



Winnipeg Regional Health Authority  
Office régional de la santé de Winnipeg



Health



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## **Co-occurring Mental Health and Substance Use Disorders Initiative**

**Winnipeg Region Co-occurring Disorders Initiative**

# **Clinical Training Guidelines for Co-occurring Mental Health and Substance Use Disorders**

**September 2003**



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#### Preamble: Intended Uses/Purposes

- These guidelines are intended for use by trainers, clinical supervisors and program administrators to support the planning and development of training for clinical staff expected to work with persons who have co-occurring mental health and substance use disorders<sup>1</sup> (COD).
- This document identifies nine areas of clinical competency applicable to “Dual Diagnosis Capable” programs<sup>2</sup> depending upon the program’s existing scope of practice or area of service specialization. The focus is on respectful and welcoming practice, safety and clinical evaluation, client<sup>3</sup> engagement and motivation, treatment/rehabilitation<sup>4</sup> planning, accommodation within existing program constraints and parameters, coordination of care.

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<sup>1</sup> *Co-occurring disorders* refers to the presence of both mental health and substance use issues concurrently, although this does not necessarily mean that both have to be currently active. Problems may be identified as co-occurring even if one is seen as having been active in the past only. This would provide a marker of risk for re-activation. The term “*disorder*”, as it is used in this document, is intended as a generalized reference to any *problem* associated with either mental health or substance use deemed serious enough to warrant attention or intervention by a helping professional, whether a diagnosis or other formal clinical designation has been established or not. The terms “*disorder*” or “*problem*” may thus be understood as referring to issues identified in a clinical evaluation process so that they may be addressed in subsequent treatment/rehabilitation planning.

<sup>2</sup> *Dual Diagnosis Capable* (DDC) programs are modified to address the needs of persons with moderate levels of co-occurring disorder. Basic modifications for all programs would include welcoming policy and practices, and universal screening and assessment. Depending on the range of services that are part of the normal scope of practice for a given program, modifications may also include integrated treatment/rehabilitation planning, supportive psychopharmacology policies, augmented program content, and inter-program coordination of care efforts. A program would be considered DDC to the extent that it addresses the needs of these persons within the context of, and employs modifications that fit with, its normal range of services functions.

<sup>3</sup> The term “client” is used consistently throughout this document but readers are encouraged to interpret it variously as “patient” or “consumer” (consumer/survivor) as applicable to their situation.

<sup>4</sup> In the interdisciplinary context of the Co-occurring Disorders Initiative, the terms “rehabilitation” and “treatment” tend to have varied and overlapping meanings and are used differently among the various participating agencies and programs. The range of services addressed by these Clinical Training Guidelines also would include both treatment and rehabilitation where they are viewed as distinct. In order to accommodate the preferred language of various programs, the terms are presented here as interchangeable (treatment/rehabilitation). It should also be noted that agencies/programs may refer to their clinical service plans as treatment plans, rehabilitation plan or service plans.



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- Dual Diagnosis Capability (DDC) is a system level objective. As such, these guidelines identify a range of competencies which should be generally available across the service system. All competencies need not apply to all programs or all clinicians within all programs. The long-term goal is that eventually every program within the broader addictions and mental health service system will be able to offer services which support DDC standards. Within such a system, however, programs will vary in terms of specialization and scope of practice. Although all programs within the broader system of care should eventually be welcoming, for instance, not every program will necessarily offer the range of clinical services described in the Clinical Training Guidelines. Programs are expected to use the guidelines selectively where they are applicable to their defined scope of practice or specialized niche within the larger system of services. Appendix A, *Clinical Training Guidelines Application Levels*, provides a tool to assist programs in their selection of applications appropriate for them.
- The guidelines are intended to be supplementary to other clinical competency guidelines which address areas of clinical practice particular to either mental health or addiction treatment/rehabilitation, or basic professional and ethical responsibilities. While the guidelines include competencies related to client engagement and incremental change strategies, they do not categorically address counseling and treatment/rehabilitation methods used in mental health and addiction, including pharmacological /medical/psychiatric intervention. Neither do they include ethical or legal competencies that are assumed as part of existing clinical standards for mental health and addiction service providers.
- These guidelines are intended to provide direction for long-term planning related to the development of dual diagnosis clinical competencies and training requirements at program, agency and system levels. They are not tied to any specific implementation schedule or timelines. They are also not intended for use as performance standards in program evaluation or staff appraisal.
- The descriptive attitude, value, knowledge and skill statements for each of the competencies listed below are intended as examples of a range of applicable competencies and should not be viewed as an exhaustive or comprehensive list



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### Clinical Training Guidelines for Co-occurring Disorders\*

#### 1. Welcoming, Empathic and Hopeful Stance

Demonstrate a welcoming, empathic and hopeful attitude in the provision of services to persons with co-occurring disorders.

#### 2. COD Population Needs and Barriers

Demonstrate a working knowledge of the needs and concerns of persons with co-occurring disorders as a special population

#### 3. Mental Health and Addiction Clinical Knowledge and Best Practices

Demonstrate basic knowledge of etiology for mental health and substance use disorders and best practices in treatment/rehabilitation for co-occurring disorders.

#### 4. Change and Recovery Models

Demonstrate an understanding of change and recovery models use in the treatment/rehabilitation of mental health and substance use disorders.

#### 5. Crisis Response

Demonstrate practical knowledge on a range of crisis prevention, intervention, and resolution approaches

#### 6. Screening and Assessment

Demonstrate ability to complete basic screening for co-occurring disorders and an integrated, longitudinal, strength-based assessment.

#### 7. Integrated Treatment/Rehabilitation Plans

Demonstrate the ability to design, implement and ensure highly individualized, integrated treatment / rehabilitation, discharge and continuing care plans.

#### 8. Coordination of Services

Demonstrate knowledge and skills to facilitate the client's experience of integrated, continuous and coordinated service.

#### 9. Facilitation of Recovery

Demonstrate ability to facilitate client learning and recovery.

\* Programs are expected to use these guidelines selectively where they are applicable to their defined scope of practice or specialized niche within the larger system of services.



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### Detail Description of Clinical Training Guidelines

Each of these training guidelines is elaborated below in terms of descriptive statements organized under two categories: *attitudes and values; and, knowledge and skill.*

#### 1. Demonstrate a welcoming, empathic and hopeful attitude in the provision of services to persons with co-occurring disorders.

##### Attitude/Value

- Belief that it is important to welcome persons with co-occurring disorders into helping services regardless of the severity or acuity of their disorders.
- Belief that both addictive and mental health disorders are equally valid and significant, and that treatment/rehabilitation of both disorders is equally important.
- Belief that recovery is possible for anyone with a co-occurring disorder, and a hopeful vision of recovery is important established at the outset.
- The opportunity to access help or continue in a helping relationship be available regardless of the client's level of motivation, cooperation or compliance.
- Individuals with co-occurring disorders are seen as people with significant strengths and capacities
- A strong desire to understand and respect the client's point of view as well as their definition of needs and success.
- Appreciates and respects the pace of change set by clients and is comfortable with lapses and stage recycling.
- Belief that families and friends can be valuable collaborators in treatment/rehabilitation and are approached with the same welcoming attitudes with which one approaches clients is important

##### Knowledge/ Skill

- The ability to engage individuals with co-occurring disorders in a welcoming, hopeful, empathic, and accepting manner.

#### 2. Demonstrate a working knowledge of the needs and concerns of persons with co-occurring disorders as a special population

##### Attitude/Value

- Appreciates the diversity of backgrounds, circumstances, capacities and strengths among individuals with co-occurring disorders.

##### Knowledge/Skills

- Understands the complexity and interconnectedness of issues (social, emotional, physical, and/or spiritual) facing persons with co-occurring disorders.
- Familiarity with epidemiological data on the prevalence of co-occurring disorders.
- Understanding of service system issues related to the treatment/rehabilitation of persons with co-occurring disorders, and of barriers to service integration.



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- Familiarity with evidence supporting the effectiveness of integrated, continuous treatment/rehabilitation approaches.
- Ability to identify population subtypes according to definitions contained in the Quadrant Model.

### 3. Demonstrate basic knowledge of etiology for mental health and substance use disorders and best practices in treatment/rehabilitation for co-occurring disorders.

#### Attitude/Value

- Appreciates the role and value of pharmacological interventions in the treatment/rehabilitation of both mental health and substance use disorders.

#### Knowledge/ Skill

- Familiarity with diagnostic categories for mental health and substance use disorders, including distinction between substance use, abuse, and dependence (as per DSM or AFM's Levels of Involvement framework)
- Knowledge regarding duration, functionality, and disability associated with mental health and substance disorders, separately and together.
- Familiarity with biopsychosocial etiology of both disorders, and how each can contribute to the cause and exacerbate the symptoms of the other.
- Familiarity with typical patterns of substance use among individuals with various mental health disorders, effects of substances on symptoms, and the benefits/consequences of use.
- Knowledge of signs and symptoms of intoxication from common substances
- Familiarity with current best practices in treatment/rehabilitation for mental health, substance use and co-occurring disorders.
- Awareness of basic types of medications used for stabilization of mental health disorders.
- Understanding of the need for continuation of prescribed psychotropic medication for clients with serious and persistent mental health disorders and active substance use disorders
- Awareness of various pharmacological strategies in addiction treatment/rehabilitation, including methadone maintenance.
- Ability to describe and discuss substance withdrawal symptoms and the process of withdrawal, with clients and families.

### 4. Demonstrate an understanding of change and recovery models use in the treatment/rehabilitation of mental health and substance use disorders

#### Attitude/Value

- Appreciates that co-occurring disorders involve long-term processes of recovery and require a flexible approach to matching treatment / rehabilitation modalities to the client's presenting needs, interests and goals.



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- Recognizes the importance of small gains, and that maintaining functional stability alone is valuable, difficult work.
- Accepts that individuals with co-occurring disorders can be addressed using a common language and treatment/rehabilitation philosophy.
- Appreciates that the family's role can be important in the client's life and that family involvement in the treatment/rehabilitation process may be valuable

### Knowledge/ Skill

- Knowledge of mental health recovery and empowerment models
- Knowledge of stages of treatment, phases of recovery, and stages of change models.

### 5. Demonstrate practical knowledge on a range of crisis prevention, intervention, and resolution approaches

#### Attitude/Value

- Appreciates that what constitutes a crisis is based on the perceptions of the individual in distress and may often include issues related to housing, employment, or access to other basic requirements.
- Appreciates the primacy of the client's perception of crisis

#### Knowledge/ Skill

- Familiarity with crisis response services (eg., mobile crisis and crisis stabilization) and ability to utilize community resources to resolve a client's crisis.
- General knowledge of crisis intervention theory
- General knowledge of the provisions and implications of the Mental Health Act and other relevant statutes (ie., FIPPA and PHIA<sup>5</sup>) as they pertain to responding to mental health crises.
- Knowledge of signs and symptoms that indicate the need for a risk assessment or psychiatric evaluation.
- Knowledge regarding high risk of suicide and violence in individuals with co-occurring disorders.
- Ability to perform a basic suicide risk assessment and act appropriately upon the assessment information.
- Knowledge and skills in the prevention and management of aggressive behaviours.
- Ability to recognize possible medical risk, including severe drug and alcohol intoxication or withdrawal, and arrange appropriate interventions

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<sup>5</sup> Manitoba Statutes: Freedom of Information and Protection of Privacy Act (FIPPA); Personal Health Information Act (PHIA)



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### 6. Demonstrate ability to complete basic screening for co-occurring disorders and an integrated, longitudinal, strength-based assessment.

#### Attitude/Value

- Recognizes the value of a integrated, longitudinal, strength-based assessment process
- Recognizes the importance of learning about and emphasizing the client's view of the problem, their goals and their ideas about what is most likely to work for them
- Recognizes the potential value of voluntary involvement family and collaterals in the assessment process.

#### Knowledge/ Skill

- Familiarity with the components of an integrated, longitudinal, strength-based assessment process
- Familiarity with screening tools, and ability to use tools to identify the presence of co-occurring disorders.
- Ability to complete stage of change and stage of treatment assessments
- Familiarity with at least one tool for level of care assessment for co-occurring disorders.
- Ability to solicit collateral input and corroboration from family/natural supports.
- Understands that the assessment of co-occurring disorders is a process that evolves over time.
- Ability to identify risk for mental health destabilization and need for stabilization
- Ability to identify risk for substance withdrawal and the need for detoxification
- Ability to identify the Quadrant subtype applicable to various clients.

### 7. Demonstrate the ability to design, implement and ensure highly individualized, integrated treatment/rehabilitation, discharge and continuing care plans.

#### Attitude/Value

- Appreciates that when mental health disorders and substance use disorders co-exist, both disorders are important to address concurrently with specific treatment/rehabilitation services of appropriate intensity.
- Appreciates that it is more important to emphasize appropriate concurrent responses to each disorder than to focus on the interactions between the disorders.
- Appreciates that there is no one correct program, that interventions should always be matched according to identified client needs, goals and interests and the range of available program options.
- Appreciates that harm reduction and abstinence orientations are both valuable interventions when appropriately matched to client needs and interests.

#### Knowledge/ Skill

- Knowledge of basic stage-specific strategies for the individuals.
- Ability to develop an integrated treatment/rehab plan for simultaneous, phase-specific treatment of co-occurring disorders, consistent with the acuity, severity, and disability of each disorder.



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- Ability to incorporate interventions for one disorder into the setting for treatment of the other disorder.
- Ability to facilitate planning with the client based upon their strengths, resources, and capabilities and their personal goals, choices, and preferences
- Ability to use criteria for treatment matching and apply that knowledge to the development of a specific treatment/rehabilitation plan.
- Ability to assist the client to identify practical ways to achieve their personal goals (including those related to overcoming barriers to change).

### 8. Demonstrate knowledge and skills to facilitate client experience of integrated, continuous and coordinated service.

#### Attitude/Value

- Appreciates the importance of facilitating the placement of the client in the least restrictive treatment/rehabilitation environment in which s/he can be successful in recovery.

#### Knowledge/ Skill

- Awareness of characteristics, capabilities and admission criteria of various programs within the system and how to access them.
- Knowledge regarding peer recovery programs for both addiction (e.g., 12 Step) and mental health, as well as co-occurring disorders (Dual Recovery Anonymous).
- Understanding of the role of specific treatment/rehabilitation interventions in the overall course of dual recovery.
- Knowledge of various support resources in the areas of housing, financial services, and vocational issues
- Ability to work collaboratively with other service providers to facilitate a continuous, integrated treatment/rehabilitation process across stages of treatment and levels of care.
- Ability to provide current and accurate information regarding treatment/rehabilitation options and resources for persons with co-occurring disorders.
- Ability to facilitate appropriate service connections to address the needs of the client that cannot be met by the clinician own program
- Ability to integrate discussion of treatment/rehabilitation recommendations for two primary disorders within the context of a single treatment relationship.
- Ability to discuss negotiated treatment/rehabilitation goals with family members, and to educate family members about stage specific treatment/rehabilitation strategies.
- Ability to advocate for resources that meet specific individual needs of the client.



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### 9. Demonstrate ability to facilitate client learning and recovery.

#### Attitude/Value

- Believes that the most important role in helping persons with co-occurring disorders, beyond that of supporting the attainment of physical and mental stability, is to facilitate client recovery, self-determination, and functional self-sufficiency.
- Believes that, to the greatest extent possible, persons with co-occurring disorders should be supported in taking responsibility for and control over their personal recovery process.
- Appreciates that within the context of any helping relationship, supportive case management needs to be balanced with empathic detachment.
- Appreciates that individuals need to be encouraged to acknowledge and use their strengths
- Appreciates the need to support incremental progress, recognizing that success usually requires many small steps.
- Appreciates the importance of supporting client self-determination, understanding that sustained recovery cannot be attained by external control.
- Appreciates that lapses, relapses or recycling are not failures but opportunities for learning.
- Believes that rigidity should be avoided and flexibility valued, that there is no one “right way” to recover.

#### Knowledge/ Skill

- Understands adult learning theory and its application to working with co-occurring clients in groups
- Familiarity with application of Motivational Interviewing and harm reduction strategies to both mental health and substance disorders.
- Knowledge regarding application of behavioral contracting, and contingency learning strategies
- Ability to engage with the client in a learning process and facilitate the identification of next-step objectives.
- Familiarity with relapse prevention and social skills training interventions.
- Ability to assist clients in utilizing peer recovery programs for either or both disorders.
- Understanding of how to modify treatment/rehabilitation approaches for individuals with cognitive and/or learning disabilities.
- Familiarity with principles of trauma recovery and ability to modify treatment/rehabilitation approaches to better meet the needs of individuals with significant post-traumatic stress and/or abuse history.
- Ability to facilitate groups for persons with co-occurring disorders utilizing a blended approach (i.e., addressing both mental health and substance use issues).
- Ability to maintain an appropriate balance of empathic detachment and supportive care in order to promote client self-determination.



## Co-occurring Mental Health and Substance Use Disorders Initiative

### APPENDIX A

#### Clinical Training Guidelines Application Levels

The Clinical Training Guidelines identify a range of competencies which should be generally available across the service system. All competencies need not apply to all programs or all clinicians within all programs. The long-term goal is that eventually every program within the broader addictions and mental health service system will be able to offer services which support DDC standards. Within such a system, however, programs will vary in terms of specialization and scope of practice. Although all programs within the broader system of care should eventually be welcoming, for instance, not every program will necessarily offer the range of clinical services described in the Clinical Training Guidelines. Programs are expected to use the guidelines selectively where they are applicable to their defined scope of practice or specialized niche within the larger system of services. The following *Applications Levels and Application Grid* are provided as tool to assist programs in their selection of applications appropriate for them.

The following application levels, which are based on common work functions or roles in programs that serve persons with co-occurring disorders, are offered as *suggested guidelines* for selective application of the Clinical Training Guidelines to specific training situations:

#### Core Level

Would apply to everyone within a service setting who has regular contact with clients/patients/consumers regardless of their role (e.g.; reception, housekeeping, peer helpers or counselling)

#### Basic Service Level

Would apply to all those who are regularly involved in treatment/rehab intake and support services roles with clients/patients/consumers (eg., takes intake information, conduct screens, triage, etc.). This level would be subject to internal variation in applicability depending on the type of service each role provides and specific needs particular to the clinical focus (mental health or substance abuse).

#### Advanced level

Would apply to treatment/rehab clinicians who conduct in-depth assessments, develop treatment/rehab plans and provide treatment/rehab services. This level would be subject to internal variation in applicability depending on the type of service each role provides and specific needs particular to the clinical focus (mental health or substance abuse).

## Co-occurring Disorders Clinical Training Guidelines Suggested Application Levels

Training Guidelines	Common Work Functions and Roles in Programs that Serve Persons with Co-occurring Disorders				
	Core	Basic MH	Basic SA	Advanced MH	Advanced SA
Welcoming, Empathic and Hopeful Stance					
COD Population Needs and Barriers					
Crisis Response					
Screening					
Assessment					
Clinical Knowledge and Best Practices					
Change and Recovery Models					
Integrated Treatment/Rehab Plans					
Facilitation of Recovery					
Coordination of Services					

### **Core Level**

Would apply to everyone within a service setting who has regular contact with clients/patients/consumers regardless of their role (e.g.; reception, housekeeping, peer helpers or counselling)

### **Basic Service Level**

Would apply to all those who are regularly involved in treatment/rehab intake and support services roles with clients/patients/consumers (eg., takes intake information, conduct screens, triage, etc.). This level would be subject to internal variation in applicability depending on the type of service each role provides and specific needs particular to the clinical focus (mental health or substance abuse).

### **Advanced level**

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