

**Competencies for Providing Services to
Individuals with Co-Occurring Mental Health and Substance Use Disorders**
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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*.