# Competencies for Providing Services to Individuals with Co-Occurring Mental Health and Substance Use Disorders February 2009

## **Connecticut Department of Mental Health and Addiction Services**

#### **Basic:**

- 1. Screen for mental health and substance use problems using standardized measures.
- 2. Form a preliminary impression of the nature of the presenting problems.
- 3. Use basic engagement skills.
  - Including stabilization, outreach, assistance with practical needs, building the therapeutic alliance, *not* working on changing substance use behavior in early engagement stages.
  - Able to use some basic motivational interviewing skills: asking open ended questions, making reflective listening statements, summarizing, and making statements of affirmation.
- 4. Use de-escalation skills when needed.
- 5. Knowledge of crisis management procedures.
  - Know the behavior/physiological signs for intoxication and withdrawal from various substances, and the signs of risk to self or others.
  - Follow the crisis management procedures if someone is intoxicated or in withdrawal from substances, and/or reporting suicidal ideation and/or homicidal ideation.
- 6. Knowledge of referral processes and uses them assertively when needed.
- 7. Coordinate care assertively when multiple providers are concurrently involved in care.
- 8. Display patience, persistence and optimism.

### **Intermediate:** (In addition to the competencies listed above)

- 9. Conduct integrated assessments.
  - Knowledgeable of the drug classes and mental health diagnostic categories used in the DSM IV.
  - Determine severity of disorders.
  - Knowledge of current street names of the various drugs.
  - Assess stage of change for both disorders.
  - Complete a functional assessment.
  - Document mental health and substance use disorder diagnoses.

- 10. Perform integrated and collaborative treatment (recovery) planning with a focus on shared decision making.
- 11. Conduct engagement, education, and treatment for both mental health and substance use disorders.
  - Use more advanced motivational interviewing strategies: developing discrepancy (e.g., using the importance ruler, decisional balance, and exploring personal goals and values); rolling with resistance (e.g., reflection, shifting focus, personal control, reframing); and how to offer information and suggestions.
  - Know the basic social learning theory concepts that underlie a Cognitive Behavioral Therapy (CBT) approach. Complete a functional analysis (behavior chain) and teach coping skills (e.g., rationale and guidelines, modeling, role plays, providing constructive feedback, and assisting consumers/individuals in recovery to practice exercises in their community).
  - Able to modify counseling strategies for consumers/individuals in recovery with a severe mental illness.
- 12. Use stage-wise treatment methods.
  - Use treatment strategies compatible with each stage of change for each disorder.
- 13. Understand the 12-steps used in AA/NA self-help groups, and assertively link people with co-occurring disorders to ones that are welcoming or specific to co-occurring disorders (e.g., Dual Recovery Anonymous).

## **Advanced:** (In addition to both the basic and intermediate competencies)

- 14. Use integrated models of assessment, intervention and recovery.
  - Understand group processes and facilitate groups (e.g., process groups, social skills groups, stage-wise groups, interactive psychoeducation groups).
- 15. Provide interventions for families and other supports.
  - Work individually with families; facilitate a multi-family psychoeducation/support group.
- 16. Demonstrate an understanding of psychotropic medication.
- 17. Support quality improvement efforts, including a focus on incorporating new "best practices", resources, and tools in the provision of integrated services for people with co-occurring disorders.

**Primary Sources:** CSAT, "Substance Abuse Treatment for Persons with Co-Occurring Disorders: TIP 42; DMHAS, Integrated Dual Disorders Treatment (IDDT) Workgroup; DMHAS Co-Occurring Enhanced Program Guidelines Workgroup.