials also set out what are termed the transdisciplinary skills needed by all disciplines related to addiction prevention and treatment (social work, medicine, penitentiary care, etc.). These include, for instance, areas such as understanding addiction, knowledge of treatment options, application to practice, and professional preparedness. Specific competence requirements are then set for each profession (SAMSHA, 2017). Different competencies are desirable for staff who are not in direct contact with clients but are engaged in academic, research, scientific, evaluation, monitoring and other activities.

Workforce competencies, i.e. their skills, knowledge, and experience, are one of the assets of the service and one of the essential internal capacities (EMCDDA, 2011). Some standards in the drug demand reduction provide a reference and theoretical framework for staff requirements (e.g. EMCDDA, 2011; Uchtenhagen & Schaub, 2011; UNODC, 2012; WHO & UNODC, 2020), while

others precisely define the competencies needed to perform specific activities (e.g. Charvát et al., 2012). Various international quality initiatives are also emerging, especially in the area of treatment, for instance the International Consortium on Quality in Drug Use Disorder Treatment (ICQ), the Colombo Plan Drug Advisory Program (CPDAP), or the ISSUP (International Society of Substance Use Professionals) *Quality in Treatment Network*.

A certain amount of standardisation in the requirements for knowledge and skills can help to ensure the adequate quality of substance use and addiction prevention and treatment services. In addition to quality standards, competency models and curricula are other tools that can be used to ensure core areas of education and training so that professionals in the field have the necessary knowledge, skills, and experience, regardless of the quality of the educational institution they choose or where they live and work. In this way, the target groups of addiction services can be provided with appropriate and accessible care that improves their quality of life, which also has a positive impact on the direct costs to the health, social, and legal systems and on indirect societal costs. This review allows the exploration of what kinds of competency-based education models and quality standards exist, both for the addiction field in general and for relevant allied professions working in the addiction field in the prevention, treatment/social reintegration/recovery, and harm reduction areas.

2 METHODS

2.1 Objectives and research questions

The aim of the review is to provide an overview of quality standards and competency-based models in the education and training of addiction workforce/professionals in prevention, treatment/social reintegration/recovery, and harm reduction based on competencies across the world.

In addition to a general overview, the aim is also to prepare a review for selected individual professions, namely doctors, nurses, social workers, psychologists, non-medical staff (physiotherapist, occupational therapist, and health and social workers). University and non-university education, undergraduate and postgraduate levels of university education, and lifelong learning will be included in the survey. In the field of education, all areas will be covered, i.e. prevention, treatment/social reintegration, and harm reduction.

Research questions:

1. What kinds of quality standards exist in the education of the addiction workforce/professionals?
2. What kinds of competency-based models exist in the education and training of the addiction workforce/professionals?
3. What competency-based models and quality standards exist for selected individual professions related to addictions in prevention, treatment/social reintegration/recovery, and harm reduction?

2.2 Data collection

To meet the objectives, a systematic analysis of both scientific and non-scientific literature will be conducted. The international databases PubMed, EBSCO, Scopus, and Web of Science are going to be searched for the following key words: “addiction education quality standards”, “substance use quality standards”, “addiction education competenc*”, “substance use competenc*”, “addiction training quality standards”, “substance use training quality standards”, “addiction workforce competenc*”, “substance use workforce competenc*”, “addiction workforce quality standards”, “substance use workforce quality standards”, “addiction workforce education”, “substance use workforce education”. “addiction workforce training”, “substance use workforce training”. “competenc* model”, “addiction studies”, “curriculum”, “quality standards”, “qualification”, “qualification standards”, and their combinations. These key words will also be used in connection with the professions listed below. It is possible that only those models and curricula that have been evaluated will have information available in the databases. It is likely that most information about the educational models will be available on the websites of the educational/training institutions; therefore, in addition to searching professional databases, additional internet searches must be conducted.

The Boolean operators AND or OR will be used. In the next step, Google Scholar and Google will be used for the search. The search will be limited to papers written in English. After the recognition of the papers of interest for the current review, an inspection of their references will be performed in order to locate studies not traced through the search of databases. An internet search will also be performed in order to find additional information about the standards.

After the general review, further searches will be carried out for selected individual professions, namely medical doctors, nurses, social workers, psychologists, and other staff (physiotherapists, occupational therapists, health and social workers).

2.3 Data analysis

The research file will consist of the papers addressing the topic of quality standards in the education of the addiction workforce/addiction professionals based on competencies. The analysis will include works examining the education, educational curricula, and quality standards for education both in general and for selected professions related to addictions. Eligible items may include journal articles, book chapters, and original manuscripts. Grey literature will also be included, as well as information on the internet providing details about the standards and education/training curricula.

The study will follow the PRISMA guidelines and protocol (Moher et al., 2009). A flow diagram will be used to structure and categorise the data.

Human participants or other subjects requiring ethical approval are not included in this study. All information, data, and documents will be obtained legally and processed for research

purposes. The results will be compiled into two outputs, namely a review of quality standards in addiction education based on the competencies and a review of quality standards in addiction education based on the competencies for specific professions.

The outputs are planned parts of the work package number 4, “A framework for core competency-based quality standards in training and education of the addiction workforce”, of the WAVE project (Workforce in Addictions – Valorisation in Europe). The results will be published in a professional journal and presented at the Lisbon Addiction Conference 2024. The next steps would lead to open discussions with relevant stakeholders.

3 DISCUSSION

In most countries, addiction professionals can acquire competencies through university education and training. There are a number of comprehensive and diversified study programmes in the field of addictions. Most of them are based on a trans-disciplinary approach to addictions and related issues. Many of the programmes attempt to teach using competency-based models in which knowledge, skills, and experience are integrated into professional training and theoretical education is combined with clinical practice and mentoring (Pavlovská et al., 2017). However, different types of studies and different professions often do not have uniform requirements for competencies for their graduates. In the United Kingdom, for example, more than a third of qualified social workers have not received training in substance use topics. Training in substance use is often not mandatory for social workers (Carter, 2014). The situation is somewhat better for psychologists; however, Madson et al. (2008) found that only 34% of the master’s and doctoral students they surveyed had taken a course covering substance use prevention and treatment. This is problematic because more than half of the respondents (54%) indicated that they frequently work with clients who use substances, and 70% indicated that education and training on substance use should be an essential part of graduate training.

Competency-based education derives a curriculum for learning from an analysis of a prospective or realistic role in modern society and seeks to validate student progress on the basis of demonstrated performance in some or all aspects of that role (Bajis et al., 2020). The advantage of competency-based educational models is that they unify and standardise the knowledge and skills that professionals should possess, regardless of their time, place, and other variables. This can have a positive effect on improving the quality of care provided. Quality standards can be understood as statements of a minimum expected level of quality. They may relate to processes, content issues, or structural aspects in terms of professional requirements, staffing, service delivery, or training. They are usually evidence-based and set measurable requirements (EMCDDA, 2021).

Standards that are relevant for areas of the addiction field are, for instance: (1) the European drug prevention quality standards (EDPQS), Canadian Centre on Substance Use and Addiction (CCSA) standards, and the United Nations Office on Drugs and Crime (UNODC) and World Health Organization

(WHO) standards for prevention; (2) the United Nations Office on Drugs and Crime (UNODC) and Inter-American Drug Abuse Control Commission (CICAD) standards for prevention and treatment, and (3) the Cooperation programme between Latin America, the Caribbean and the European Union on drugs policies (COPOLAD) standards and Minimum Quality Standards (MQS) for all areas (Vispo & Duch, n.d.).

Some standards provide a general reference framework, while others set more specific requirements for particular DDR (drug demand reduction) areas or service types. Competency models are useful for work position descriptions as every work position requires certain knowledge, experience and skills, i.e. competencies. Competency models reflect the set of qualifications, experience, knowledge, abilities, skills, and personal characteristics that are needed to perform effectively and to ensure overall performance and success in the position.

Competencies can be understood as the specific and measurable knowledge, attitudes, and skills needed to perform a role or function effectively (Graves et al., 2009; SAMSHA, 2017). The use of tools such as standards and competency-based learning has also been put into practice in academia and education in general. Critics sometimes argue that the path of uniformity of requirements can lead to reductionism and bureaucracy and, of course, there is also the question of the extent to which an outside body has the power to interfere in the curriculum of education in or outside universities (ASPE, 2019). On the other hand, there are demands for education and training in addiction medicine. Given the complexity of the field, it may be beneficial for practice to establish core requirements for staff and define an unassailable level of quality for interventions and services. Obviously, it is not possible to set a clear and binding framework for all countries, educational institutions, and academic departments, but the defined core competencies could represent an aspirational framework towards which the education and training of future professionals could be guided. Members of the addiction medicine-related professions may choose a different clientele and type of service for their careers, but it is very likely that they will also encounter people who use psychoactive substances or deal with other addictive behaviours and who are burdened by the complications associated with them. Setting measurable and specific quality criteria and knowledge of key competencies could therefore be beneficial for professionals and especially their clients.

Competency models and curricula are mainly available for the health and treatment sections of addiction services (Wason et al., 2021; Ayu et al., 2017; SAMSHA, 2017), but harm reduction initiatives are also emerging (Sheridan et al., 2018; Maguire et al., 2018), not only for health professionals but also for allied professions (Khorasheh et al., 2019). In the area of prevention, there is, for example, the Canadian Centre on Substance Abuse manual (2015), the SAMSHA manual (2021), and the Four-level Competency Model for Workers in school-based prevention of risk behaviour (Charvát et al., 2012).

Addiction prevention and treatment is a complex, multidisciplinary, and rapidly-evolving field that involves a wide range of workers, either in direct work with the target group or in policy, advocacy, education, law, somatic medicine, and other fields. Competency models and quality standards can help the development of a generic addiction workforce, that is, professionals who integrate therapeutic skills with prevention and harm reduction skills and act as mediators between the different professions involved in the prevention and treatment of target groups (Pavlovská et al., 2018).

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