



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Mountain Plains ATTC (HHS Region 8)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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- All attendees are muted for the presentation portion of today's session.
- Today's presentation will be recorded

SAMHSA
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Clinical Supervision & Co-Occurring Disorders

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NCC, LPC, LMFT, LMFT-S, ACS, BCTHP-II



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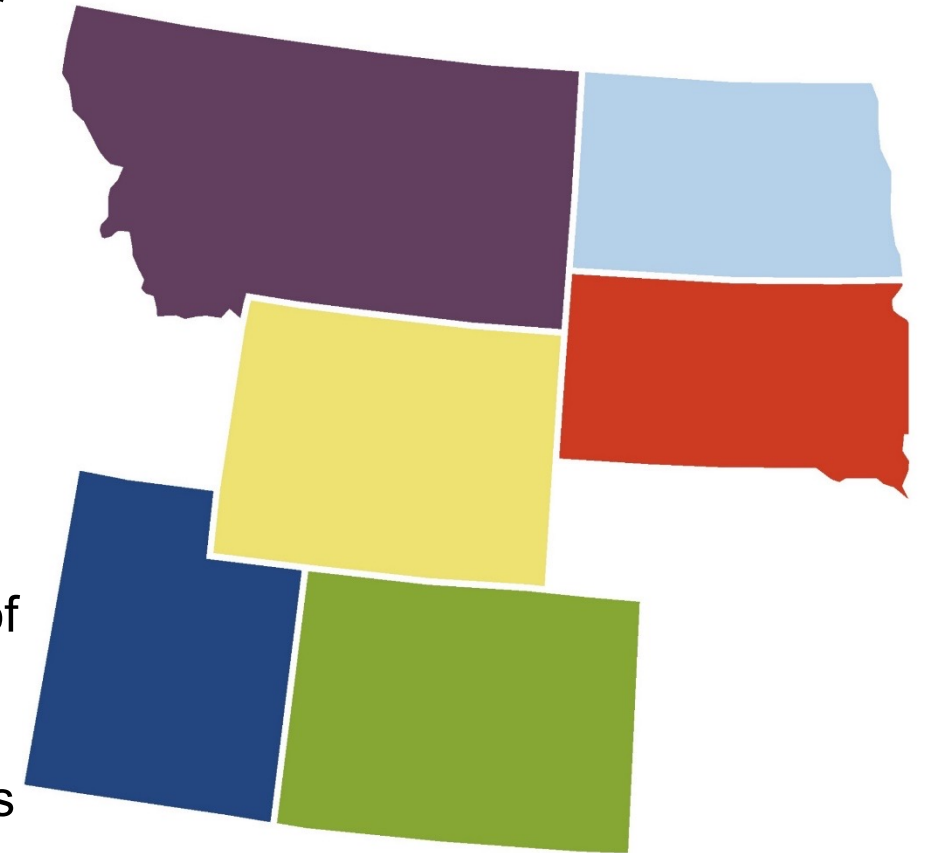
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- Today's session is being recorded and all attendees are muted.
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- Slides and resources for today's session can be accessed on our program website.
- Certificates of attendance are available for today's session.
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The Mountain Plains Mental Health and Addiction Technology Transfer Centers

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) and Mountain Plains Addiction Technology Transfer Center (Mountain Plains ATTC) provide training and technical assistance to individuals who serve persons with mental health and substance use concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

The Mountain Plains MHTTC and ATTC belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is funded under a cooperative agreement by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Mountain Plains MHTTC and ATTC are hosted at the University of North Dakota.



Disclaimer and Funding Statement

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At the time of this presentation, Tom Coderre served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Mita Johnson and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The work of the Mountain Plains ATTC is supported by grant TI080200_01 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



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- > Case Presentations
- > Care Management



- > Professional Development
- > Specializations



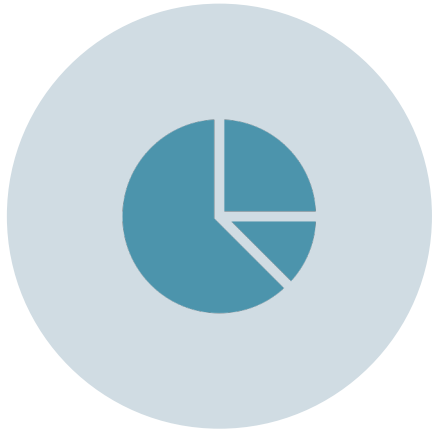
- > Ethical Practice
- > Gatekeeping

CLINICAL SUPERVISION



-
- ✓ Supervisees help clients heal - in relationship.
 - ✓ Supervisors grow supervisees in relationship.
 - ✓ Supervisees improve & advance in meaningful relationships, for emotionally compelling reasons – not because of logic or coercion.

Co-Occurring Disorders



**MENTAL
HEALTH DISORDERS**



**SUBSTANCE
USE DISORDERS**



**CONTINUITY
OF CARE**



Understanding how SUDs are diagnosed



Understanding how mental health disorders are diagnosed



Understanding how SMI/PDs are diagnosed

Diagnosing
with
DSM-5



Philosophies: definitions, theories, models, ethics, law, competencies

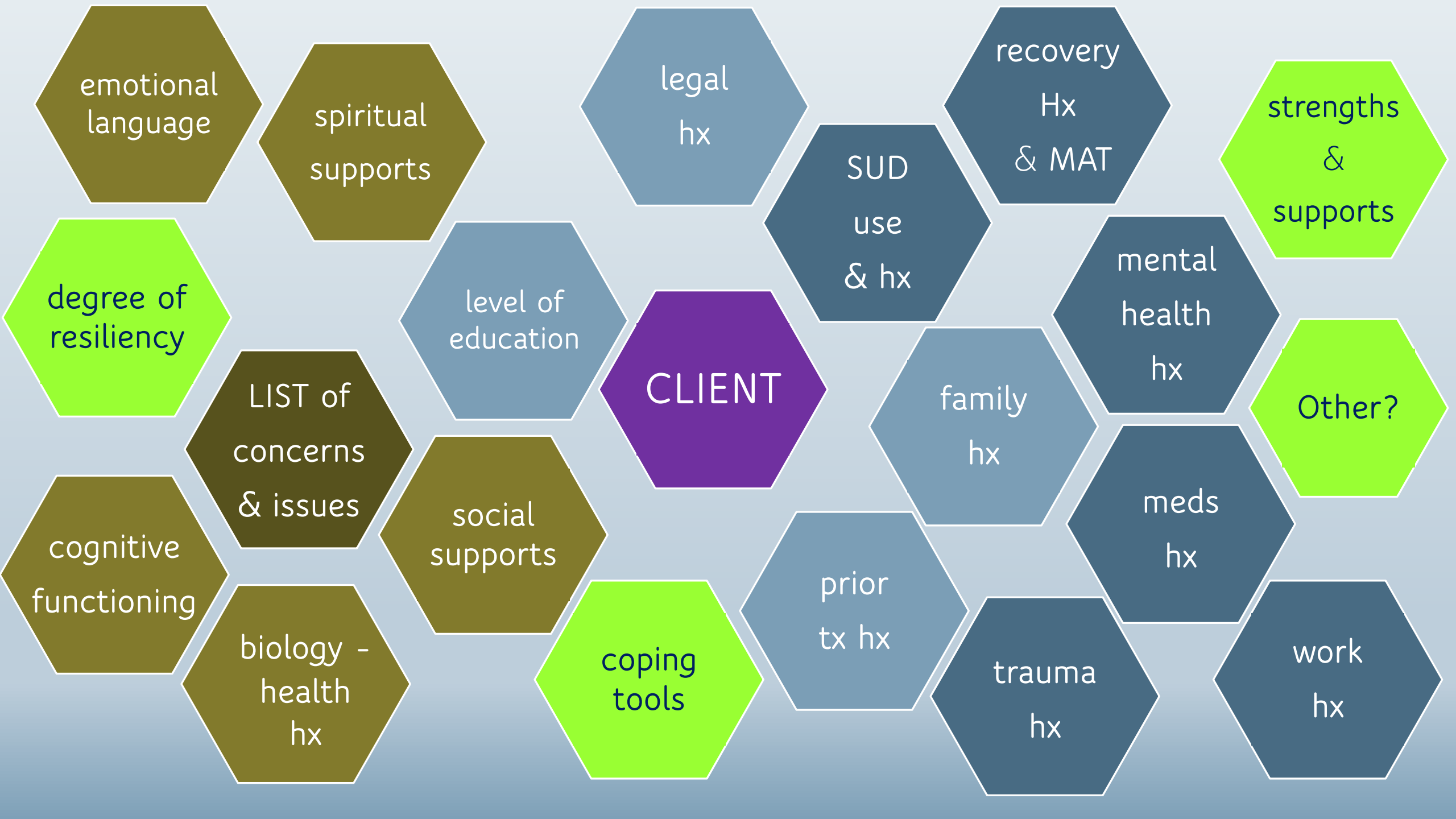


Practices: Evidence based, science driven, culturally informed standards



Outcomes: functionality, wellness, network of support, hopefulness

Treatment Knowledge



Co-Occurring Disorders:

Developing Scope of Practice

- > UNDERSTANDING SUBSTANCE USE DISORDERS
 - > UNDERSTANDING MENTAL HEALTH & BIOLOGICAL DISORDERS
-
- > DEVELOPING TREATMENT KNOWLEDGE
 - > APPLYING KNOWLEDGE TO PRACTICE
-
- > EXPLORING DIVERSITY AND CULTURAL COMPETENCY
 - > USING CLIENT AS EXPERT AND CLIENT RESOURCES

Co-Occurring Disorders:

Developing Professional Competency

- > **UNDERSTANDING** SCREENING & DIFFERENTIAL ASSESSMENT
 - > **DIAGNOSING** DISORDERS – NOT SYMPTOMS
-
- > **DEVELOPING** TREATMENT PLAN & RECOVERY SUPPORT PLAN
 - > **APPLYING** INDIVIDUALIZED CONTEXT, ENVIRONMENT, BIOLOGY
-
- > **EXPLORING** COMMUNITY RESOURCES & PROFESSIONAL REFERRALS
 - > **COLLABORATING** WITH THE CLIENT – ACTIVE ENGAGEMENT IN TX

Co-Occurring Disorders:

Developing Experiential Toolbox

- > **BUILDING** MODALITIES OF PRACTICE: INDIVIDUALS, COUPLES, FAMILIES, GROUPS (THEORIES & MODELS, STRATEGIES)
-
- > **DEVELOPING** KNOWLEDGE BASE FOR PSYCHOEDUCATION
 - > **DEVELOPING** MEDICAL AND PHARMACOLOGICAL RESOURCES
-
- > **EXPLORING** ETHICAL APPLICATION TO PRACTICE
 - > **DEVELOPING** DOCUMENTATION SKILLS; ROI/CONSENT SKILLS
 - > **COLLABORATING** WITH SUPERVISEE – BUILDING TEAM SKILLS

Co-Occurring Disorders:

Developing Documentation Skills

- > **BUILDING** KNOWLEDGE OF STATE & FEDERAL REGULATIONS
- > **DEVELOPING** ACCURATE & CONCISE NOTES
- > **DEVELOPING** SKILLS TO WRITE & PRESENT COMPREHENSIVE & CLEAR PSYCHOSOCIAL NARRATIVE
- > **RECORDING** CLIENT PROGRESS IN RELATION TO TREATMENT GOALS
- > **DEVELOPING** DISCHARGE SUMMARIES
- > **PARTICIPATING** IN PERFORMANCE EVALUATIONS

Basic Competencies: CODs

- Performing a basic screening and assessment to determine whether CODs might exist, and if needed, referring client for more thorough and formal diagnostic setting – potentially a formal psych eval.
- Conducting a preliminary screening to determine whether a client poses an immediate danger to self or others and coordinating any subsequent assessment with appropriate staff or consultants.

Basic Competencies: CODs

- Referring a client to the appropriate mental health services or SUD treatment, and following up to ensure that the client receives needed care.
- Coordinating care with other treatment providers – working to ensure that the interaction with the client and their various disorders are well understood and that treatment plans are coordinated.

Intermediate Competencies: CODs

- Performing more in-depth screening.
- Treatment planning.
- Discharge planning.
- Linking clients to other mental health system services.

Advanced Competencies: CODs

- Understanding the effects of level of functioning and degree of disability related to both substance-related and mental disorders, separately and combined.
- Using integrated models of assessment, intervention, and recovery for people with both substance-related and mental disorders, as opposed to parallel treatment efforts that resist integration.

Advanced Competencies: CODs

- Collaboratively developing and implementing an integrated treatment plan based on thorough assessment that addresses both/all disorders and establishes sequenced goals based on urgent needs, considering the stage of recovery and level of engagement.
- Involving the person, family members, and other supports and service providers (including peer supports and those in the natural support system) in establishing, monitoring, and refining the treatment plan.

Advanced Competencies: CODs

- Advancing a clinical process that includes stage-wise treatment planning; ongoing assessment and monitoring of symptoms of both disorders throughout the course of care; and numerous approaches to interventions, such as pharmacotherapy management, psychoeducation and support – for the client and for family, specialized interventions in behavioral health, and peer-based services.
- Stabilization – treatment – recovery maintenance - followups



Direct Observations - closely monitoring supervisee's work
Skills Training - building the clinical toolbox



Role Playing - practicing skills
Reading Activities - i.e., case studies - build knowledge, ethical, practice base



Interpreting client-supervisee relational dynamics
Use of individual, triadic & group supervision; consultation SME

COD Counselor Development: Activities

Monitoring Performance



Individualized professional development plan



Objective Evaluation



Gatekeeping functions



Self-Care Monitoring

Supervisors: Need to incorporate effective burnout and turnover reduction techniques, as these are common problems for any SUD treatment provider, but particularly so for those who work with clients who have CODs. We are responsible for retention and sustainment.

A close-up photograph of several plumeria flowers. The flowers have five petals each, with a color gradient from light pink on the outer edges to a bright yellow-orange in the center. They are set against a blurred background of green leaves and other flowers.

Expectation: *Trauma-Informed Care*

Trauma-informed care should be the standard among all programs providing COD services. Trauma is exceedingly common among people with co-occurring mental disorders and SUDs and, if untreated, can make recovery very challenging.

Effective COD Programming

- Integrating research and practice into programming.
- Establishing essential services for people with CODs.
- Assessing agency potential to serve clients with CODs via adequate and responsive programming.

Supervisory Support: Clinicians & CODs

- Hire clinicians who want to develop familiarity with both SUDs and mental disorders and have a positive regard for clients with either disorder.
- Hire clinicians who are critically minded and can think independently, but who are also willing to ask questions and listen, remain open to new ideas, maintain flexibility, work cooperatively, and engage in creative problem-solving.
- Provide staff with a framework of realistic expectations for the progress of clients with CODs.
- Establish reasonable client caseloads and scheduled time during work hours to follow-up with case management matters and paperwork.

Supervisory Support: Clinicians & CODs

- Provide opportunities for consultation among clinicians & staff who see the same client (including medication providers).
- Ensure that clinicians & staff are supportive and knowledgeable about areas specific to clients with CODs.
- Provide and support opportunities for further education and training.
- Provide structured opportunities for clinician & staff feedback in the areas of program design and implementation.
- Solicit feedback from clinicians & staff about their perceptions of the work environment, including levels of support, civility, resource needs, and relationships with supervisors.

Supervisory Support: Clinicians & CODs

- Conduct exit interviews with departing employees to gather perspectives on areas for improvement.
- Promote knowledge of, and advocacy for, CODs among administrative staff, including those in decision-making positions (e.g., directors) and others (e.g., financial officers, billing personnel, state reporting monitors).
- Provide a desirable work environment through adequate compensation, salary incentives for COD expertise, opportunities for training and for career advancement, involvement in quality improvement or clinical research activities, and efforts to adjust workloads.



The Challenges of CODs

1. Respect for individuals with CODs.
2. Offering holistic care/counseling.
3. All doors open – inclusive rather than exclusive.
4. All options available – harm reduction, abstinence.
5. Empowerment – “you can do it.”
6. Practical help – individualized support to succeed.
7. Problem solving & skill building – seeing options.
8. Developmentally appropriate, culturally-sensitive, trauma-responsive care.



The Challenges in Providing Ethical COD Services

1. Stigma, attitudes & motivational barriers
2. Personal beliefs, biases, morals, values
3. Cultural misconceptions
4. Transference/countertransference
5. Support system ruptures
6. Competency barriers (lack of training)
7. Crisis and high levels of distress



Ideas for Building Toolbox

- Dual recovery mutual-support groups (in which recovery skills for both disorders are discussed).
- Motivational enhancement interventions (individual or group) that address both mental and substance use problems.
- Group interventions for people with the triple diagnosis of mental disorder, SUD, and another problem, such as a chronic medical condition (e.g., HIV), trauma, homelessness, or criminality.
- Combined psychopharmacological interventions, in which a person receives medication designed to reduce addiction to or cravings for substances as well as medication for a mental disorder.



Reducing Barriers to Care

1. Use client-centered, humanistic approaches.
2. Offer harm-reduction in addition to abstinence.
3. Offer informal pre-treatment services.
4. Adapt services to logistical issues of client.
5. Make integrated care a priority.
6. Use staged approach to interventions.
7. Use assertive community outreach.
8. Have COD leadership within agency.

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