

# ADDRESSING THE NEEDS OF WOMEN AND GIRLS:

Developing Core  
Competencies for  
Mental Health  
and Substance Abuse  
Service Professionals



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**U.S. Department of Health and Human Services**  
Substance Abuse and Mental Health Services Administration

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# INTRODUCTION

**At the foundation of the Nation’s mental health and substance abuse policy is recovery** — the promise that people with mental health and/or substance use conditions/ disorders can recover to lead full and productive lives. Research demonstrates that fulfilling this promise for women and girls involves addressing their special prevention, intervention, and treatment needs. Over the years, the Substance Abuse and Mental Health Services Administration (SAMHSA) has implemented numerous programs and policies to develop and fund effective programming for women and girls, including the Substance Abuse Prevention and Treatment (SAPT) Block Grant Women’s Set Aside, a range of discretionary grant programs, and the Women, Co-Occurring Disorders and Violence Study. Addressing the needs of women and girls requires not only program models but also a workforce with sufficient competencies to meet their unique prevention, treatment, and recovery service needs. Thus, SAMHSA created this report, *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals* (“Core Competency Report”), as a tool for the field.

SAMHSA brought together a 16-member Expert Panel on Core Competencies for Women and Girls in Behavioral Health (hereafter referred to as the “Expert Panel”) to identify and document competencies and to develop this report. Individuals working with women and girls, as well as developing women’s programs and providing workforce training on women’s needs, comprised the group. The Expert Panel included professionals and consumers representing diverse cultural and geographic backgrounds and with combined expertise in prevention, substance use disorder treatment, and mental health services for women and girls (see Appendix).

The Core Competency Report was written with multiple audiences in mind. The competencies described herein can be a resource for educators, trainers, and program managers in developing more effective courses and professional development resources. They offer licensing, credentialing, and testing organizations an initial set of elements to consider in examining their efficacy in serving women and girls. Policymakers, funders, and administrators can use these competencies as guidelines for developing qualifications and training programs. They may serve as a resource for administrators, program managers, and clinical supervisors seeking content for job descriptions, staff qualifications, and training programs. Staff currently working in mental health and substance abuse services and students entering the field can tailor their training, education, and experiences toward these competencies in their efforts to effectively serve women and girls.

Program and practice standards address how an organization or agency provides services. They are often found in licensing and certification regulations, funding requirements, and accreditation bodies. Most program standards are not gender specific, though they may contain limited requirements for serving pregnant women or maintaining safety in co-educational facilities. A publication developed by the Women’s Services Network of the National Association of State Alcohol and Drug Abuse Directors titled *Guidance to the States: Treatment Standards for Women with Substance Use Disorders*<sup>1</sup> offers guidance on program standards in the treatment of substance use disorders and was used as a resource in developing the Core Competency Report. This publication looks at the qualifications of individual staff members capable of delivering effective services for women and girls. In order to implement *program standards*, agencies need competent *individuals*.

The Core Competency Report is intended to serve as a companion and complement to existing professional competencies and program standards in mental health and substance abuse services. There are numerous resources that outline core competencies for groups of professionals in substance abuse prevention, treatment, and mental health. Among these are the International Certification & Reciprocity Consortium (ICRC) credentialing competencies for prevention specialists;<sup>2</sup> SAMHSA's Technical Assistance Publication (TAP) 21, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*,<sup>3</sup> which outlines competencies for treatment of substance use disorders (SUDs); the National Association of Social Workers (NASW) *Practice Standards for Clinical Social Work Practice*,<sup>4</sup> which addresses practice standards for social workers; and the U.S. Psychiatric Rehabilitation Association, Certified Psychiatric Rehabilitation Practitioner credential (CPRP),<sup>5</sup> which offers basic competencies for psychiatric rehabilitation professionals working in a recovery-oriented system of care. *Addressing the Needs of Women and Girls: Developing Core Competencies for Mental Health and Substance Abuse Service Professionals* augments these existing resources by focusing specifically on gender. This report has also been informed by The American Psychological Association *Guidelines for Psychological Practice with Girls and Women*,<sup>6</sup> which offers standards specifically for psychologists, and the Gender Competent Endorsement for professionals providing substance abuse treatment for women, which was developed by the Women's Committee of the Illinois Alcohol and Other Drug Abuse Council in collaboration with the Illinois Alcohol and Other Drug Abuse Professional Certification Board.<sup>7</sup>

The Core Competency Report was created as a tool to help develop the workforce serving women and girls; its intent is to offer the field a framework that can be tailored and adapted to meet multiple needs. The competencies in this report are simply recommendations and are intended to provide guidance; they are not intended as mandatory requirements of SAMHSA or any other Federal funding agency. The report maintains a broad scope that acknowledges the impact of culture on mental health and substance abuse; however, this document does not include cultural competencies relevant to specific populations of women and girls.

## MENTAL HEALTH AND SUBSTANCE ABUSE CONTEXT

In 2005, the Annapolis Coalition called for the use of competency-based approaches for supervision, professional development, employee performance reviews, and career ladder elements to support the mental health and substance abuse workforce.<sup>8</sup> In response to workforce development needs, SAMHSA launched efforts to support the recruitment, retention, and development of a qualified and effective behavioral health workforce.

The language selected by the Expert Panel is intended to capture the multifaceted nature of mental health and substance abuse. In particular, the phrase “mental health and/or substance use conditions/disorders” is intended to encompass the entire array of mental and substance abuse problems, including high-risk alcohol or drug use, alcohol and/or drug abuse and dependence, and both chronic and nonchronic mental disorders, including those that result from trauma. The intent of the panel is to capture the needs of women and girls who have, or are at risk for having, any of these problems.

The public health approach, trauma-informed care, and recovery-oriented system of care models are integral to SAMHSA’s response to the needs of the field and foundational to the core competencies for women and girls. These three approaches combine to create a comprehensive model for services aimed at cultivating a life in the community for everyone. Each of these three approaches is described below.

**The public health model** considers that mental health and substance abuse problems arise (or worsen) when individuals who are at risk for problems interact with agents (such as substances or stressors) in environments that encourage problems. Services may include reducing risk and promoting resiliency factors within the environment. Addressing environmental risk factors can effectively reduce the incidence and severity of substance use, trauma, and mental health problems. Sex/gender and cultural factors lead to differences in socialization, expectations, and lifestyle, as well as differences in the way women and men experience risk and resiliency factors, stress, and access to resources.<sup>9</sup>

**A trauma-informed care approach** empowers staff to recognize and respond to the significance of trauma when providing care to women and girls with mental health and/or substance use conditions/disorders. Trauma is defined as the experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence, and/or the witnessing of violence, terrorism or disasters. Data from the National Violence Against Women Survey documents that the effect of violence and trauma in women’s lives is substantial.<sup>10</sup> The survey questioned 8,000 women and 8,000 men about their experiences with interpersonal violence (rape, physical assault, and stalking); results show that the number and percentage of women affected by trauma is high, and women are more likely to be victims of interpersonal violence than men.<sup>11</sup> Because there is a close correlation between surviving trauma and experiencing a mental or substance use disorder, it is critical that providers understand trauma.<sup>12</sup> The trauma-informed care approach acknowledges the high prevalence of traumatic experiences in persons who receive services.<sup>13</sup> This approach also acknowledges that when staff members possess a thorough

understanding of the profound neurological, biological, psychological, and social effects of trauma and violence on the individual and family, women and girls have better outcomes.<sup>14, 15</sup> A trauma-informed care approach includes a universal trauma assessment; development of crisis/safety plans; staff understanding of the importance of environmental changes toward “reducing triggers”; and assisting clients to manage emotions.<sup>16, 17</sup>

**The recovery-oriented system of care** calls for a comprehensive service system that integrates individuals with mental health and/or substance use conditions/disorders into the community. The New Freedom Commission refers to recovery as “the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.”<sup>18</sup> Mental health and substance use conditions/disorders are treatable and may require ongoing health maintenance. Varying levels and types of services may be needed at different points in time, similar to diabetes or heart disease.<sup>19, 20</sup> Recovery services include establishing recovery supports and social networks necessary to live a life in the community, as well as providing treatment services based on the values of self-determination, hope, and empowerment.<sup>21, 22</sup> Women often have fewer economic resources,<sup>23</sup> greater vulnerability to violence,<sup>24</sup> and more family responsibilities than men. Recovery-oriented systems of care designed for women reflect these gender differences and include relevant resources and support (formal and informal).

# NEED FOR CORE COMPETENCIES WHEN WORKING WITH WOMEN AND GIRLS

There are both *sex* and *gender* differences between men and women that impact mental health and/or substance use conditions/disorders. Sex differences are biological in nature and include differences related to reproductive organs and functioning, as well as physical differences in body size, bone mass, and bone structure determined by DNA. Gender differences are part of a person's self-representation. Roles and expectations are constructed by culture and by social norms (e.g., a person's own ideas about masculinity/femininity or what it means to be a "man" or a "woman" in a particular cultural context).<sup>25, 26, 27</sup> For the purposes of the Core Competency Report, "women and girls" includes anyone who individually identifies (or is culturally identified) as a woman or girl.

Multiple government-funded research studies show that because of both sex and gender differences, men and women experience "the same diseases at different rates or with different symptoms, or they may experience different kinds of illness altogether."<sup>28</sup> However, the development and implementation of mental health and substance abuse services and the training of staff members have been based primarily on health research that has ignored sex and gender differences. Early health research and clinical trials frequently excluded women because women were viewed as the same as men but with hormonal fluctuations that could negatively affect results. Women were further excluded from health research when, in response to unethical research practices in the late 1940s and 1950s, the Public Health Service created policies to protect human subjects. This policy stated that vulnerable populations must not be exploited. Since pregnant women are considered a "vulnerable population," women of childbearing age were routinely excluded from studies. In 1985, the Public Health Service Task Force on Women's Health found that women's health had been compromised by the lack of research on women's health. In response, policies initiated in 1986 and integrated into law in 1993 resulted in the National Institutes of Health (NIH) requiring clinical trials and research to include women and minorities or to justify why women or minorities would be excluded.<sup>29</sup> Because early clinical trials were heavily biased toward men, we must continue to address the gap in knowledge on the most effective interventions for women.<sup>30, 31</sup>

A report to Congress issued in 2000 indicated that NIH has made progress in the inclusion of women.<sup>32</sup> The National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) currently support research focused on specific risk factors, resiliency factors, prevalence, symptomology, interventions, adverse effects of medication, and ongoing recovery needs of women and girls.

Research on women and gender differences has produced a significant body of knowledge on women and women's mental health and/or substance use conditions/disorders. According to the 2008 SAMHSA publication *Action Steps for Improving Women's Mental Health*, recent research consistently finds "the influence of gender differences in the prevalence, course and burden of mental illnesses."<sup>33</sup> Research also finds that women often have different pathways to substance use, have different risk factors for substance use, suffer different consequences of substance use, experience different barriers to treatment, and have different recovery-support needs from those of men. There are also differences in drug of choice, relapse predictors, frequency of use, and mode of use.<sup>34, 35, 36, 37</sup> Recent

studies of gender-responsive programs help us to understand how to engage women, treat them, and support their recovery; these studies include SAMHSA's Women, Co-Occurring Disorders and Violence Study and the Residential Women and Children (RWC) and Pregnant Postpartum Women (PPW) National Cross-Site Demonstration Program.

The body of research on how sex and gender differences affect mental health and substance abuse and corresponding treatment is still developing, though significant strides have been made in this area. Most of our service delivery systems and related professional training were developed without considering research on sex and gender differences. In an effort to better address the needs of women and girls, SAMHSA has drawn upon a mixture of the current research combined with the experiences of experts to identify core competencies. To create the guidance statements and competencies described herein, Expert Panelists relied upon a combination of the existing research on gender differences, particularly involving women with mental and/or substance use conditions/disorders; their own observations delivering services and educating and training professionals in mental health and substance abuse services; and their own life experiences.

There is a strong need to improve prevention and treatment programs through the use of core competencies. Our current knowledge can be integrated into the education, credentialing, and ongoing training of staff working with women and girls, as well as policies and programs related to service delivery. Implementing this knowledge and training staff to be gender-responsive is necessary to help ensure women's positive health outcomes.

# THE COMPETENCY FRAMEWORK

The success of mental health and substance abuse services is directly tied to the abilities of the workforce to implement effective practices. For example, although research and evidence-based practices have resulted in significant improvements in services, this knowledge can be effective for individuals and families needing services only when an available, qualified workforce delivers those interventions.<sup>38</sup> Identification and use of competencies can assist in the recruitment, training, and evaluation of service staff members.

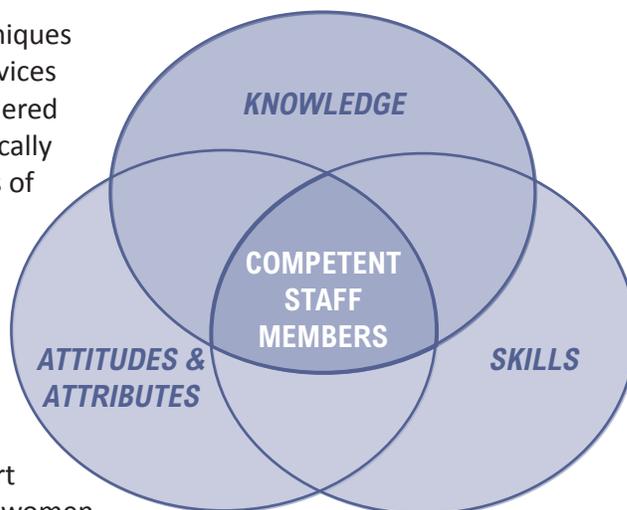
Many industries use competencies to develop informed training programs, career ladders, and staff evaluation processes. Both employee and employer can use core competencies to gain a better understanding of a worker's competence and identify potential staff development efforts to enhance performance. The competencies required for an occupation within the mental health and substance abuse services form the foundation for the development of a career ladder, licensing standards and/or credentials, the curricula that teach the required competencies, and any qualifying exams or assessments for individuals to become licensed or credentialed.<sup>39</sup> Program managers and agency executives must have an understanding of the competencies needed for a skillful, knowledgeable, and effective staff to implement a variety of evidence-based practices in their programs.

“Competencies” is defined as the set of knowledge, skills, and attitudes/attributes (KSAs) necessary to successfully perform job duties and responsibilities. For the purposes of this project, the Expert Panel adopted the following definitions:

**Knowledge** includes facts, research findings, and principles related to women, girls, and mental health, substance abuse, and effective practices. Knowledge is acquired and applied in a variety of settings. Expert Panel members considered what staff members who serve women *need to know* about women and girls.

**Skills** are specific proficiencies and techniques that enable individual staff to deliver services effectively. Expert Panel members considered what staff should be *able to do* to specifically address women and girls within domains of mental health and/or substance abuse prevention/treatment.

**Attitudes/Attributes** refer to one's perspective and personal qualities, which may support or detract from an individual's ability to reach women and girls and provide effective services. Expert Panel members considered the needs of women and girls, as well as the values, ethics, professional responsibilities, and behaviors that promote effective services for them.



## DEVELOPING THE CORE COMPETENCIES

SAMHSA sought recommendations for individuals to serve on the Expert Panel on Core Competencies for Women and Girls in Behavioral Health. Sixteen panelists with expertise in addressing prevention, substance use treatment, and mental health for women and girls were selected (see Appendix). The Expert Panel members held an initial teleconference in January 2009 to discuss and agree upon their charge, the KSAA framework, and an approach for an in-person working meeting. The panelists identified and submitted relevant resource documents, which were distributed to other panelists and made available at the in-person working meeting. The 16 members of the Expert Panel, SAMHSA staff, and staff from Advocates for Human Potential, Inc. (AHP), who were contracted to support this effort, gathered and reviewed extensive resources on competencies, program standards, research, and evidence-based practices on gender-responsive prevention and treatment of substance use and/or mental health conditions/disorders.

On March 3–5, 2009, the panelists met to identify and discuss the essential core competencies for staff serving women and girls. The Expert Panel members drew upon knowledge of women and girls from health, psychology, sociology, anthropology, education, and history, as well as research, practice, and program standards. The Expert Panelists met in four work groups to identify themes and content for the Guidance Statements and Competencies described herein. The full Expert Panel reviewed the progress of the work groups and, using consensus building strategies, established agreement in language and content areas. Following the Expert Panel meeting, SAMHSA and AHP consolidated the material, identified linkages between Expert Panel discussions and existing research, and prepared an initial draft document. Expert Panel members, SAMHSA, and field representatives reviewed this document, which became the final product.

The Expert Panel first identified Guidance Statements to describe the overarching concepts that form the foundation for the core competencies. The Expert Panel then developed specific competencies (KSAAAs) for staff serving women and girls. The knowledge and skill competencies have been grouped together into seven topic areas: sex and gender differences, relational approaches in working with women and girls, understanding trauma and women and girls, family-centered needs of women and girls, special considerations during pregnancy, women's health and health care, and collaboration and interdisciplinary considerations. Although the knowledge and skill competencies are grouped into topic areas, these topic areas are not intended to stand alone. For example, although intimate partner violence crosses all of the content areas, items relating to this topic are primarily in the sections on trauma and family. To reduce duplication, items were placed in one primary topic area. Likewise, Attitudes/Attributes overlap all of these topic areas and are contained within a separate section.

The Expert Panel was charged with identifying competencies to address the diverse population of women and girls in the United States as well as the diverse mental health/substance abuse services workforce and job functions. As a result, the core competencies may need to be adapted with more specific details to address the needs of specific subpopulations of women or the roles of specific professional groups within the mental health/substance abuse services workforce. The final section of the Core Competency Report, "Application of the Core Competencies," suggests ways that policymakers, educators, and providers may consider using these competencies.

# GUIDANCE STATEMENTS

The Expert Panel developed the following Guidance Statements, which provide the basis for the development of the core competencies.

- 1.** Women and girls are different from men and boys in physiology, cognition, emotions, social development, communication patterns, roles, socialization, risks, and resiliency. These differences affect the prevention, treatment, and recovery needs of women and girls.
- 2.** Although women and girls may share many biopsychosocial and spiritual characteristics as a gender group, women and girls are heterogeneous. Culture, age, socioeconomic status, religion, disability, and racial and sexual identity all influence women's gender roles. It is critical that staff understand how sociocultural identities differ among women and girls and may lead to different health outcomes.
- 3.** Women and girls are more frequently vulnerable to violence and trauma, and this vulnerability must be addressed in prevention efforts as well as other mental health and substance abuse services. Trauma-informed environments based on safety, respect, and dignity are essential for the prevention and treatment of women across their life spans.
- 4.** Women and girls with mental health and/or substance use conditions/disorders are at higher risk for associated physical health and medical problems. Likewise, trauma experiences, including intimate partner violence, rape/sexual abuse, and childhood abuse and/or neglect are risk factors for mental health, substance abuse, and other health problems. Knowledge of the possible risk factors and their consequences is critical in preventing and treating mental health and substance use conditions/disorders among women.
- 5.** Societal expectations and messages regarding women's sexuality can deter healthy sexual development and decision-making. They also may contribute to mental health/substance abuse problems. Therefore, competencies must include awareness of these expectations and messages, and the knowledge, skills, and attitudes/attributes required to respond to them.
- 6.** Staff members often have life experiences with mental health problems, substance abuse, and trauma that they hold in common with the women they serve. These experiences, when coupled with self-awareness and appropriate boundaries, add depth to their ability to develop and implement appropriate services. Thus, competencies address acceptance and inclusion of women with lived experiences of mental health problems, substance abuse, and trauma in the delivery of comprehensive, gender-responsive services and recovery-oriented care.
- 7.** Relationships are critical to the emotional development of women and girls and also play a significant role in both the development of, and recovery from, mental health and substance use conditions/disorders. Thus, competencies for working with women and girls must address the relational-cultural context of their functioning.

8. Adolescence, pregnancy, perimenopause, and menopause are distinct periods in a woman's life, each accompanied by a range of physiological, psychological, and developmental changes, with changing risks, opportunities, and support needs. Staff serving women and girls need to be familiar with each of these stages.
9. Mental health and substance use conditions/disorders affect the entire family. Parenting and caregiving are key roles and important aspects of identity for many women; they must be taken into account when providing them services. Effectively addressing the needs of a woman includes consideration of the needs of children (of all ages) for whom she is responsible. Culturally sensitive, family-centered work with a woman's family — as she defines it — is critical to her wellness and recovery. This includes working with intimate partners as well as other family members.
10. Women often have multiple roles, family responsibilities, a higher incidence of poverty as compared to men, and a range of health, mental health, substance abuse, and social service needs. Navigation, access, use, and coordination among numerous community resources and systems may be necessary for their success in prevention and treatment programs. These systems may include (but are not limited to) welfare programs (e.g., Temporary Assistance for Needy Families [TANF]), child care, schools, child welfare, employment, faith-based organizations, and health care. Women may be responsible for ensuring care not only for themselves, but also for their children and other family members.
11. The number of incarcerated women grows annually. The prevalence of mental health and/or substance use conditions/disorders among these women is high, and their involvement in the criminal justice system further increases their risk. Staff serving women involved in legal systems must consider the special needs of woman and girl offenders (e.g., separation from family, employment barriers, institutionalization, and additional trauma).
12. Women with mental health and/or substance use conditions/disorders are more highly stigmatized and stereotyped. This may result in barriers to accessing services, which can prevent or impede recovery. Women in recovery may also be at greater risk of being blamed or judged because of their disorders. They may also face negative sexual stereotypes or criticism of their parenting ability. Thus, these competencies address the impact of stigma and stereotypes on recovery for women and girls, as well as the skills and attitudes required to address these challenges.

# KNOWLEDGE AND SKILL COMPETENCIES

The Expert Panel identified KSAs that combine to form the core competencies for serving women and girls. Knowledge and Skills are described under the following subject headings:

- Sex and Gender Differences
- Relational Approaches in Working with Women and Girls
- Understanding Trauma in Women and Girls
- Family-Centered Needs of Women and Girls
- Special Considerations During Pregnancy
- Women's Health and Health Care
- Collaboration and Interdisciplinary Skills

The accompanying Attitudes/Attributes that are critical components of the competencies (and cross all subject headings) follow the Knowledge and Skills Section.

## SEX AND GENDER DIFFERENCES

Differences between males and females affect the development of mental health and/or substance use conditions/disorders, as well as the prevention, intervention, treatment, and recovery strategies used to address them.

### KNOWLEDGE:

- Of physiological differences between men and women and how women's physiology affects their mental health and/or substance use conditions/disorders and treatment thereof.
- Of symptoms of mental health and/or substance use conditions/disorders in women, particularly depression, post-traumatic stress disorder (PTSD), complex trauma, anxiety, and eating disorders.
- Of the differences in pathways to substance use, consequences of use, barriers to treatment, treatment needs, and relapse factors among women and girls, including high rates of co-occurring disorders (mental health, as well as physical health problems) that can accompany substance use disorders.
- Of how gender influences communication, life priorities, responsibilities, and expectations.
- Of commonly understood risk and resiliency factors for women and girls.
- Of the role of self-efficacy and how low self-efficacy can affect women's and girls' use of substances, as well as their ability to participate in or follow through with programs and services designed for the prevention or treatment of mental health and/or substance use conditions/disorders.

- That women may struggle to fulfill their multiple roles (mother, wife, girlfriend, family member, income producer, peer) as a result of conflicting priorities, stress, too much responsibility, skill gaps, or a lack of resources.
- That loss of any of the important roles or people in her life (e.g., widowhood, divorce, removal or death of a child), makes a woman or girl significantly more vulnerable to developing mental health and/or substance use conditions/disorders.
- Of the disproportionate impact of poverty on women and how this affects their ability to participate in services and make changes in their lives, and their options for participation in community life.
- That women often have high levels of burden (co-occurring significant challenges such as poverty, co-occurring mental health and substance use disorders, homelessness, trauma, compromised health, and a lack of child care, transportation, etc.), which affects access to services, engagement, retention, and recovery.
- That women can have complex needs that make diagnosis and treatment challenging and require comprehensive assessment and ongoing monitoring. For example, PTSD, domestic violence, methamphetamine use, and bipolar disorder can have similar symptoms. These issues also often co-occur, making diagnosis and treatment even more difficult.
- That ideas about gender roles for men and women are influenced by socialization, culture, and religious beliefs; as a result of these influences, many women and girls defer to males as authority figures.
- That not all women are heterosexual; lesbian, bisexual, and transgender women may experience discrimination and/or stigma as a result of their sexual orientation.
- That stereotypes about women's sexuality in the media and community, and the unrealistic portrayal of women's bodies, can have a profound effect on women's and girls' sense of self and on their ability to recognize, communicate about, and negotiate their sexual feelings and experiences.
- That effective interventions for women and girls involve different priorities, methods, and relapse factors from those for men and boys.

# KNOWLEDGE AND SKILL COMPETENCIES (CONT.)

## *SEX AND GENDER DIFFERENCES (Continued)*

### **SKILLS:**

- To employ interventions and approaches found to be effective in serving women and girls.
- To help women and girls discover their strengths and identify their challenges, and to create an atmosphere where their personhood is emphasized more than their appearance.
- To identify a range of common mental health and/or substance use symptoms among women including depression, PTSD, complex trauma, eating disorders, anxiety, self-injury, alcohol and/or drug use, abuse, and dependence.
- To tailor approaches to a woman's age, experience, life stage, sexual orientation, social situation, and cultural traditions, and to deliver services appropriate to the unique needs of the individual girl or woman and her family and community.
- To establish trust and rapport with women and girls and discuss their roles, values, symptoms, experiences, priorities, and service needs.
- To discuss women's and girls' sexuality in a respectful and sensitive manner.
- To demonstrate culture- and gender-appropriate respect through behaviors, including appropriate eye contact, language, tone of voice, and attention.
- To recognize and help women and girls counter stereotypes.
- To help women cope with stigma associated with mental health and/or substance use conditions/disorders.
- To help women and girls understand that normal hormonal shifts (e.g., puberty, menstruation, perinatal, postnatal, perimenopause, menopause) can sometimes cause exacerbation or changes in symptomology and to identify possible periods of increased vulnerability.
- To motivate and coach women, girls, and families to adopt wellness strategies that connect to their experiences and values.
- To identify resources to address the specific needs of low-income women with mental health and/or substance use conditions/disorders and their families, including physical and dental health services, and to assist them to access these services.
- To implement approaches that empower women and girls to take action in their own lives.

## RELATIONAL APPROACHES IN WORKING WITH WOMEN AND GIRLS

Women are relational and tend to prioritize relationships as a means of growth and development. Recognizing and understanding the value of relationships in women's lives is important when working with women and girls.

### KNOWLEDGE:

- Of the relational context of the lives of women and girls and its importance when working with them. This includes understanding the role of positive, nurturing connections and relationships, as well as the potential consequences of unhealthy disconnections such as violence and abuse.
- Of relational-cultural theory, which includes an understanding that positive mental/emotional health is directly connected to mutuality and growth-fostering relationships (rather than separation and autonomy).
- That women are encouraged to continue services when they feel cared for and connected with others.
- Of the possible behaviors of women and girls in group settings. In groups, some women and girls may adopt a care-taking role and focus on others' needs instead of their own. Women and girls may be hesitant to address issues such as body image, trauma, and vulnerability in mixed group (male/female) settings.
- That women and girls have a wide variety of expressions of gender roles. Some are more traditional and focused on relationships and connections with family, friends, and romantic partners, whereas others are more autonomous and more focused on ideas, activities, or jobs, and less interested in relationships.

### SKILLS:

- To work effectively with women and girls who are still developing their identities and who are in the process of discovering and articulating their preferences, interests, and goals.
- To establish therapeutic alliances through development of trust and rapport, as well as to demonstrate empathy, caring, and appropriate boundaries.
- To apply effective service models relevant to women and girls that are based within the context of developing healthy, supportive relationships (including development of trust, common interests, communication skills, and appropriate boundaries) throughout recovery.
- To recognize and address the problem when a woman or girl detects and mimics the provider's preferences as her own out of fear of losing the relationship (also known as "people-pleasing" behavior).
- To guide women and girls in assessing their relationships, identifying healthy and unhealthy relationships, and improving relationships.
- To create and sustain a recovery-oriented community environment for women and girls.

## UNDERSTANDING TRAUMA IN WOMEN AND GIRLS

Findings have demonstrated the significant short- and long-term effects of violence, abuse, and other trauma on women and girls and their possible relevance to mental health and/or substance use conditions/disorders.

### KNOWLEDGE:

- That being female means there is an increased likelihood of violence and trauma at any point throughout a girl's or woman's life span. Women and girls are significantly more likely to be victimized by someone they know and love, rather than by a stranger.
- That trauma can have a strong and long-lasting effect on development and on the experiences of women and girls. It can affect a woman's or girl's world view, including her social-emotional responses, her view of herself, and her ability to trust others. Past trauma can influence current skills, experiences, and feelings. It can have an impact on every area of a girl's or woman's life, including parenting, relationships, work, and self-care.
- That societal and cultural interpretations and contexts shape how the trauma experiences of women and girls are defined, accepted, and prevented, and that this social context also influences how women and girls cope with violence and trauma.
- Of the shame and personal guilt feelings women and girls typically experience when they are trauma survivors, which can inhibit a woman's or girl's ability to report, disclose, or discuss violence and trauma.
- That women and girls who are trauma survivors may have "triggers" of traumatic memories that can cause them to re-experience the trauma.
- Of the developmental impact of violence and trauma on girls in childhood and adolescence, and how it can influence their transition to adulthood.
- Of the increased vulnerability to violence and trauma for girls and women with disabilities, including those with physical disabilities as well as those with intellectual or developmental disabilities.
- Of the concept and potential impact of historical-cultural and intergenerational trauma.
- Of the interrelatedness of violence, mental health, and substance use conditions/disorders in women, and subsequent connections of these conditions/disorders to social consequences such as involvement with the criminal justice system, homelessness, and human trafficking.
- Of the range of responses to traumatic life experiences, including coping strategies that can mimic "symptoms" of other mental health disorders.
- Of the definitions and elements of trauma-informed care, trauma services, and intimate partner violence services.
- That not every staff member has the ability, training, or support (i.e., clinical supervision) to provide interventions or counseling to trauma survivors.

- Of the potential impact that working with women and girl trauma survivors can have on providers, particularly for staff members who are also trauma survivors.
- That people with lived experience can contribute to a greater understanding of trauma-informed systems, services, and processes.
- Of effective models (or promising practices) in the treatment for trauma-related conditions/disorders for women and girls, and appropriate referral resources.

### **SKILLS:**

- To conduct a self-assessment to identify one's own capacity to serve women and girls who have experienced violence or trauma. This includes being skilled at knowing when to "do no harm" by referring the individual to a clinician with more highly developed skills and training in trauma.
- To identify and respond to trauma disclosures and reactions appropriately and with cultural sensitivity. (Culture includes age, race, ethnicity, class, religion, disability status, and sexual orientation.)
- When appropriate, to assist women and girls to see the connection/relationship between their trauma histories/experiences and the development of mental health and/or substance use conditions/disorders.
- To recognize that when triggered, a woman's or girl's trauma reaction may manifest as defiance, emotional dysregulation, or lack of motivation, and to be able to avoid punitive responses to such reactions.
- To teach women and girls to read signals of danger and to plan ways to keep themselves and their children safe.
- To support women, girls, and families to develop and implement personal safety plans.
- To create and contribute to a safe prevention or treatment environment that encourages connection, empowerment, and mutuality, and minimizes coercion.
- To recognize potential behaviors (including tone of voice), and/or situations, such as drug testing, confrontation, restraint, or seclusion, that could retraumatize women and girls in their encounters with staff and slow the process of developing a therapeutic alliance.
- To respond appropriately to trauma in girls, adolescents, and adult women.
- To respond appropriately to trauma-related grief and loss issues with a woman or girl and her family.
- To provide, procure, or refer women and girls to effective trauma-specific, evidence-based practices and trauma-informed parenting interventions.

# KNOWLEDGE AND SKILL COMPETENCIES (CONT.)

## FAMILY-CENTERED NEEDS OF WOMEN AND GIRLS

Women's roles in society as nurturers and caregivers mean that women have family roles (e.g., mothers, caregivers for elderly parents, partners) that must be addressed in mental health/substance abuse services.

### KNOWLEDGE:

- Of the importance of the role of mothering/parenting and how it affects most parenting women's or girls' identities, especially in regard to their perceptions of what it means to be a mother and to their access to services, treatment, and recovery.
- That family may be defined in many ways and may include family of origin, same-sex couples, extended families, blended families, and "adopted" families. Not all women have children.
- Of family systems, and the impact of mental health and/or substance use conditions/disorders on family members, including children, and intergenerational stressors (e.g., grandparents raising grandchildren, or intergenerational cycles of abuse).
- That women and girls often carry primary responsibility for home management, including such tasks as housekeeping, cooking, emotional caretaking, caring for children and meeting children's needs, keeping schedules, logistics, and caring for aging parents, all of which can have an impact on a woman's identity and her ability to access services.
- That women and girls with low self-esteem and self-efficacy often believe they are not deserving of mutual, supportive relationships.
- Of the cycles of violence that can continue in families with histories of trauma, and how these cycles affect women and girls developmentally.
- Of the impact trauma can have on parenting, and recognition that parenting can trigger traumatic memories for those with previous exposure to childhood abuse.
- Of potential gender/power dynamics in intimate partner relationships that could pose a risk of trauma or abuse.
- Of parenting curricula and education/prevention interventions that are available for children and families whose parents have mental health and/or substance use conditions/disorders or a history of trauma. These curricula address challenges to children's growth, development, and self-esteem.
- Of child care and transportation resources to support access to various services.
- Of referral sources for couples counseling, groups, or individual services for intimate partners when appropriate.
- Of the principles, programs, and practices of family-centered service models.
- Of mandated reporting laws for child abuse, intimate partner violence, and elder abuse, and how to file reports.

## SKILLS:

- To help a woman or girl define her family/support system and understand her roles and responsibilities in her family.
- To work within the sociocultural, gender, and generational dynamics of the woman's family to plan, deliver, and evaluate services.
- To screen and assess the level of family need, and the level and type of involvement individual family members might have in a woman's or girl's services and recovery.
- To screen family members/significant others for their own support and/or service needs and provide, procure, or refer for further assessment or services as appropriate.
- To assess risk of intimate partner violence, discuss risks and safety with women and girls, and provide, procure, or refer for legal and intimate partner violence services when needed. To accept women and girls who stay in violent or high-risk relationships without requiring that they end these relationships as a condition of receiving services (unless absolutely necessary for community safety).
- To work with women and girls to develop their self-esteem and self-efficacy so that they believe they are deserving of mutual, supportive relationships.
- To communicate with parenting women and girls about their parenting approach and children's health and safety. To provide, procure, or refer to trauma-informed parenting support programs.
- To inform women of reporting laws for child abuse, intimate partner violence, and elder abuse and to file such reports as needed and required by law.
- To prioritize family needs when considering treatment and recovery plans, including offering flexibility in scheduling and location of services.
- To provide, procure, or refer women and their children for screening, assessment, and treatment when appropriate and to coordinate children's services with the mother's treatment.
- To provide, procure, or refer women and girls to effective, family-centered practices and programs.

## SPECIAL CONSIDERATIONS DURING PREGNANCY

Pregnancy affects all aspects of a woman's life. Symptoms and interventions for mental health and/or substance use conditions/disorders change during pregnancy.

### KNOWLEDGE:

- Of the stages of pregnancy and common effects on the mother, including the increased health and nutritional needs during pregnancy.
- Of the potential effects of alcohol, tobacco, and illicit drugs on the pregnant woman, her fetus, and breastfeeding infants, including Fetal Alcohol Spectrum Disorder (FASD).
- Of the potential effects of prescription medications on the pregnant woman, her fetus, and breastfeeding infants, as well as the potential complications related to prescription changes or discontinuation of medications.
- That pregnant women with mental health and/or substance use conditions/disorders benefit from early identification of pregnancy and an informed team response that considers symptoms, pharmacological risks and options, and the possible need for additional supports.
- Of strategies to help pregnant women establish and maintain abstinence from alcohol, illicit drugs, and tobacco, including methadone maintenance for addressing opiate addiction during pregnancy.
- Of the signs and symptoms of the continuum of maternal and postpartum emotions (including depression and psychosis) and the impact on the mother and family system.
- Of issues relating to HIV transmission for pregnant women and the developing fetus during pregnancy, as well as postpartum.
- That levels of stress and stressors (including the risk of intimate partner violence) may increase during pregnancy.
- Of the risk and impact of complications of pregnancy, including grief and loss reactions to miscarriage, adoption, abortion, premature birth, stillbirth, sudden infant death syndrome (SIDS), and other health or developmental problems.

### SKILLS:

- To conduct verbal screening for pregnancy and provide appropriate referral for medical follow-up including prenatal, childbirth, and pediatric care.
- To provide or link adolescent and adult women with information and services about reproductive health care, pregnancy, birth, and breastfeeding.
- To coordinate and collaborate with health/medical and other service providers regarding issues specific to pregnancy.
- To support pregnant women to remain engaged in services, and to counter stigma and judgment that pregnant women may experience in the community by using strength-based approaches to create a safe, supportive environment.

- To screen for the continuum of maternal and postpartum emotions and disorders such as anxiety, depression, and psychosis, and take appropriate action when needed.
- To educate women and girls about the risks of alcohol, tobacco, and substance use during pregnancy, including providing education on the risks of binge drinking during the first trimester and Fetal Alcohol Spectrum Disorders (FASD).
- To communicate effectively and in an open, unbiased, and supportive way while working with women and girls, particularly with regard to reproductive health, pregnancy, and parenting decisions.
- To assess and address grief and loss issues related to pregnancy outcomes.

## WOMEN'S HEALTH AND HEALTH CARE

Women with mental health and/or substance use conditions/disorders often have co-occurring health problems.

### KNOWLEDGE:

- Of female life cycle and physiology (including puberty, menstruation, perimenopause, and menopause) and the influence of physiology on mental health and substance use, conditions, risks, and symptomology.
- Of how medications for treatment of physical and mental health and substance use conditions/disorders can have a range of effects on mental and physical health.
- Of the importance of healthy eating and regular exercise on improving overall emotional health, reducing stress, and promoting recovery.
- Of screening for eating disorders, malnutrition, and other conditions as appropriate to the population and the needs of individual women or girls (e.g., diabetes, tobacco use, and heart disease).
- Of the linkages between intimate partner violence and subsequent health problems and chronic pain.
- Of chronic and acute conditions to which women with mental health and/or substance use conditions/disorders are susceptible.
- Of how mental health and/or substance use conditions/disorders can increase women's and girls' risks of contracting infectious diseases, as well as how they can increase challenges in preventing, identifying, and controlling those diseases. This includes diseases that may be sexually transmitted (e.g., gonorrhea, chlamydia, human papillomavirus [HPV], and HIV), as well others that are not transmitted sexually (e.g., tuberculosis).
- That some medications have different effectiveness rates for women and girls (versus men or boys), as well as different adverse effects.

# KNOWLEDGE AND SKILL COMPETENCIES (CONT.)

## ***WOMEN'S HEALTH AND HEALTH CARE (Continued)***

### **SKILLS:**

- To conduct comprehensive screening and provide, procure, or refer for assessment and treatment, including primary health and dental services.
- To provide current reproductive health information and referrals to community resources for reproductive health care, including gynecologic/obstetric professionals.
- To discuss body image, healthy eating, and exercise patterns with women and girls and assist them in developing healthy eating and physical activity habits.
- To provide, procure, or refer women and girls to exercise, nutrition, and self-care programs that are trauma-informed and gender-relevant.
- To assist women and girls to communicate effectively with health care providers (e.g., preparing a list of questions, listening, taking notes, asking for written information, and disclosing sensitive personal information).

## **COLLABORATION AND INTERDISCIPLINARY EFFECTIVENESS**

Effective collaboration with other service providers is often required in order to support women and girls to address their own multiple and complex needs, as well as those of their families.

### **KNOWLEDGE:**

- Of the different priorities, goals, and challenges of the various agencies and systems involved with addressing the diverse needs of women and girls.
- That women and girls with limited income or financial resources experience challenges in meeting survival, social, and other family needs as well as increased stress and associated health disparities. They are more likely to become involved with the criminal justice system and are particularly at risk of developing mental health and/or substance use conditions/disorders.
- Of the provider's role as a mandated reporter for suspected or known child abuse and/or neglect, intimate partner, or elder abuse, and familiarity with the reporting process.
- Of current discrimination and sexual/gender harassment laws.
- Of the legal and child welfare systems and processes with which parenting women and girls with mental health and/or substance use conditions/disorders and their children/families may be involved.
- Of people and agencies that are experts in addressing trauma.

- Of means to access resources for women and girls to support recovery and wellness (including safe housing, child care, employment, vocational training, job development, employment support, education, health, gender-responsive self-help programs, medical services and substance abuse and mental health services), and the eligibility requirements for those programs.
- Of current youth development, healthy lifestyle, and wellness programs for girls and women as well as prevention programs specific to women and girls for the following: eating disorders, self-injurious behaviors, use of tobacco and other substances, teen and adult intimate partner violence, unplanned pregnancy, suicide, and delinquency prevention.
- Of techniques to motivate collaborators to consistently follow up on issues of recovery from mental health and/or substance use conditions/disorders.

### **SKILLS:**

- To identify community resources to fulfill women's and girls' needs that go beyond substance use or mental health-specific services.
- To work effectively within an interdisciplinary team.
- To match resources to women's and girls' needs (e.g., bilingual resources).
- To communicate and network with diverse professionals who are involved with women and girls coping with a high level of burden.
- To assist women and girls to navigate court systems, other legal systems, and processes with which they may be involved including child welfare, intimate partner violence, incarceration, probation, parole, and victim assistance.
- To partner with service providers from different orientations and disciplines to facilitate woman and family-centered decision-making.
- To educate other health care providers about the special needs of women, especially women who have experienced trauma and/or mental health and/or substance use conditions/disorders.

# ATTITUDE AND ATTRIBUTE COMPETENCIES

Although knowledge and skills are critical in the implementation of effective services for women and girls, they cannot be the only competency elements used. Attitudes and personal attributes influence staff members' behavior as they apply their knowledge and skills. Individuals who possess the requisite knowledge and skills but who have a poor attitude (e.g., do not respect women) can be ineffective — or even harmful — for women and girls. Personal attributes such as bilingualism, lived experience, or high emotional intelligence may increase a provider's ability to reach and assist women and girls. The Attitude/Attribute competencies identified by the Expert Panel are grouped into four topic areas: Respect and Empathy, Recovery Orientation, Service-Specific Attitudes and Attributes, and Self-Awareness and Desire for Professional Development.

## RESPECT AND EMPATHY

Individuals who demonstrate respect and empathy:

- Respect women and girls.
- Value connection with others and recognize women's and girls' need for connection as a legitimate objective.
- Value and express compassion, warmth, support, empathy, authenticity, humility, and sensitivity toward women and girls.
- Value women and girls as active participants in their health and wellness, and recognize that they are capable of setting their own priorities and identifying steps toward change.
- Recognize sexual stereotypes and sexualizing messages regarding women and how these messages can affect one's attitudes, expectations, and treatment of women and girls.

## RECOVERY ORIENTATION

Individuals who demonstrate recovery orientation:

- Maintain optimism regarding outcomes for women and girls and their families.
- Recognize and respect that staff with shared gender, racial, and cultural backgrounds, or lived experiences, may more easily develop trust and rapport with women or girls of similar backgrounds.
- Recognize women and girls and their families as resilient and able to recover from the effects of trauma and mental health and/or substance use conditions/disorders.
- Recognize and honor that women and girls with mental health and/or substance use conditions/disorders are able to be effective and caring mothers, family members, and contributing members of the community with appropriate services and support.

- Appreciate that parenting goes beyond a set of skills and includes the relationship and connection between a mother and her child or children.
- Regard families as able to end the intergenerational transmission of mental health and/or substance use conditions/disorders and violence, while understanding that lapses and relapses are typical and are part of the recovery process.
- Recognize the value of peer recovery supports for women and girls.

## SERVICE-SPECIFIC ATTITUDES AND ATTRIBUTES

Individuals who demonstrate service-specific attitudes and attributes:

- Believe that family is an asset to prevention, treatment and recovery and recognize that involving family members of the woman or girl's choosing in treatment and recovery may result in better outcomes for women and girls.
- Believe that women and girls can be supportive and healing to each other.
- Believe that discussing sexuality, including sex, sexual orientation, and sexual identity, is part of caring for the whole woman or girl.
- Believe that grief and loss issues must be addressed with women and girls and, if appropriate, with their families.
- Desire to eliminate and offset the stigma, hostility, and judgment women and girls with substance use and/or mental health conditions/disorders may face, including during pregnancy.
- Desire to alleviate the guilt and shame women may feel as a result of behaviors or experiences related to their mental health and/or substance use conditions/disorders.
- Accept a broad concept of family and support women in being able to define "family" and "family participation" for themselves.
- Exhibit patience, flexibility, and adaptability to respond effectively to the needs of individual women and girls.
- Be motivated to be a positive role model and have a positive impact on women and girls.

## SELF-AWARENESS AND PROFESSIONAL DEVELOPMENT

Individuals who demonstrate self-awareness and a desire for professional development:

- Recognize how one's own socialization, attitudes, and knowledge about gender may affect professional practice with women and girls.
- Recognize one's personal biases (e.g., concerning race, ethnicity, gender, socioeconomic status, language, ability, education, and citizenship status) and consider how these biases may affect, expand, or limit attitudes or approaches to serving women and girls.
- Recognize one's own limitations in terms of knowledge, skill, experience, and training in addressing trauma, and are willing to listen as well as to refer women and girls to more highly trained/skilled staff.
- Recognize one's own vulnerability, including the potential to internalize responses to client experiences of trauma, grief, and loss, and be willing to seek appropriate clinical supervision and other supports.
- Be willing to work collaboratively with colleagues and professionals from other disciplines.
- Be motivated to learn and grow continually.
- Be motivated to take care of oneself and model a healthy lifestyle for women and girls.
- Recognize how one's personal and professional code of ethics fits with serving women and girls.

# APPLICATION OF THE CORE COMPETENCIES

The Core Competency Report serves as a resource for several target audiences that can use it in their respective sectors and disciplines to increase staff's ability to address the needs of women and girls who have mental health and/or substance use conditions/disorders. The table below identifies how different sectors can utilize the Core Competency Report to develop the workforce's ability to best serve women and girls.

## OPTIONS FOR USING THE CORE COMPETENCY REPORT

### TARGET GROUP: LICENSING, CREDENTIALING, AND TESTING BODIES

#### Short-Term Options

- Review and assess the level of gender responsiveness in education/training, pre-service/in-service requirements, and testing questions.
- Recommend new courses or inclusion of new content in existing courses to ensure adequate candidate preparation to work with women and girls.
- Encourage continuing education programs that address core competencies for serving women and girls.

#### Longer-Term Options

- Revise educational standards to comprehensively measure and address gender competency.
- Use the Core Competency Report as a basis to further develop profession or discipline-specific competencies for serving women and girls.
- Consider whether the code of ethics or conduct addresses trauma and other gender-responsive attitudes and attributes.
- Offer certification or endorsement for completing education/training in gender competency for working with women and girls.

# APPLICATION OF THE CORE COMPETENCIES (CONT.)

## TARGET GROUP: POLICYMAKERS AND FUNDERS

### Short-Term Options

- Integrate selected competencies into funding requirements and program performance standards.
- Consider requiring competencies for staff descriptions in solicitations (e.g., Requests for Proposals [RFPs]) and regulations.
- Establish professional development and training programs that provide continuing education and/or college credits.
- Develop quality-assurance processes for providers.
- Develop benchmarks for program evaluators.
- Encourage continuing education programs that address core competencies for serving women and girls.

### Longer-Term Options

- Require the use of gender competencies for job descriptions and training programs for funded programs that serve women and girls or specialized groups of women and girls.
- Provide incentives to credentialing and educational programs that develop or adopt women's core competencies.
- Provide incentives to service agencies that hire gender-responsive staff and/or provide competency training.
- Educate collaborative partners (e.g., child welfare, criminal justice, and education) about the need for gender-responsive, women-specific programming and staff.
- Offer certification or endorsement for completing education/training in gender competency for working with women and girls.

## TARGET GROUP: ADMINISTRATORS, PROGRAM MANAGERS, AND CLINICAL SUPERVISORS

### Short-Term Options

- Review and update job descriptions and staff qualifications.
- Integrate content into staff training programs.
- Develop competency-based interview questions for job applicants.
- Encourage continuing education programs that address core competencies for serving women and girls.

## **TARGET GROUP: ADMINISTRATORS, PROGRAM MANAGERS, AND CLINICAL SUPERVISORS (Continued)**

### **Longer-Term Options**

- Develop performance management and clinical supervision criteria based on the competencies.
- Implement a comprehensive training program using the competencies as learning outcomes.
- Offer certification or endorsement for completing education/training in gender competency for working with women and girls.

## **TARGET GROUP: EDUCATORS AND TRAINERS**

### **Short-Term Options**

- Work with area providers of gender-responsive and women-specific services to ensure that education and training meet providers' practical needs in addition to demonstrating appropriate academic rigor.
- Evaluate existing courses and develop ways to integrate gender differences and competencies into current academic programs.
- Develop new courses and professional development programs to educate and train students.
- Work with credentialing/licensing bodies to create gender-responsive and women-specific service provision questions for exams.
- Collaborate with government-funded training and technical assistance programs to create gender-responsive, women-specific curricula and curricula infusion packets to university faculty to use in their programs.
- Provide information to state and local licensing bodies.
- Encourage continuing education programs that address core competencies for serving women and girls.

### **Longer-Term Options**

- Use the Competencies Report to work with educational institutions, training programs, and professional associations to create and integrate discipline-specific competencies (such as those developed by the American Psychological Association).
- Develop women-specific peer advocate and volunteer programs to address KSAs in qualifications, job descriptions, supports, and training.
- Develop specialty courses for higher education staff about the need to educate students on the content of the core competencies.
- Offer certification or endorsement for completing education/training in gender competency for working with women and girls.

# APPLICATION OF THE CORE COMPETENCIES (CONT.)

## TARGET GROUP: CURRENT STAFF, PEER ADVOCATES, RECOVERY COACHES, AND VOLUNTEERS AND STUDENTS ENTERING THE MENTAL HEALTH AND SUBSTANCE ABUSE FIELDS

### Short-Term Options

- Evaluate current KSAs and identify strengths and areas to develop. Use results to identify educational enhancements, specialty classes, personal development, and resources to enhance competencies.
- Encourage others to develop their gender-responsive, women-specific KSAs.

### Longer-Term Options

- Continually develop the KSAs of self and others relative to gender-responsive competencies.

## PLANNING FOR IMPLEMENTATION OF COMPETENCIES

How these competencies are utilized will vary depending on the individual needs and resources of institutions and communities, as well as their scope of services, populations, and methods of service delivery. Some educators, credentialing bodies, administrators, and policymakers may be able to utilize the Core Competency Report and other resources immediately to make these competencies operational within their setting. Others may face challenges that prevent the complete or immediate use of the competencies. Within an individual agency, common barriers may include a lack of funding for related training and professional development, a lack of leadership for this change effort, and resistance to change by staff, managers, or senior executives.

The Expert Panel noted that on a larger scale, existing certification, training, and educational entities that need to be involved in institutionalizing these competencies do not necessarily have the knowledge, skills, or expertise to develop and implement policies and programs for women and girls. A successful effort to apply the core competencies for working with women and girls in these settings will bring together experts on serving women and girls with the educational and training bodies for mental health and substance abuse services. Together, these experts and organizations can develop and implement viable curricula, credentialing questions, policies, and educational programs. To adopt the core competencies on a large scale — whether for an individual provider agency, licensing body, or state — requires a multipronged approach and should involve all of the stakeholders working collaboratively. SAMHSA has developed *A Provider's Guide: How to Use Core Competencies in Mental Health and Substance Abuse* to assist providers and policymakers in implementing core competencies (in press).<sup>40</sup>

Development of core competencies is only a first step to establishing an effective workforce for addressing the needs of women and girls. Educational and training programs are required in order to transfer the competencies from paper and policy into a meaningful body of knowledge and practices. The Expert Panel recommended the development of comprehensive training resources to consider as part of the roll-out of a competency package. The Expert Panel recommended the following strategies to improve the ability of the workforce to address the needs of women and girls more effectively:

**Leader and Policymaker Briefings.** The Expert Panelists noted that many leaders and policymakers do not recognize that women’s and girls’ service needs are different from those of men and boys or that gender competency, like cultural competency, is important. Education and advocacy across the workforce leadership can result in strong advocates for the development of the education, training, policies, and performance systems that will enable adoption and implementation of core competencies for serving women and girls.

**Web Access.** The Expert Panel noted the need for easily accessible, annotated listings of training programs and recommended materials available through regional, statewide, and national resources. They suggested information be provided as a package or toolkit that states, educational institutions, credentialing bodies, administrators, supervisors, and other stakeholders may use to develop and implement workforce training programs that address the needs of women and girls.

**Educational Programs.** Students interested in careers in mental health or substance abuse services typically are required to take generalized and specialized courses. Panelists noted that for effective training of the “next generation” of gender-responsive staff, pre-service training programs must address competencies for working with women and girls in both core content for generalized education, and in specialty courses for those interested in developing more comprehensive knowledge of working with women and girls. Panelists also recommended that SAMHSA collaborate with training and technical assistance providers across the country to disseminate curricula to different educational institutions, graduate programs in social work, psychology, medicine, and nursing, and other allied health care educational programs.

**Workforce Training.** Instituting competencies that apply to the current workforce is best accomplished through a comprehensive approach using a “train-the-trainer” model. Low-cost trainings should be offered as stand-alone efforts, but can also include continuing education programs. The competencies can also be integrated with other training efforts currently underway. Finally, technical assistance and training should be provided for clinical supervision of staff who are striving to improve their KSAs in working with women and girls.

Adding specific training and educational programs for new and existing staff working with women and girls will create a workforce that is better equipped to help women and girls.

# CONCLUSION

Development and implementation of gender-responsive, trauma-informed environments are essential as SAMHSA, researchers, and community agencies shift toward person-centered, culturally competent, recovery-oriented systems of care that use the latest research on gender differences in mental health and substance abuse to support positive outcomes for clients. Efforts to expand the capacity of the workforce to meet the needs of women and girls must include gender-relevant core competencies to address prevention, treatment, and recovery needs. The Core Competency Report is a tool to assist educators, policy makers, providers, and staff with the application of research on women's and girls' mental health and/or substance use conditions/disorders.

States, communities, institutions, and providers all have a role in implementing policies and programs that support women and girls and improve outcomes. The Expert Panel members urge other advocates and experts on women and girls to work together to support implementation of these competencies within their workforce development plans and to bring gender competency to scale within the workforce.

# APPENDIX: EXPERT PANEL PARTICIPANT ROSTER

SAMHSA convened an Expert Panel, without whose efforts this document would not have been possible. The panelists recommended resources, deliberated on the content, and reviewed and edited the draft document. Initial input was provided through a working meeting March 3-5, 2009, in Potomac, Maryland. The focus of the Expert Panel Working Meeting was “Developing Core Competencies for Women and Girls in Behavioral Health.” Participants are listed below.

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