



# **Co-occurring Disorders 2005: Workforce Issues**

**Donna N McNelis  
Drexel University College of Medicine  
Behavioral Healthcare Education  
Philadelphia, PA**

# What Works: Workforce Issues

- Current Dimensions of the Workforce
- Workforce Dilemmas
- Concurrence on COD Approach
- Embracing Technologies at All Levels

# Current Dimensions

- Crisis stage

- New York Whitepaper on Addictions Workforce 2002

- Increase in professionalism in the field including increase of addiction specialties across disciplines, but fewer people are choosing the field and there is a rise in the numbers of people leaving
    - Field is in transition from experientially trained workforce to one that emphasizes graduate training

# Current Dimensions: New York

## ■ Challenges

- Attitudinal perspectives
- Interdisciplinary approaches
- Education and training
- Recruitment and retention
- Funding and advocacy

# Current Dimensions: NAADAC Survey

- CSAT 2003 Survey of workforce
  - 70% female, 78%white, 42y/o mean
  - 40% master's degree
  - Drawn to field by personal factors
  - 50% see opportunity for career advancement

# Current Dimensions: Idaho

- 2002 survey ATTC
  - 59% female, 100% white, 44 y/o mean
  - 63% BA, 28% graduate degree
  - 53% have specialized certificate
  - 94% participated in CE
  - Personal or family experience are most frequently cited reason for career
  - Turnover rate 26%

# Current Dimensions: NIAAA

- Instability of workforce
  - average salary 34k
- 2000 survey
  - 40% 45 - 54 y/o, 70% female, 74% white
- Movement across employers is substantial
- Turnover is 18.5 %

# COD Workforce Dilemmas

- COD is a misnomer, actually many disorders co-exist
- Demands for differential diagnosis and ability to work with many COD
- These skills are taught in graduate level programs (MSW, MSN, PhD) but most do not provide specialized training with AODA

# COD Workforce Dilemmas

- The undergraduate and graduate educational programs have not fully embraced COD
- There is more potential for innovation and fewer resources to permit the innovation
- Great variation in community college certificate programs

# COD Workforce Dilemmas

- Greater variation at the program/provider/practitioner level
- Provider system remains non-integrated at the local, regional and state level
- Burnout and frustration is high at the direct-care level

# Solutions to Workforce Dilemmas

Education about Consensus and  
Evidence-based Practices

# Six Guiding Principles

## Six Guiding Principles in Treating Clients With COD

- 1. Employ a recovery perspective.**
- 2. Adopt a multi-problem viewpoint.**
- 3. Develop a phased approach to treatment.**
- 4. Address specific real-life problems early in treatment.**
- 5. Plan for the client's cognitive and functional impairments.**
- 6. Use support systems to maintain and extend treatment effectiveness.**

# Essential Programming for Clients With COD

**screening, assessment, and referral**

**psychiatric and mental health consultation**

**prescribing onsite psychiatrist**

**medication and medication monitoring**

**psycho-educational classes**

**double trouble groups (onsite)**

**dual recovery mutual self-help groups (offsite)**

# Techniques for Working With Clients With COD

- **Provide motivational enhancement to increase motivation for treatment.**
- **Design contingency management techniques to address specific target behaviors.**
- **Use cognitive-behavioral therapeutic techniques to address maladaptive thinking & behavior.**
- **Employ relapse prevention techniques to reduce psychiatric and substance use symptoms.**
- **Apply repetition and skills-building to address deficits in functioning.**
- **Facilitate client participation in mutual self-help group.**

# Clinical Competencies of the Workforce

Specific Examples

# COD Clinical Competencies

## Integrated Diagnosis of Substance Abuse and Mental Health Treatment

- Differential diagnoses
- Terminology (definitions)
- Pharmacology
- Laboratory tests and physical examination
- Withdrawal symptoms
- Cultural factors
- Effects of trauma on symptoms
- Staff self-awareness

# COD Clinical Competencies

## Integrated Assessment of Treatment Needs/Appropriateness

- Severity assessment
- Lethality/risk
- Assessment of motivation/readiness for treatment
- Appropriateness/treatment selection
- Family interventions

# COD Clinical Competencies

## Integrated Treatment Planning

- Goal setting/problem solving
- Treatment Planning
- Documentation
  - Confidentiality
  - Legal/reporting issues
  - Documenting re: managed care issues

# COD Clinical Competencies

## Engagement & Education

- Staff self-awareness regarding recovery
- Engagement
- Motivating
- Educating

# COD Clinical Competencies

## Early Integrated Treatment Methods

- Emergency/crisis intervention
- Knowledge & access to treatment services
- When and how to refer
- Integrating/communicating

# COD Clinical Competencies

## Longer Term Integrated Treatment Methods

- Group treatment
- Relapse prevention
- Case Management
- Pharmacotherapy
- Alternatives/harm reduction
- Ethics, confidentiality
- Mental hygiene law, reporting requirements

# Embracing Technologies at All Levels

- Undergraduate and graduate education
- Continuous education
- Judicious internet and listserv information

- [Dualdx@treatment.org](mailto:Dualdx@treatment.org)

- [www.ireta.org/atc](http://www.ireta.org/atc)

Systems change technology

- Change agents at all levels
- CQI approaches

# Embracing Technologies at All Levels

- SAMHSA Office of Workforce Development rather than CSAT or CMHS
- Empowered partnering with consumers and families
- Evidence Based Practices
  - Application in the provider system

# Embracing Technologies at All Levels

- Therapeutic technologies
  - MET, Contingency-based Treatment
  - Dialectical Behavior Therapy
  - Psychiatric Rehabilitation and Recovery
- Clinical supervision
- Application of cultural competence

# Embracing Technologies at All Levels

- Unification of clinicians and researchers at the practice level
- Knowledge of neuropsychiatry and psychopharmacology and methods to teach such to individuals

# Closing Statement

Anthony, 2004

...”I was thinking about the fact that I couldn’t remember all the principles my colleagues and I have suggested over the years... Is there not just one simple principle that transcends all others?...

....the principle of personhood...

# Closing Statement

Anthony, 2004

- ...persons with disorders want to self-determine their own goals, be involved in their own lives, believe in their own capacity to grow and have hope...
- ...if the principle of personhood can transcend all of our research, training and services, good things will follow.

Donna N McNelis, PhD, CPRP

Drexel University College of Medicine

Associate Professor, Psychiatry

Director, Behavioral Healthcare Education

[Donna.Mcnelis@Drexelmed.edu](mailto:Donna.Mcnelis@Drexelmed.edu)