Developing Co-occurring Competency: A Supervisor's Guide

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Part 1: Background Material

Integrated Systems of Care

- Complexity is an expectation, not an exception.
- ALL services are designed to welcome, engage, and provide integrated services to individuals and families with multiple complex issues (MH, SUD, DD, BI, health, trauma, housing, legal, parenting, etc.)

Person-centered, Resiliency-/Recovery-oriented

Complexity Capability

Each program organizes itself, within its mission and resources, to deliver integrated, matched, hopeful, strength-based, best-practice interventions for multiple issues to individuals and families with complex needs who are coming to the door.

Person-centered, Resiliency-/Recovery-oriented

Complexity Competency

Each person providing clinical care is helped to develop core competency, within their job and level of training, licensure or certification, to become an inspiring and helpful partner with the people and families with complex needs that are likely to already be in their caseloads.

The Supervision Challenge

How Do I Help My Staff to Achieve This?

Organizational Support for "Co-occurring Supervision"

- Supervisors are the "glue" that connects agency/program implementation of co-occurring capable policies, procedures, and practice supports, with iterative implementation of co-occurring competent practice by all types of staff providing services.
- Supervisors therefore need to regularly meet and collaborate with agency/program leaders, as well as clinical change agent teams (if present), to understand – and inform – agency policies and procedures regarding co-occurring services.
- Remember: supervision and coaching are essential. Training alone is the "evidence-based worst practice" for competency development.

Organizational Support for "Co-occurring Supervision"

Important policy guidance for supervisors:

- Welcoming, "no wrong door" expectation, where all programs and staff provide co-occurring capable services
- Guidance for how to bill and document integrated interventions under any "primary" billing diagnosis or funding stream
- Guidance for appropriate "scope of practice" for any licensed or unlicensed staff regarding provision of co-occurring care.
- Organizational support (and consultation) for engaging and "wrapping around" clients and families who are having a difficult time due to co-occurring needs, including active substance use.

Person-centered, Resiliency-/Recovery-oriented Co-occuring Competency

Within the organization, design supervision according to:

- **6 Principles of Treatment**
- **12 Steps for Staff Developing Complexity Competency**
- Consider additional tools:
  CODECAT-EZ for staff and supervisors
  ILSA Supervision Guide for 1-1 or group supervision

Principles Made Simple

1. **Welcome** people with complexity as an expectation and **identify** *all* their issues.
2. **Integrated, strength-based, hopeful partnerships** making small steps of progress over time.
3. A**ll people with co-occurring MH/SU are not the same**: each person has unique combinations of needs, and each type of program has a different job.

Principles Made Simple

4. **Integrated** issue-specific **interventions** for ***each* primary MH, SU,** and other issue.
5. Integrated **stage-matched interventions** for *each* primary issue.
6. Positively rewarded **skill-based learning** for *each* primary issue.

12 Steps of Complexity Competency

1. Welcoming, empathy, and engagement. (Principle 1)
2. Hopeful vision for a happy life. (Principle 2)
3. Screen/identify all co-occurring issues. (Principle 1)
4. Assess for immediate safety risk and help the person get to safety. (Principle 1)
5. Recognize the specifics of each co-occurring issue. Distinguish high and low severity for each issue. (Principle 3)

12 Steps of Complexity Competency (continued)

6. Strength-based presentation. (Principle 2)
7. Understand the recommendations for each primary issue. (Principle 4)
8. Identify stage of change for each issue. (Principle 5)
9. Stage-matched interventions for each issue. (Principle 5)

12 Steps of Complexity Competency (continued)

10. Positively rewarded skills training for each issue. (Principle 6)
11. Integrated collaboration and teamwork. (Principle 3)
12. Promote peer/natural supports for each issue. (Principle 6)

Part 2: Best Practice for Competency Development

Tips for Supervisors

Avoid the "Training Trap"

Training alone is the evidence-based "worst" practice for competency development and practice improvement.

Instead, align targeted "training" with supervision and coaching on the application of the content, with routine opportunity for practice and repetition, supported by policy, procedure, and/or practice supports (in documentation)

Getting your Supervision Organized

- Occurs best by practice, rehearsal, and repetition.
- Competency must be reinforced by:
  - Policy, procedure, and paperwork
  - Regular individual and group supervision

Getting Your Supervision Organized

- Review and discuss the agency's goal of co-occurring capability for all programs and staff with your team.
- Encourage (or expect) all staff to watch the training video on Welcoming Integrated Systems and Services.
- Review the 6 principles, associated interventions and 12 steps of competency with your team.
- Discuss their thoughts about the video with them and ask how it applies to their program and to them individually.
- Use COMPASS-EZ for program self-assessment. It is also an engagement opportunity for staff to see themselves as partners in improving co-occurring services and their own competencies.

Establish your “co-occurring competency baseline”

- Ask each staff person to review their own competencies on the 12 Steps, and rate themselves (1-3, or 1-5) on their strengths and needs for improvement. As a supervisor, it’s helpful to do this exercise yourself for each staff person, and see where your impressions are aligned with theirs.
- **OPTIONAL: The 20-minute CODECAT-EZ tool (**available from CCSME) provides a structured way for staff and supervisors to walk through this and then have a conversation.
- Choose 2-3 of the 12 steps for the whole team to do together.
- Have individual steps for each staff to work on.
- Do not try to practice or improve everything at once.

Supervisor Resources

- **ILSA Supervision Guide** (Integrated Longitudinal Strength-based Assessment)
  - Incorporates principles into supervision format for 1-1 or group supervision of clients with co-occurring conditions.
- **CCISC Integrated Case Presentation Format**
  - Provides a structure for staff to practice presenting cases using the principles
- **Competency Slides and Videos**
  - Recorded trainings on Talking about Substance Use, Integrated Assessment, Recovery Planning, Stage-Matched Interventions, Skill-based Interventions, and Psychopharm.

Using the 12 Steps of Competency

12 Steps of Competency: Supervision Tips for Each

- When working with staff (individually or collectively) on the specific steps you and they have identified as targets for improvement, it is helpful to have strategies (tips) for how to make the learning simpler for staff, and easier for you.

Tips for Step 1: Welcoming

- This can be an issue for everyone but is an important starting place for staff who are most nervous about this. This is about specifically **welcoming the person with co-occurring issues,** AND the opportunity to learn about BOTH types of issues.
- Have staff practice their welcoming speech. Think with them about how they can encourage conversation about the "co-occurring issues" and empathize with the person's experience without needing to fix anything in the moment. They can ask you for help afterwards if they need to.
- Identify one or more clients for them to practice with, and report back on how it went.

Tips for Step 2: Hope

- This is a good team discussion topic. Inspiring hope is the fuel that helps people do the difficult work of addressing their issues.
- For any client, routinely ask staff to identify the person's vision or most important goals for a happy, hopeful, meaningful life. Challenge them to help the client flesh it out with concrete questions: What kind of job? What kind of housing? Ask how they connect their MH and SU with achieving that goal. What is the right amount of SU (or MH care) for you to achieve your goal?
- Use the Case Presentation Format as structure that routinely requires them to report on their cases that way, in 1-1 or team. Expect documentation of hopeful goals in assessment and Rx plan

Tips for Step 3: Identification

- Also is an issue for the whole team. What percentage of our clients have co-occurring issues, with or w/o diagnosis?
- Don't focus on screening tool, but on the results of screening. What do we already know? Ask about co-occurring issues in a welcoming way, leads to more likelihood of sharing.
- Have each staff person review their caseload: Is this person (or family, in child services) "co-occurring"? Yes/No/Maybe. Is it clearly documented in the record, and in our EHR?
- Discuss as a team. If yes or maybe, what is the next step? How do we improve our recognition and documentation?

Tips for Step 4: Safety

- Keep this simple, so staff have clear instructions for what to do, and so that clients at risk are not automatically extruded.
- In MH: what do we do when someone comes in intoxicated? What do we say? What is the procedure for having them be safe? Observing for withdrawal? Not driving when under the influence? NOT just sending them out the door.
- In SU: what do we do when someone is in MH crisis? For example, how do we respond to suicidal statements and screen for suicidality? If a staff person is concerned, who do they consult? What is the procedure for having them be safe, e.g., calling mobile crisis to come see them?.

Tips for Step 5: Recognizing and Understanding the Specific Issues

- For MH: help staff practice distinguishing between substance misuse ("bad choices"), mild/mod SUD, and severe SUD, with the latter based on the degree of lack of control and harm.
- For SU: help staff practice distinguishing between "normal" situational painful feelings and the presence of a known or possible mental illness – mild/moderate vs severe/disabling..
- In either case, teach that the SUD or mental illness is a "brain disorder" where the brain is on the other team, and the person needs help to gang up with their own brain to be successful.
- In each instance, instruct staff to learn from the client about their experience with the co-occurring disorder, with the goal of empathizing with the client's experience. Whenever possible, encourage staff to learn about the disorder WITH the client, by reading materials for lay people.

Tips for Step 6: Strength-Based

- Another good issue for the team to practice with. Strength-based means building on what the person is/has been doing right for each issue to help them do it better. (ILSA video)
- Use the CCISC Integrated Strength-based Case Presentation (next slide) to practice. Challenge staff: For each issue, identify what the client or family is specifically doing RIGHT and how hard they are working to do it. The more challenges people have, the more strength it takes to survive or progress.
- Have staff practice: Find a (recent) time period when the person did relatively well. Dig into the details of how they were amazingly successful. Have staff review this with clients.

Clinical Practice Design Activities

CCISC Case Presentation Format

- **The (age) person I am presenting is amazing/cool/special because:**
- **I like or feel connected to the person I am presenting because:**
- **His or her vision for a happy, meaningful, proud, successful life is:**
- **Over the past several weeks/months, in the face of multiple challenges:**
- **List all the challenges.... (e.g., continuing mental health issues, substance issues, cognitive/learning issues, health issues, past and current trauma, relationship challenges, housing issues, criminal justice issues, etc.)1. 2. 3.**
- **This person has amazingly made progress toward his/her goal of happiness by...: (List positive things that they have been doing, specifically to make progress for each challenge). STAY WITH A STRENGTH BASED FOCUS. Note the STAGE OF CHANGE for each issue, reflecting progress in a way that is "stage-matched". 1. 2. 3.**
- **From this, I would like some help from the team identifying smart next steps (skills, etc.) that the person and I/the team can work on for each issue toward their vision of a happy life.**

Tips for Step 7: Recommendations

- This helps staff be aware of what might be recommended for each issue for each client at any point in time, whether the client is interested in those recommendations or not.
- Make it simple for the staff: For each client with a co-occurring issue, describe (in supervision) what might be recommended for each issue. If the diagnosis of the issue is unclear, what is the recommendation for further assessment?
- In MH, for substance misuse, we recommend reducing substances below the threshold of harm. For SUD, we recommend MAT (if available) and developing a daily support program of recovery.

Tips for Step 7: Recommendations

- In SU, for a diagnosed mental illness, we recommend taking MH meds as prescribed, skills for managing symptoms (without using), and therapeutic support for ongoing illness management..
- Have staff practice identifying the best recommended next steps for each client, based on their own knowledge or based on what has been recommended by other members of the team.
- Then have staff practice discussing those recommendations with the client, not to “sell” them, but to “Inform” as a helpful partner.
- “For you, as a person with SMI, we recommend that you don’t use substances at all, because you have a vulnerable brain, and the substances make meds less effective. There are meds and supports to help you reduce or stop using. But it’s most important that I help you decide what’s best for you to achieve your goals. ”

Tips for Step 8: Stages of Change

- This is a good competency for the whole team. (Use video)
- Practice: “If someone asks you what stage of change your client is in, the correct answer is always: For which issue?”
- Using the 6 sentence prompts for stages (Precontemplation, Contemplation, Preparation, Early Action, Late Action, Maintenance), have staff practice with their cases to identify which stage the person is in for each issue. (The sentences are later in this slide set).
- Use documentation prompts in assessment, case presentation, and/or Rx planning to reinforce your expectation that they continue to practice thinking this way.

Tips for Step 9: Stage-Matching

- This is helpful for all MH staff to learn and practice. SU staff can benefit as well if they are struggling with clients re MH.
- Have staff watch the Stage-Matching Intervention Video. (Also see slides later in this slide set). Then, ask: For each issue, what is the stage of change, the “job” of you and the client within that stage, and what is an example of a stage-matched intervention that you can do inside a 1-1 or group session? What is the stage-matched outcome?
- Then, have staff practice that intervention. DO NOT HESITATE TO GIVE STAFF “SCRIPTS” TO PRACTICE. Remind staff that this goes slowly.
- Advanced: How can you leverage the person’s more “action” issues and/or their hopeful goals to create progress? Practice that “script”
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Tips for Step 10: Skills Teaching

- This is helpful for all SU staff to learn and practice, and to include skill practice for managing MH symptoms and taking meds as prescribed into all groups in the SU program.
- This is helpful for all MH staff to practice, for clients wishing to make change. Skill manuals, such as Overcoming Addictions: Skills Training for People with Schizophrenia, can be very helpful
- Use the Integrated Skill-Based Interventions training video. In supervision, identify individuals, or group settings, in which there is need for skill-based learning. With or without using the manual, have staff role play (with you or with other staff) how they would teach a specific skill to a client, and then practice with clients. Repeat often.

Tips for Step 11: Collaboration

- Seek opportunities for staff to develop relationships (including visiting, case consultation, etc.) with potential partner programs (or staff in those programs) of the “other” type.
- Whenever a client is receiving services in the other domain, have staff practice being a helpful partner with the other program so that the client feels that they are receiving an integrated message.
- Develop partnerships with other types of programs or staff, so that your whole team goes to visit with another type of program and learn about what they do, with the goal of working more effectively together
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Tips for Step 12: Peer Support

- The approach for this will be a bit different depending on whether you have peer supporters on your team, or not. In either case, though, you want staff to be aware of the availability of both 1-1 peer support and/or peer recovery programs (e.g., 12 step) for people with co-occurring issues.
- Have MH staff meet recovery coaches and visit 12 step programs, and have SU staff meet with peer specialists and WRAP facilitators.
- With that basic understanding, ask each staff person: Identify a client who might benefit: How would you help/support that person to connect with appropriate “co-occurring” peer support?
- Practice your skills and review in supervision.

Part 3: ILSA Supervision Guide

Putting it all together: Using the ILSA Supervision Guide

Structured Case Review with Supervisees:

- Welcoming and engagement
- Happy life goals
- Identification of issues
- Strength and success (for each issue)
- Stages of change (for each issue)

Using the ILSA Supervision Guide

Structured Review with Supervisees (cont.):

- Steps taken
- Stage-matched interventions and outcomes
- Rounds of applause for milestones of progress

Starting Place for the Supervision Case Discussion

CCISC Case Presentation Format

- **The (age) person I am presenting is amazing/cool/special because:**
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Teaching Competencies:

Stage-matched Interventions

- Pre-contemplation
  - "You may think this is an issue, but I don't—and even if I do, I don't want to deal with it, so don't bug me."
  - *The job is to build trust and open up the conversation.*

Help your staff role-play and practice.

Teaching Competencies:

Stage-matched Interventions

- Contemplation
  - "I'm willing to think with you and consider if I want to change, but have no interest in changing, at least not now."
  - *The job is to keep talking and thinking to see if any change is needed.*

Help your staff role-play and practice.

Teaching Competencies:

Preparation, Early/Late Action, Maintenance

- Action – General
  [Common to Preparation, Early/Late Action, and Maintenance]
  - *The job is to identify and practice self-management skills and asking-for-help skills to take the next small step of change.*
  - *Self-management: What I do by myself*
  - *Asking for help: When I need support*

Teaching Competencies:

Stage-matched Interventions

- Preparation
  - "I'm ready to start changing but I haven't started, and I need some help to know how to begin."
  - *How to take a successful baby step to get started.*

Help your staff role-play and practice.

Teaching Competencies:

Stage-matched Interventions

- Early Action
  - "I've begun to make some changes, and need some help to continue, but I'm not committee to maintenance or to following all your recommendations."
  - *How to keep making change that moves in the right direction.*

Help your staff role-play and practice.

Teaching Competencies:

Stage-matched Interventions

- Late Action
  - "I'm working toward maintenance, but I haven't gotten there, and I need some help to get there."
  - *Identify and learn skills to be more consistently successful.*

Help your staff role-play and practice.

Teaching Competencies:

Stage-matched Interventions

- Maintenance
  - "I'm stable and trying to stay that way as life continues to throw challenges in my path."
  - *Anticipate new challenges and learn skills to address them.*

Help your staff role-play and practice.

What will be your next step?

And give yourselves a round of applause!!!