Improving Services to Support Recovery from Comorbidity in Tasmania

Comorbidity Competencies

Skills Indicators by
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Comorbidity

Comorbidity is a clinical term referring to the co-existence of multiple problems in the life of the individual, but is most commonly used to refer to co-occurring mental illness and substance misuse. For example, common comorbidities include individuals who have an anxiety disorder and alcohol dependency. The impact of other comorbidities can be more complex and severe, like a psychotic disorder and an addiction to amphetamines or opiates.

Comorbidity is the central concept of this document, however, other related terms include ‘dual diagnosis’ and ‘multiple and complex needs’.

Building Local Capacity to Support Comorbidity

Capacity Building

The Comorbidity Improved Services Initiative (ISI) is a capacity building project funded by the Australian Government Department of Health & Ageing. The project team involves a partnership between the Salvation Army Bridge Program and consultants from the University of Tasmania.

The capacity building project focuses on activities that support frontline workers and management at the Bridge Program to develop and improve responses to clients with co-occurring substance misuse and mental illness. Between 2008-2010, various activities were focused on in the areas of: policy development, quality improvement, consumer participation and empowerment, building linkages and partnerships, and better resources for clients and practitioners.
Introduction

The Comorbidity Competencies have been designed specifically for practitioners in the Tasmanian alcohol and other drugs sector. These Competencies are not intended to replace existing quality improvement frameworks or organisation-specific performance indicators. Instead, they have been designed as ‘skills indicators’ to complement existing standards by articulating the types of skills required to adequately support people with co-existing mental illness and substance misuse (rather than just one or the other). These competencies are by no means comprehensive, and should be tailored and expanded by managers and quality improvement staff within the context of their organisation and scope of service delivery. Also, practitioners may use them to assess and advocate for areas they feel they need professional development, or to understand how to hone a particular core practice skill to a more specialist or advanced level.

In discussing the workforce development needs of the alcohol and other drugs sector in Australia, Roche and colleagues (2008) identify three key areas for training and competency development:

- interagency training (e.g., to increase awareness of mental health issues and therapeutic responses, challenge negative attitudes and prejudices around mental health problems and substance misuse);
- theoretical and skills based training (e.g., increase knowledge of co-existing mental health and drug and alcohol problems, improve risk assessment and management skills); and
- practice development and supervision (e.g., ensure that staff are supported in the implementation of the practices resulting from the training, establish peer supervision networks during training).

These areas coincide with the types of indicators and professional development advocated in the Comorbidity Competencies.

In a similar vein, work done on building workforce capacity in response to comorbidity has likewise emphasised the mix of knowledge, skills and leadership needed in this area. For example, tools and models developed in New Zealand (NZ Ministry of Health, 2008) and Victoria (Croton, 2009) provide useful descriptions of competencies and knowledge necessary to work with clients with multiple and complex needs, and have significantly influenced the design of the Comorbidity Competencies described here.

Discussions of professional development and competency requirements across geographical and discipline areas provides us with a framework specific to development of Comorbidity Competencies. For present purposes, this framework consists of three particular categories:

- **essential knowledge** (i.e., important information and knowledge which anyone working with comorbid consumers should possess);
- **core practice skills** (i.e., those skills that most productively assist practitioners to effectively work with these consumers);
- **specialist skills and leadership** (i.e., those attributes that pertain to higher level work or management tasks in relation to improving services to comorbid clients).

Similar to the NZ ‘Seven Real Skills’ (NZ Ministry of Health, 2008), the comorbidity competency indicators are structured with levels that recognises the complexity and intensity of requirements of different roles at different times, with essential knowledge guiding everyone within the workforce and specialist skills and leadership guiding the seasoned practitioners who oversee and shape service delivery and advancements in practice. The specific domains that knowledge and competencies ought to be developed include:

- Foundational Knowledge and Key Stakeholders
- Professional Practice
- A Culture of Safety
In addition to professional development across competency areas, and across subject domains, it is essential that training and education in this area be informed by clear guiding principles.

**Principles and Values**

The Comorbidity Competencies outlined in this document are underpinned by the following principles and values:

- **Respect and Responsivity** – every person is valuable and should be treated with respect. People with comorbidity should be accepted wherever they are at on the recovery journey, in all their diversity and complexity of need, with responsive services and interventions tailored to meet them as an individual.

- **Recovery** – people can and do recover from comorbidity. Recovery will mean different things to different people, but the goal of practitioners should be to support a person to live an independent and meaningful life in community, regardless of the presence or absence of their symptoms of mental illness or substance misuse.

- **Relationships and Collaboration** – Professional ‘allies’ and support networks offer important relationships for consumers in recovery. People with comorbidity live with multiple and complex needs, and require multiple and specialist expertise, with different practitioners working collaboratively to provide integrated care and work together for the same recovery goals.

- **Inclusion and Meaningful Participation** – the consumer voice and experience is a vital source of knowledge in promoting comorbidity competency and improved services. Consumers should be actively involved in decisions about their care as well as processes of service improvement.

- **Excellence, Passion and Professionalism** – all practitioners should value and pursue learning and personal development in order to model excellence and professionalism in their daily work. Practitioners should be encouraged and supported to develop specialist skills and expertise in areas they are passionate about.

- **Innovation and Leadership** – creative problem solving and effective leadership are essential to positive outcomes and forging new frontiers in innovative service delivery. Workers with extensive experience and practice wisdom should be offered opportunities to lead collaborative teams and quality improvement initiatives.

These principles and values are designed to complement (not supersede) the specific mission and culture of the organisation in which they work, as well as the sector concerned. For example, the Salvation Army has five values that guide its mission and service delivery: human dignity, justice, hope, compassion and community. These five values harmonise well with those listed above. ADCA (2007) outlines the various core values and ethical practices that should guide the alcohol and other drugs sector in Australia.

The topic of Comorbidity Competencies sometimes relies upon language that is specific to this field of work. An appendix at the end of this review provides explanations of key terms and a list of relevant acronyms. A list of further reading is provided as well, including references and resources which may be useful for future comorbidity related training and educational purposes.
## Foundational Knowledge and Key Stakeholders

<table>
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<tr>
<th>Foundational Knowledge</th>
<th>Core Practice Skills</th>
<th>Specialist Skills and Leadership</th>
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<tbody>
<tr>
<td><strong>Comorbidity: understanding co-occurring mental illness and substance misuse</strong></td>
<td>Knows the main categories of mental health disorders, especially those listed in the DSM-IV, and major contributing biopsychosocial factors.</td>
<td>Responds to people with comorbidity in a non-judgmental, compassionate manner.</td>
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<tr>
<td>Knows the main categories of drugs, the licit and illicit substances in each, and major contributing biopsychosocial factors.</td>
<td>Applies understanding of definitions and categories of mental illness and addiction.</td>
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<tr>
<td>Accepts that comorbidity is normal, not exceptional</td>
<td>Recognises the effects of intoxication and withdrawal from alcohol &amp; other drugs.</td>
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<tr>
<td><strong>Recovery management</strong></td>
<td>Understands the recovery model and the similarities and differences between this biopsychosocial model and the medical model.</td>
<td>Identifies the symptoms of mental illness and effects of psychiatric medication and the possible interactions of these with alcohol and other drugs.</td>
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<tr>
<td>Knows the main tenets of strengths based rehabilitation and the value of social capital.</td>
<td>Responds to people with comorbidity in a non-judgmental, compassionate manner.</td>
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<td><strong>Primary health stakeholders</strong></td>
<td>Understands that comorbidity commonly involves multiple health problems, especially physical health issues (hepatitis C, liver issues, dental issues, poor nutrition, brain injury)</td>
<td>Acknowledges the harms and unwanted outcomes of comorbidity for consumers.</td>
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<tr>
<td>Understands the role of a GP in offering medical advice and support for physical (including substance misuse) and mental health needs.</td>
<td>Responds to comorbid consumers with a confident and flexible tailored approach.</td>
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<td>Understands information sharing protocols for relaying information from medical records.</td>
<td>Embeds the recovery paradigm in daily language and professional practice.</td>
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<tr>
<td><strong>Mental health clinical stakeholders</strong></td>
<td>Basic knowledge of the language and terminology used in psychiatric medicine,</td>
<td>Makes referrals and supports consumer access to psychiatric inpatient facilities, a psychiatrist and/or clinical psychologist.</td>
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<td>Knows MH triage and CAT team processes</td>
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<td>Collects and transfers information to treating clinicians and MH services about the consumer’s presenting symptoms and results of evidence based screening tools.</td>
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<td>Knows the contact details and role of the Mental Health Services 24hr Helpline</td>
<td>Documents information sharing and referrals to MH clinicians in case notes.</td>
<td>Confidently consults and liaises with MH clinicians, understanding their language.</td>
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<tr>
<td><strong>Alcohol, tobacco and other drug clinical stakeholders</strong></td>
<td>Understands medical detoxification and pharmacotherapy, and has a basic knowledge of the terminology used in addiction medicine.</td>
<td>Collects and transfers information to ATOD clinicians about the consumer’s history of drug use and MH conditions, and any symptoms of withdrawal.</td>
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<tr>
<td>Knows the contact details and role of the Alcohol &amp; Other Drug 24hr Info Service.</td>
<td>Makes referrals and supports consumer access to medical detoxification facilities and pharmacotherapy programmes.</td>
<td>Confidently uses ATOD clinical language.</td>
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<tr>
<td><strong>Advocacy stakeholders</strong></td>
<td>Knows the place of advocacy in supporting consumers, and the main duties involved in the role an advocate, ombudsman, or official visitor</td>
<td>Advocates meaningful participation, consults consumers for input into service development or new resources.</td>
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# Professional Practice

## Essential Knowledge

### Legislative compliance and professional obligation
- Knows basic duty of care responsibilities as set out in legislation
- Knows professional obligations as provided for in training and via professional associations

### Ethical practice
- Knows relevant professional codes of conduct (both organisational and professional associations), as well as sectoral codes of conduct including ADCA’s (2007) and how they apply to daily work practices.
- Understands and follows organisational and professional ethical protocols, seeks guidance for decision making if unsure.
- Respects the legal, civil and human (including moral) rights of consumers, including the right to self determination and informed decision making for recovery (see ADCA, 2007: 11).

### Confidentiality, privacy and information sharing
- Aware of the relevant state and federal privacy legislation, and how these laws affect duty of care, confidentiality, and information sharing.
- Discusses issues of confidentiality and privacy with consumer of service, and with other service providers.
- Develops protocols and memorandums of understanding with specific issues of confidentiality and privacy in mind.

### Professional communication
- Understands the meaning of words commonly used by consumers, especially in relation to prison, drugs and institutional mental facilities.
- Knows the style and standard of writing and reporting that is admissible to a court of law.
- Shows professionalism, excellence and respect in communication at work, including emails, meetings, phone calls.
- Keeps timely and detailed case notes.
- Maintains consistent communication in dealing with comorbid consumers with challenging behaviour, keeping in touch with team members to avoid ‘staff splitting’ or manipulation.

### Professional learning and development
- Knows the obligation to engage in continuous professional development and in-service training, in addition to existing educational qualifications.
- Reflects on own practice regularly to identify strengths and weaknesses, and sets realistic and achievable goals to enact positive change over time.
- Engages in regular workshops and training sessions.
- Keeps up to date with changes in practice and emerging trends and issues, reading across academic and workforce literature.
- Undertakes formal professional training in comorbidity, that entails the gaining of specialist qualification.

### Quality improvement and administrative competency
- Understands the processes and outcomes of organisational quality improvement.
- Understands the purpose and importance of research and evaluation.
- Understands and can make inferences from basic descriptive statistics.
- Collects good quality data and statistics required by funding bodies (e.g. AOD National Minimum Data Set).
- Keeps detailed timely administrative records of work activities.
- Participates in research opportunities.
- Collects and analyses information for continuous quality improvement.
- Actively facilitates meaningful in-depth consumer participation in quality improvement and research.
- Follows up the outcomes of research, disseminates findings to colleagues.
A Culture of Safety

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<tr>
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<tr>
<td><strong>Harm minimisation</strong></td>
<td>• Basic knowledge of blood borne viruses</td>
<td>• Ensures workplace training and up-dates on trends and events likely to entail harm (e.g., advent of ‘ice’ on the streets)</td>
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<td>• Basic knowledge of sexually transmitted infections (STIs) and sexual health risks</td>
<td>• Carries out regular workplace and workforce audits in order to identify potential risks and possible ways to minimise these</td>
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<td>• Knows the contact details and services provided by the Tasmanian Council of Aids and Hepatitis Related Diseases (TasCAHRD)</td>
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<td>• Makes referrals and supports consumer access to an NSP and other services that provide clean gear.</td>
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<td>• Provides basic harm reduction information, including safe injecting and safe sex practices.</td>
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<td><strong>Duty of care</strong></td>
<td>• Undertakes work safely and with due regard to relevant risks and rights of others, in the light of legislative requirements.</td>
<td>• Supervises the workplace environment and other workers in the context of reducing potential risks and violation of rights, and ensuring that the best possible service is provided for all consumers.</td>
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<td>• Understands the implications of a person being on a legally mandated order, involuntary care or under guardianship.</td>
<td>• Lead role in first response crisis situations and emergencies.</td>
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<td>• Knowledge of duty of care requirements in relation to consumer, other workers, occupational health and safety considerations, and the organisation.</td>
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<td>• Understands when issues of duty of care override a consumer’s confidentiality and privacy rights (i.e. risks to self or others)</td>
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<td><strong>Trauma informed</strong></td>
<td>• Provides basic mental health first aid and empathy immediately following a traumatic event, but does not try to engage with the trauma at this time.</td>
<td>• Actively demonstrates a recovery oriented approach to understanding how trauma affects each individual, helping them to discover their own strategies and goals.</td>
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<td>• Is aware of triggers, vulnerabilities or untimely interventions that might contribute to re-traumatisation.</td>
<td>• Collaborates with MH clinicians involved in the consumer’s recovery from trauma.</td>
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<td>• Supports consumers who have been through a trauma to access clinical assessment and MH services.</td>
<td>• Provides psychoeducation for consumers seeking healthy coping strategies.</td>
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<td>• Knows the symptoms of trauma and the various ways it can impact an individual, possibly including post-traumatic stress disorder (PTSD).</td>
<td>• Facilitates professional development for services to be more trauma informed.</td>
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<td>• Basic knowledge of impact of childhood sexual abuse and the links with adult comorbidity.</td>
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<td>• Knows that trauma can be associated with the onset or exacerbation of comorbidity and unhelpful coping strategies (suicidality, intoxication/self medication, dissociation, anxiety, excessive anger, self harm).</td>
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<td><strong>Suicide prevention</strong></td>
<td>• As a part of suicide risk assessment, asks about: personal and family history of self harm and suicidality, suicidal intent, plan, means, lethality, triggers, substance use, current and past history of mental illness, coping skills and resources, family and social support (see Croton, 2008:14).</td>
<td>• Distributes information about suicide prevalence among comorbid consumers, and basic information about suicide prevention</td>
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<td>• Uses therapeutic contracts and safety agreements to help consumers recognise when they are at risk of harm.</td>
<td>• Supervises staff involved in suicide risk assessments, and intervenes to assist where appropriate</td>
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<td>• Knows the common warning signs that a person might be considering suicide</td>
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<td>• Knows local services and 24 hour helplines that can support a person who is suicidal</td>
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<td><strong>Pharmacological awareness</strong></td>
<td>• Knows difference between common prescriptions for mental illness and substance</td>
<td>• Periodically liaises with local pharmacists, including discussion of dosage levels and</td>
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<td>• Knows common names of psychiatric medications, and the likely impact upon</td>
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misuse, and also growing trends in pharmaceutical misuse. the consumer (including side effects). side effects of prescription medications for comorbid conditions.

| Boundaries, behaviour management and sanctions | Knows the appropriate professional boundaries between consumer and practitioner, and the consequences of breaching these boundaries on the part of the consumer. | Clearly recognises withdrawal and detoxification can be difficult and prolonged processes. |
| Conflict resolution and complaints management | Knows organisational protocols and rules regarding conflict resolution and the making of complaints by consumers | Participates in any reasonable review of personal professional standards or skills (including professional ethics) and in any processes that relate to the resolution of conflicts with consumers or the handling of complaints made by or on behalf of consumers (see ADCA, 2007: 11). |
| Staff support and clinical supervision | Aware of importance of staff support and clinical supervision as an essential part of professional practice, especially in the light of the difficulties of working with comorbid consumers. | Participates in professional discussions with colleagues including managers about personal and professional circumstances that impinge upon the quality of the work being undertaken with consumers. Regularly participates in scheduled professional supervision meetings, and team meetings with co-workers. |

- Recognises withdrawal and detoxification can be difficult and prolonged processes.
- Clearly communicates roles in the practitioner-consumer relationship and the boundaries of appropriate behaviour.
- Acts to deal with consumer breaches of professional boundaries through established organisational protocols.
- Clearly articulates breaching protocols in cases of problematic consumer behaviour.
- Supports other workers in difficult situations where a consumer has to be breached and/or asked to leave the premises.
- Develops clear rules and guidelines regarding conflict resolution and consumer complaints, and how to deal with these.
- Uses professional judgement about matters of conflict and complaint that require third-party deliberation.
- Ensures that professional supervision is available to all front-line workers.
- Facilitates the holding of regular staff meetings and information sessions.
- Clarifies role and expectations of both inside workers and external clinical supervisors vis-à-vis the professional supervision process.
- Ensures occupational health and safety duty of care includes matters pertaining to self-care issues amongst staff.
- Is sensitive to change within workplace dynamics, and in regards to behaviour of specific individuals within organisation.
- Implements self-care strategies and take all necessary steps to ensure workers avoid burnout or vicarious traumatisation.
## Essential Interventions

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<tr>
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| **Engagement**                                                                    |bullet Acknowledges the worth of trust and respect before asking a person to open up their life.  
bullet Knows about motivational approaches and the transtheoretical stages of change model. |bullet Builds rapport and trust with consumer, starts treatment when consumer is ready.  
bullet Uses motivational interviewing to draw the consumer’s focus towards recovery.  
bullet Uses advanced motivational approaches.  
bullet Flexibly discerns treatment readiness.  
bullet Mentors and supervises new staff/graduates in building engagement skills. |
| **Screening**                                                                     |bullet Knows that screening (different from assessment) is a brief method of determining whether a particular condition is present, screening is done at intake and when needed.  
bullet Knows empathy is vital to rapport in screening.                      |bullet Normalises and explains the purpose of screening for comorbidity to consumers.  
bullet Screens all consumers using evidence based tools (e.g. PsyCheck, AUDIT, DASS) to increase identification of comorbidity and determine if assessment is required.  
bullet Sensitive incorporates discussions about risk into screening questions.  
bullet Contributes to the design of policies and screening protocols that promote early intervention as essential for the recovery of consumers with comorbidity. |
| **Assessment**                                                                    |bullet Knows that assessment is an ongoing process, including initial assessment upon intake and regular re-evaluation (i.e. after a crisis, for discharge planning and aftercare) to adapt treatment to individual context and progress.  
bullet Knows that formal and informal assessment can contribute to holistic understanding of the whole person and how they approach recovery, including giving equal attention and prominence to MH and substance misuse.  
bullet Knows and explains the benefits of good assessment for the consumer, practitioners and the organisation. |bullet Explains assessment process, what it is for, why, where information goes, and why it matters.  
bullet Uses evidence based assessment tools.  
bullet Uses non-judgmental open ended questions that elicit a consumer’s story.  
bullet Assesses risks, impairment and histories of harm, as well as opportunities, personal strengths, capacity for change.  
bullet As a part of MH assessment, observes and asks about: appearance and hygiene, IQ, thinking, behaviour, mood, affect, insight, memory, impulsivity, anxiety, sleep, appetite (see Croton, 2008:15).  
bullet Embeds the principles and practices of strengths based rehabilitation into daily assessment practice, leaving consumers more confident about their skills, resources and opportunities for recovery.  
bullet Critically analyses and contributes to the ongoing development of assessment processes and types of tools used in the organisation to ensure ethical data gathering, only collecting information that is relevant to a person’s recovery (and not collecting information about issues where support cannot be provided through referral or in-house). |
| **Treatment planning**                                                            |bullet Understands the importance of in-depth consumer participation in treatment planning.  
bullet Knows the principles and practices involved in integrated care and why collaboration is vital.  
bullet Knows and applies the principles of the SMART Recovery model to treatment planning.  
bullet Understands the need for ongoing assessment and re-adjustment of treatment plans.  
bullet Knows the most appropriate types of services to work with different types of mental illness. |bullet Includes the consumer in all decisions about their service use and recovery.  
bullet Undertakes treatment planning that recognises both mental illness and substance misuse as primary, and does not prioritise one over the other.  
bullet Able to explain and liaise with the most appropriate type of practitioner for the consumer’s severity of MH needs (e.g. GP, psychologist, MH nurse, or psychiatrist).  
bullet Integrates recovery management goals and techniques into treatment plans.  
bullet Works with other practitioners and services to ensure that treatment goals across the consumer’s complex needs coalesce and complement each other, and form a holistic individual treatment plan.  
bullet Improves the recovery focus of treatment planning across the organisation. |
| **Case management and care coordination**                                         |bullet Understands the mental health and addiction treatment service system, and how to work |bullet Addresses a consumer’s multiple and complex needs using a flexible approach  
bullet Facilitates case coordination and case conferences for complex cases. |
with MH and other ATOD services in integrated ways using collaboration and case coordination.

- Knows the major models of case management, their similarities and differences in approach.
- Knows the protocols for case conferencing.

- Knows the major models of case management, their similarities and differences in approach.
- Knows the protocols for case conferencing.
- Critically analyses the differences in case management between the organisation and its close service partners, and works to educate stakeholders on differences in language and case management process.

**Evidence based interventions for individuals and groups**

- Knows the evidence base for each type of intervention offered in daily practice, and which disorders/types of consumers they suit best.
- Knows the types of consumers who are likely to be unsuccessful or disruptive in a group setting (e.g. people with personality disorders, ADHD)
- Knows and uses the SMART Recovery model and Stages of Change model in interventions.
- Understands the importance of role clarification, boundary setting and managing expectations when starting an intervention.

- Matches interventions to a consumer’s stage of recovery and level of motivation.
- Offers evidence based interventions in individual and group settings, for example cognitive behavioural therapy, rational emotive behavioural therapy, anger management, psychoeducation, relapse prevention, communication skills, coping skills training, and relaxation techniques.
- Establishes clear boundaries and role delineation when running groups.

- Increases the emphasis on strengths and opportunities throughout treatment, to shift focus from comorbidity to wellbeing.
- Confidently uses different interventions and professional therapeutic tools relevant to different types of comorbidity.
- Educates colleagues and seeks out opportunities for train-the-trainer roles.
- Facilitates peer mentoring and strong consumer participation in groups.

**Continuity of care**

- Knows the therapeutic value of outreach and aftercare, and how these can lead to mutual disengagement when a person is able to live independently in recovery in the community.
- Knows the organisational protocols for ‘hand over’ when a consumer finishes treatment.

- Engages in throughcare planning for all consumers changing or exiting the service.
- Provides all consumers who voluntarily or involuntarily exit the service prematurely with information on other local MH and ATOD services and support options.

- Implements policies and processes that detail how all consumers are to be provided with information and/or referral when graduating or finishing treatment.
- Involved in building formal referral pathways with MH services.

**Disengagement**

- Knows the organisational guidelines on involuntary disengagement or breaching.
- Understands that comorbidity can involve chronic and relapsing conditions that may involve multiple episodes of service provision.
- Understands the negative consequences of having poor professional boundaries that result in co-dependency or over-involvement.

- Supports consumers to manage their own recovery, working towards independence and disengagement with services.
- Offers non-judgmental harm reduction and relapse prevention information to consumers who have to be breached.
- Assesses a person’s mental state at the point of disengagement and, where able, passes on information to their GP.

- Engages in early intervention with foresight into cases of consumers who are pushing boundaries and risk being breached.
- Works with colleagues to address cases of consumers who have been accessing services for so long they are dependent.
### Collaboration and Continuums of Care

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<tr>
<td><strong>Effective collaboration with colleagues</strong></td>
<td>• Knows the boundaries of trust, accountability and responsibility in relation to each person’s position (tasks and duties), within the context of organisational mission.</td>
<td>• Regularly communicates with others within the organisation.</td>
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<td>• Knows the processes and activities involved in collaboration, partnership and integrated care.</td>
<td>• Able to articulate shared goals and purpose of team work and integrated care.</td>
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<td>• Understands complex communication and information sharing with other agencies.</td>
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<tr>
<td><strong>Effective collaboration with other agencies</strong></td>
<td>• Knows appropriate networks and potential partners for supporting comorbid consumers.</td>
<td>• Collaborates for task specific purposes, as well as for bolstering more general field relationships between key stakeholders.</td>
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</table>
| | • Knows how professional language can inadvertently disempower consumers and make them feel unable to ask questions or seek help. | • Builds referral pathways, enhances the capacity of partners for mutual benefit. | • |}
| **Language and narrative competency** | • Knows the language and key terminology used in the mental health and ATOD sectors, and is able to identify different types of ‘jargon’ and the meaning behind key phrases. | • Critically interrogates how key words and phrases are used in the field, their impact. | • Communicates articulately with others. |
| | • Knows how professional language can inadvertently disempower consumers and make them feel unable to ask questions or seek help. | • Understands the meaning of technical medical, psychiatric and legal terms and their different applications in professional communications in interdisciplinary teams. | • Facilitates or provides professional development interventions that include updates on key concepts and terminology. |
| | • Speaks plainly and openly to consumers. | • Speak plainly and openly to consumers. | • Clarifies key concepts and terms as utilised specifically in each agency’s context (e.g. case management). |
| **Leadership and innovation** | • Knows the importance of collaboration as an essential element of daily practice in supporting people with comorbidity and complex needs. | • Takes the initiative in forming closer relations with potential collaborative partners as needs arise or events unfold. | • Fosters vertical collaboration among those who work at different levels within a specific organisational hierarchy. |
| | • Understands the importance of leadership, role delineation and delegation in joint-working. | • Able to act as facilitator among diverse people and interests. | • Fosters horizontal collaboration among those who work across different areas and institutional settings. |
| | • Acknowledges the value of innovation in improving efficiency and effectiveness of services for people with comorbidity. | • Encourages creativity and problem solving. | • Models and encourages innovation by contributing new ideas and strategies. |
| **Social inclusion and working with communities** | • Knows the major demographics and social characteristics of the local community. | • Links consumers with particularly complex needs to appropriate professional ‘allies’, e.g. services, programmes, practitioners. | • Interacts with others on a basis of cross-cultural understandings and anti-racist practices. |
| | • Knows the demographics and specific characteristics of the consumer population. | • Demonstrates sensitivity and applies understanding of the social and cultural differences within local populations, and a willingness to work with difference. | • Takes the lead in challenging stigma, myths and stereotypes about particular groups and people with comorbidity. |
| | • Demonstrates sensitivity and applies understanding of the social and cultural differences within local populations, and a willingness to work with difference. | • Actively encourages consumers to explore new opportunities for participating and contributing to their local community. | • Bases intervention and policy development on empirical evidence and trend analysis, tailoring tools and services to fit with local needs. |
## Working with Diversity

<table>
<thead>
<tr>
<th>Essential Knowledge</th>
<th>Core Practice Skills</th>
<th>Specialist Skills and Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical health and disability</strong></td>
<td>• Knows common physical health comorbidities and disabilities that often co-exist with mental illness and substance misuse.</td>
<td>• Uses non-discriminatory, non-stigmatising language for people with a disability, encouraging recovery.</td>
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<tr>
<td></td>
<td>• Uses disability friendly service spaces.</td>
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<tr>
<td><strong>People with Personality Disorders</strong></td>
<td>• Knows the diagnostic criteria and symptoms of different types of personality disorders, and the biopsychosocial contributing factors for each.</td>
<td>• Uses skills in role clarification, boundary setting, clarifying what behaviour will incur breaches or sanctions, mutual goal setting, self care, and team work.</td>
</tr>
<tr>
<td></td>
<td>• Recognises problematic behaviours associated with personality disorders, and the impact this may have on staff and other consumers.</td>
<td>• Closely communicates with other staff to avoid ‘staff splitting’ and manipulation.</td>
</tr>
<tr>
<td><strong>Working with low literacy and cognitive capacity</strong></td>
<td>• Recognises the shame and barriers to recovery that may be a part of low literacy or illiteracy.</td>
<td>• Communicates with plain language at a level the consumer can comprehend.</td>
</tr>
<tr>
<td></td>
<td>• Knows the differences between low IQ, acquired brain injury and intellectual disability.</td>
<td>• Avoids using jargon and acronyms.</td>
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<tr>
<td></td>
<td>• Understands the major impact that low or damaged cognitive capacity has on a person’s ability to keep appointments, follow rules, and participate in treatment.</td>
<td>• Writes down instructions and details for consumers with low cognitive capacity.</td>
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<tr>
<td></td>
<td>• Establishes clear referral pathways for practitioners in the organisation to refer to and collaborate with clinicians who can assess cognitive capacity, IQ, acquired brain injury, or intellectual disability.</td>
<td>• Uses case management and treatment planning that is appropriate and realistic, breaking goals into achievable steps.</td>
</tr>
<tr>
<td><strong>Working with the institutionalised</strong></td>
<td>• Understands consumer experiences of institutions may be complex and multifaceted, they can include fond memories of staff or carer warmth and professionalism and camaraderie with other consumers, or can include traumatic memories of unprofessional/unethical staff or carer relations and scary or violent encounters with other consumers.</td>
<td>• Spends extensive time building trust.</td>
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<td></td>
<td>• Recognises that behavioural change takes time and people who have been institutionalised may take significant time to adapt to independent living in the community.</td>
<td>• Promotes independence by working with consumers to set and achieve goals and life skills at a pace they can manage.</td>
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<tr>
<td></td>
<td>• Develops therapeutic relationships that are trauma informed, working to mitigate the physical, emotional and mental impact of trauma while institutionalised.</td>
<td>• Identifies triggers and vulnerabilities to relapse, mental instability, maladaptive coping strategies or ‘acting out’.</td>
</tr>
<tr>
<td><strong>Family inclusive practice</strong></td>
<td>• Knows that families are an essential part of a consumer’s support network, and can play an important role in supporting recovery.</td>
<td>• Develops a therapeutic alliance with consumers who are parents or caregivers with the recognition that engaging them in their family context is for the benefit of the whole family, especially children.</td>
</tr>
<tr>
<td></td>
<td>• Recognises that family relationships can be complex and varied, and that family members such as partners, children, siblings or parents</td>
<td>• Applies understanding of developmental</td>
</tr>
</tbody>
</table>
can, at times, exacerbate mental illness or substance misuse, and for others provide the necessary motivation to work towards recovery. Stages across the lifespan when dealing with families with children and youth, including age-appropriate processes and information when working with families. Requirements relevant to the provision of services to families with multiple and complex needs, and advocates for the rights of children and consumers involved.

### Cultural Competency

- Recognises the importance of cultural competency and culturally sensitive practice.
- Recognises that consumers from different countries and cultures may think about mental illness and addiction quite differently.
- Understands the importance of supporting early intervention by specialised culturally competent services, to avoid compounding disadvantage.
- Uses available services and resources to provide people from non-English speaking backgrounds with access to interpreters and written information in their language.
- Pronounces indigenous and CALD/migrant names correctly and asks when unsure.
- Develops therapeutic relationships that are trauma informed.
- Facilitates referrals and collaborative links with multicultural mental health and specialised services such as the Migrant Resource Centre and the Phoenix Centre.
- Promotes professional development in cultural competency, and educates colleagues to minimise discrimination.

### Spirituality

- Basic knowledge and sensitivity towards social or cultural beliefs within major world religions.
- Recognises the importance of spirituality and the place for faith in a person’s recovery.
- Knows how to balance the ethos and heritage of the organisation (whether faith based or secular) with the personal beliefs of consumers.
- Respects diverse religions and spirituality as well as non-religious worldviews, and is open and flexible in discussing these, asking questions when unsure.
- Facilitates access to spiritual support through engaging consumers with a chaplain or leader of a faith community.
- Works collaboratively with spiritual supporters with specialist understanding (chaplains, faith community leaders) to discern spiritual beliefs and practices that are helpful and should be encouraged, and expressions of spirituality that may be part of mental illness which need support.

### Sexuality and Gender

- Knows that men and women have different perspectives and experiences of comorbidity, and some types of mental disorders or drug use are more common for the different genders.
- Acknowledges that sexuality is an important issue comorbid consumers, regardless of relationship status, sexual orientation or age.
- Knows basic harm reduction information about safe sex, reducing the risks of comorbidity during pregnancy and while breastfeeding.
- Knows that some disorders (e.g. personality disorders) may, in some cases, involve unhealthy expressions of sexuality towards workers, seeking affection that oversteps the boundaries of the therapeutic relationship.
- Works to mitigate the negative impact that stigma or shame attached to different sexual experiences or choices can have on mental health and identity, including people who are lesbian, homosexual, bisexual, transgender or intersex or people who are survivors of sexual abuse, assault or harassment.
- Provides consumers with harm reduction information (safe sex practices), gender-specific support (e.g. pregnancy), and coping strategies (i.e. dealing with impact of psychiatric medication or addiction on sexual performance and body image), regardless of their sexual orientation, gender or relationship status.
- Provides information and leadership to colleagues in ensuring the service is able to sensitively identify and support the needs of GLBTI people.
- Balances the rights and needs of an individual consumer with the rights and needs of other consumers accessing the same service (for example, consideration needs to be given to the placement of a transgender or intersex person in gendered quarters in a residential rehab, and this needs to be balanced with the perspectives of other consumers, and the relational dynamics that may ensue).
Appendix 1:

Language and Key Terms

The following terms are defined so as to make the competencies more transparent and clear:

**Competencies:** Competencies represent a practitioner’s capacity and efficacy in applying professional knowledge and experience into practice in working with people who have comorbidity.

**Consumer Participation:** The process of involving a ‘consumer’ (current or past client or recipient of services) in meaningful consultation and decision-making about the service(s) they receive as well as organisational quality improvement and structural planning.

**Duty of Care:** A legal and ethical obligation requiring a practitioner to maintain a reasonable standard of care throughout the therapeutic relationship and provision of service to a client. A key element is the responsibility to balance the rights and wellbeing of a client with the rights and wellbeing of family, other clients, the worker or the organisation.

**Integrated Care:** A model of practice that is more integrated and collaborative than shared care (parallel or sequential service delivery). Integrated care involves service delivery that is person-centred, inclusive and holistic to address the wide ranging needs of the individual with complex needs. It requires the responsivity of services to be needs-led, available over time and in the face of relapse, and not overly restricted by administrative or organisational practices. The focus of integrated care is collaborative working between service providers (and other allies) at each stage of recovery management, from initial intake to sustained independence.

**Recovery Capital:** Recovery capital is a combination of two important notions: self (human capital) in community (social capital). It involves the internal personal capacities of the individual and the external resources, relationships, services and opportunities needed to holistically support a person in their recovery. Internal personal capacities can be across various biopsychosocial life domains.

**Recovery Management:** A model of practice that shifts the focus of care from professional-centred episodes of acute symptom stabilisation toward the client-directed management of long term recovery from addiction and/or mental illness. The emphasis of recovery management is on resilience and recovery processes (as opposed to pathology and illness processes), and this involves a pragmatic recognition of multiple long-term pathways and styles of recovery. It also prioritises the development of highly individualised and culturally nuanced service delivery, which are flexible and collaborative.

**Screening:** A brief method of determining whether a particular issue, attitude or condition is present (for example, the potential existence of a mental disorder) or is not present (for example, an absence or lack of motivation or readiness to change). Screening using evidence based tools may help to determine whether a person requires a formal assessment by a clinician in a relevant discipline.

**Strengths-based Rehabilitation:** A rehabilitation approach that encourages proactive and creative ways to work with clients to honour and tap into their skills, competencies, resilience and protective factors, as opposed to purely focusing on deficits and areas of risk. Empowerment and individual agency are central to the supportive therapeutic relationship and client outcomes.
**Throughcare**: A model of practice based on the principle of ‘continuums of care’, i.e. consistent and collaborative support of a person throughout the time they are involved with a service system. Throughcare involves collaboration and communication between practitioners and agencies from the initial point of intake and assessment through to community outreach and aftercare follow-up after completion of a programme.

**Workforce Development**: A multifaceted approach using a systems focus to address the range of factors impacting on a workforce to function with maximum effectiveness. This involves a broad approach to targeting the individual, organisational and structural factors through developing the potential capacity, as well as current satisfaction and skills, of a workforce.

**Common Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ADCA</td>
<td>Alcohol and other Drugs Council of Australia</td>
</tr>
<tr>
<td>ATOD</td>
<td>Alcohol, Tobacco and Other Drugs</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CAT</td>
<td>Crisis Assessment and Treatment team</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GLBTI</td>
<td>Gay, Lesbian, Bisexual, Transgender or Intersex</td>
</tr>
<tr>
<td>MH</td>
<td>Mental Health</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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</tbody>
</table>
References and Resources


Contact

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