



## IDENTIFICATION

Department	Position Title	
Northwest Territories Health and Social Services Authority	Mental Health/Addictions Counsellor	
Position Number(s)	Community	Division/Region(s)
37-11334	Fort Simpson	Mental Health and Addictions/Deh Cho

## PURPOSE OF THE POSITION

The Mental Health/Addictions (MHA) Counsellor is responsible for providing mental health, addictions, and family violence services, for the residents of the Dehcho region. Services are provided in accordance with the Northwest Territories (NWT) Mental Health Act, Child and Family Services Act, Protection against Family Violence Act, Mental Health and Addiction Services Framework and Action Plan, and the NWT Community Counseling Program Standards. Services are intended to help improve the mental health and well-being of residents and their community.

## SCOPE

This position reports directly to the Regional Supervisor, Mental Health and Addictions Services for the administrative, supervision and functional input and clinical guidance. The incumbent is 1 of 4 positions within the Dehcho region. Two positions are in Fort Simpson, one in Fort Liard and one in Fort Providence.

The MHA Counsellor provides direct, community based, culturally sensitive, mental health, addictions, and family violence counseling services to clients. These services include but are not limited to: prevention and promotion initiatives; planning and delivery of community based mental health, addictions, and family violence therapeutic counseling services; case management, and providing crisis response, supported living, consumer self-help and vocational/education services. The MHA Counsellor is also a key referral agent and service provider for complex addictions, family violence, and psychiatric clients who may be referred for inpatient treatment or other services outside of the community.

## **RESPONSIBILITIES**

- 1. Using a Best Practices model, the MHA Counsellor is responsible for providing a continuum of therapeutic counseling services for individuals, groups, and families in the areas of mental health, addictions, and family violence.**
  - Conduct screening, intake, and bio-psycho-social assessment protocols with various client groups including, elders, adults, couples, families, adolescents and children for a variety of conditions and disorders including, but not limited to addictions, Diagnostic And Statistical Standards Manual of Mental Disorders Fourth Edition (DSM-J V) (i.e. depression, anxiety, post-traumatic stress disorder, schizophrenia), addictions, family violence (including work with victims, offenders, and the Justice system), trauma, impact of residential schools, Fetal Alcohol Effects, concurrent disorders, victims of sexual/physical assault, problems with work, school, family or other important areas of function and other problems causing distress.
  - Provide short and long-term out-patient treatment through client centered therapeutic counseling services in individual, family, or group formats using a treatment model that best fits the client(s) situation including, but not limited to, solution-focused, cognitive-behavioral, family systems, stages of change, motivational interviewing, harm reduction, and/or art and play therapy models.
  - Provide aftercare and follow-up counseling following in-patient treatment for addictions, family violence, or mental health/addictions related hospitalization (participate in discharge planning). This may also include medication monitoring, regular checks on clients and ongoing therapeutic counseling.
- 2. The MHA Counsellor is responsible for, independently and as part of the Primary Community Care (PCC) Team, providing comprehensive mental health, addictions, and family violence case management services.**
  - Take a lead role in case management and case planning for mental health, addictions and/or family violence clients. This includes taking a lead role on the PCC Team in service planning for clients with mental health, addictions, and family violence issues.
  - Conducts care coordination/planning involving necessary professionals/traditional healers/services on a regular basis.
  - Make referrals where required (note: this includes making all the arrangements both within and outside of the community for travel and admissions to hospitals)
  - Provide consultation to physician when determining need for hospitalization and possible medivac for mental health issues.
  - Provide leadership and advocacy with clients in working with other agencies.
- 3. The MHA Counsellor is responsible for contributing to the effective functioning of the Community Counseling Program (CPP) and enhancing program development, delivery and continuity of care.**
  - Complete documentation, clinical notes, referral letters, and other documentation as required in the format set out by the Department of Health and Social Services (DHSS).
  - Provide reports and case management notes to assist clients in understanding treatment protocols or treatment plans.
  - Participate actively in community interagency meetings, especially as they relate to the

socioeconomic environment with respect to emerging developments such as self-government and economic development and understand the impact of these developments on the well-being of individuals.

- Participate in program evaluation, data collection activities, and other program design and delivery initiatives.
- Evaluates therapeutic counseling and treatment outcomes to determine the best service for clients.

**4. As the primary provider of MHA Services within the Deh cho Region, the incumbent is the primary consultant and educator of the PCC Team and other community agencies (Traditional Counsellors, Community Social Services Workers (CSSW), Probation, Physicians, Justice Committee's, RCMP, Community Health Nurses, Teachers, Community Health Representatives, Homecare, Band Councils and/or First Nations, Non-Government Organizations, etc.) on mental health, addictions, and family violence issues within the Deh cho Region.**

- Provide community awareness and education. This includes but is not limited to providing presentations and/or workshops that raise awareness of relevant mental health, addictions and family violence issues within the community.
- Work in partnership with the Traditional Counsellors in providing education sessions to professionals.
- Provide orientation and training on mental health, addictions, and family violence to key stakeholders within the community (i.e. RCMP, Nurses, Band Councils, Schools, Non- Government Organizations, etc...).
- Provide materials and expertise to community groups.

**5. The MHA Counsellors are responsible for conducting suicide risk assessments and Mental Status exams and providing recommendations regarding care and monitoring to clients who may be in RCMP cells, in Health Centers or referred by any third party.**

- Complete screening and risk assessment for suicide and violence and mental status with all client groups and individuals. Prioritize and identify community and regional resources for each client in crisis. From time to time the incumbent may be required to act as a psychiatric escort.
- Make referrals where required (note: This includes making all the arrangements both within and outside of the community for travel and admissions to hospitals)

## **WORKING CONDITIONS**

*(Working Conditions identify the **unusual and unavoidable**, externally imposed conditions under which the work must be performed and which create hardship for the incumbent.)*

### **Physical Demands**

There are no regularly re-occurring physical demands on the incumbent that are unusual or unavoidable (i.e. the majority of the services are provided within an office, classroom or nursing station).

### **Environmental Conditions**

The majority of mental health and addictions services are provided within an office/clinic setting (i.e. office, classroom, nursing stations, etc.). However from time to time services will be provided in remote locations (i.e. client home, coffee shop, etc.). In these situations, the incumbent may be required to walk to and from the different locations where s/he will be experience variety of weather conditions. The severity of Northern temperatures requires a period of adjustment, but with proper preparation does not cause undue hardship. The Mental Health & Addictions Counsellor occasionally works with mandated clients (probation, social services) and others that may present as dangerous and unpredictable.

As a result of living in isolated, northern community, the incumbent may be required to travel on small planes and ice or winter roads when traveling to or from the community.

### **Sensory Demands**

The incumbent will spend approximately 75% of the day providing direct counseling services and 15% of the day providing indirect counseling services such as case consultations with teachers, parents, social workers, and nurses. This requires the use of the combined senses of touch, sight, smell and hearing during assessment and provision of counseling services. This involves the use of the whole self (self is the tool in counseling) to tune into the client's message through verbal, non-verbal and other conflicting messages. The incumbent must be constantly aware of the client's physical and emotional needs (mood, hygiene, etc.) when screening & providing for mental health/addictions assessment & treatment services.

In dealing with clients who are working through experiences of childhood and adult trauma, it is necessary to listen to their words as well as their tone of voice, timbre of voice, and body language, as it is not unusual for 'flashbacks' and dissociation to occur, sometimes without the client being aware of it, making it necessary for the Mental Health & Addictions Counsellor to reorienting the client prior to ending the session.

In working with children, who often communicate through symbolism and metaphor, it is necessary to be attuned to the various ways children communicate their thoughts, feelings, and needs including body language, play, stories, energy level, tone of voice, and other verbal and non-verbal cues.

The incumbent will spend 10% of their day on administrative duties within an office setting, which will include working on a computer terminal.

### **Mental Demands**

Mental stress at times is extremely high. The stress results from dealing with highly emotional situations, such as suicides, as well as from dealing with competing urgent priorities. Professionals providing mental health and addiction counseling services have been known to suffer from vicarious traumatization, as a result of repeatedly hearing client's traumatic stories (i.e. sexual abuse, multiple losses, residential schools, cultural issues, etc.). The MHA Counsellor requires excellent self-care skills.

Providing these services in a small community presents unique challenges that can add additional stress on the incumbent. For instance, the incumbent may have to deal with friends, neighbors, relatives or social acquaintances who are receiving services, as well as victims and perpetrators, on a day-to-day basis outside of work (i.e. present at community functions, grocery shopping, walking, down the street, etc.). In a small community everyone knows everyone and their business.

Although the incumbent does not work shift work and is not on call; when a traumatic event occurs within the community, or to an individual, the incumbent will often be called upon, outside of work hours. This may cause un-do stress as the incumbent's personal time may be perceived as not their own.

In this profession there is some level of uncertainty in knowing what to expect while at work. People in crisis can be abusive to those trying to help. As a result, there is legitimate concern about the risk of verbal or physical assault (i.e. Clients or family members under the influence of drugs or alcohol).

### **KNOWLEDGE, SKILLS AND ABILITIES**

- Working knowledge of therapeutic treatment options as well as the skill and ability to provide such treatment to people of all ages with mental health, addictions, and family violence issues.
- Knowledge of child, adolescent, and adult developmental, psychological, social, and cognitive development.
- Knowledge of the different referral agencies/services available within the NWT (and community) for those individuals who require in-patient or alternative (such as psychiatric) assessment and care, this includes knowledge of referral routes and case management techniques.
- Working knowledge of and an ability to refer clients to traditional healers and elders.
- Working knowledge of the bio-psychosocial presentation, determinants and precipitators of mental health and mental health disorders and the bio-psychosocial presentation, and models of addictions (abstinence model, moral model, harm reduction model, etc.) and the bio-psychosocial presentation, determinants and precipitators of family violence in order

- to recognize and interpret findings and determine an appropriate treatment plan.
- An ability to appropriately use clinical, diagnostic and treatment planning terminology with clients, other health care providers and referral agents.
- General knowledge of the Diagnostic Standards Manual classification system, psychopharmacology and psychophysiology of disorders.
- Working knowledge of the signs of violence and/or abuse at an early stage as well as current trends and best practices in addressing psychological outcomes of violence, including interpersonal therapy, supportive counseling, group support and cognitive behavior strategies.
- Knowledge of current trends and ability to apply best practices with clients for addressing risk factors for addictions, mental health disorders and family violence.
- Ability to apply the NWT Mental Health Act, the Child and Family Services Act, the Protection Against Family Violence Act, as well as knowledge of other NWT legislations.
- Adherence to a professional code of ethics.
- Knowledge and understanding of the community demographics, values, culture, and history.
- Knowledge of and ability to network resources within and outside the employing Health and Social Services Authority to ensure support for clients and their families.
- Ability to communicate (orally) effectively in a cross cultural setting.
- Ability to draft written documents, which are clear, concise and easy to understand by both professionals and non-professionals.
- Ability to work as a team a member as well as be self-directed, meet deadlines, prioritize workloads and manage several tasks at once.
- Ability to operate a desktop computer with a basic software package.
- Ability to communicate in the local First Nation language is an asset and will be given preference.

**Typically, the above qualifications would be attained by:**

Master's degree in social science with 1 year of relevant counseling experience in a scope of practice or experience in addictions, mental health, and/or family violence: or

Bachelor degree in social sciences with 3 years of relevant counseling experience in a scope of practice or experience in addictions, mental health, and/or family violence: or

Diploma in Psychiatric Nursing with 5 years relevant counseling experience in a scope of practice or experience in addictions, mental health and/or family violence.

The experience of the MHA Counsellor should include clinically supervised education or work experience (counseling experience obtained under a qualified clinical counseling supervisor) that includes at least 500 hours where at least 120 of those hours are direct client contact. Additional hours are spent in face-to-face supervision, educational activities, documentation activities and professional development.

## **ADDITIONAL REQUIREMENTS**

### **Position Security** (check one)

- No criminal records check required
- Position of Trust – criminal records check required
- Highly sensitive position – requires verification of identity and a criminal records check

### **French language** (check one)

- French required
- French preferred
- French not required