

Levels of Practice

**for supporting individuals with dual diagnosis
(intellectual disability and mental health
needs)**

**Attitude, Knowledge and Skill Requirements
for:**

**THE GENERALIST
THE ADVANCED GENERALIST
THE SPECIALIST**

**Training and Education Work Group
Dual Diagnosis Implementation Committee of Toronto
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A/ EXECUTIVE SUMMARY

This document has been developed as a framework to allow continued development of the capacity and expertise of professional and paraprofessional personnel engaged in treatment and support roles with persons who have an intellectual disability and mental health needs. The intention is to delineate the knowledge, skills and attitudes required by staff working at varying levels of practice. The document includes an introduction which provides the context and conceptual framework for the material presented followed by a listing of critical values to ground work with this specific population. The main body of the document consists of a description of each level of practice followed by a statement of knowledge and skills for the three levels of practice for supporting individuals with a dual diagnosis including:

Generalist Level (page 5)
Advanced Generalist Level (page 12)
Specialist Level (page 16)

The intention is that the material from this document be used as a common reference point for practitioners who want to develop their capacity, in the development and identification of training and education programs/courses, by employers with regard to staff development, and as an advocacy tool to develop formal education programs and standards of professional practice as well as system capacity. Recommendations are made in this regard (see page 18).

B/ INTRODUCTION

The Dual Diagnosis Implementation Committee of Toronto (DDICT) has engaged over the past decade in providing leadership in the development of collaborative, cross-sector responses to meet the needs of individuals with developmental disabilities and mental health needs. The focus has been on developing programs, practices and system interventions, which will increase the capacity of the developmental services sector, the mental health sector and other community services and supports to be effective in meeting the needs of these individuals.

A critical element of capacity development relates to the human resource competency within both the developmental services sector and the mental health sector to understand and respond effectively to the needs of individuals with a dual diagnosis and their families. Developing practices, specialized expertise and a growing body of knowledge about the clinical and support requirements has led the Training and Education Work Group of the DDICT (see Appendix A for current membership) to document the attitudes, skills and knowledge requirements for Generalist, Advanced Generalist and Specialist Levels of Practice. It is the expectation of the DDICT that this groundwork can be used as a jumping off point for the development of training and education standards for the field.

Definition of Dual Diagnosis: 1997 MCFCS/MOHLTC

In 1997, the Ministry of Health and Long Term Care and the Ministry of Community and Social Services agreed that 'dual diagnosis' would be defined broadly to include "individuals with a developmental handicap and mental health needs"(Policy Guideline for the provision of Services for Persons with a Dual Diagnosis, 1997).

Conceptual Framework:

Professionals and paraprofessionals who encounter individuals with a dual diagnosis in their practice function in a number of service sectors, and in a range of practice contexts and roles. Each practitioner has come to their work through a different path of education, experience and in some cases, more specialized training in supporting individuals with a dual diagnosis. In developing this document, it is recognized that there are many elements, which represent good clinical practice in any context, irrespective of the specific needs of the individual. It is necessary, however, to document the attitudes, knowledge and skill requirements for working effectively with individuals with a dual diagnosis as the clinical, support and community living needs of this group have not been adequately responded to date.

It is recognized that practitioners working with individuals with a dual diagnosis will include developmental and human services workers, social workers, nurses, child and youth workers, occupational and speech/language therapists, psychologists, behaviour therapists, physicians, psychiatrists, and other specialists. Academic preparation with respect to understanding of special populations will vary considerably across these diverse groups, and skills and knowledge will be developed differentially through education and experience.

At this point in time, there is minimal requirement in most academic programs for the development of knowledge and skills to work with individuals with a dual diagnosis. Practitioners are trained as generalists within their own professional discipline, and although they may develop practice specializations within their discipline, there is limited opportunity for specialization in dual diagnosis.

In this document, the generalist level of practice that is delineated is the ***generalist dual diagnosis practitioner***, that is, someone who is trained in their own discipline, who practices in a manner which is consistent with the identified attitudes and values below, and who has added to their discipline-specific skill and knowledge base the key elements to support effective practice with individuals with a dual diagnosis (see pages 7-12). With continued training, supervised practice and exposure to individuals with a dual diagnosis, these practitioners may fulfill the requirements of an **advanced generalist or specialist in dual diagnosis** (see pages 13 to 19). Often, a practitioner beginning their involvement with individuals with a dual diagnosis will have experience in either a developmental services context **or** a mental health context, but seldom both. In order to practice effectively with individuals with a dual diagnosis, a developmental services practitioner would need to 'cross over' to gain competence in the knowledge and skills for effective practice with individuals who face mental health problems and likewise, an experienced mental health practitioner would need to develop a better understanding of practice knowledge and skills with developmentally disabled person. It is the 'cross-over territory', which is the arena of specialized capacity in dual diagnosis where the practitioner integrates sectoral practices to develop specialized practice skills and knowledge. An excellent mental health practitioner cannot be assumed to be an effective specialized dual diagnosis practitioner, even at the generalist level. They may, in fact, be a 'novice' looking to develop generalist level skills in dual diagnosis. It has also come to be recognized that in addition to the knowledge and skill bases of work with persons with developmental disabilities and persons with mental health needs, there is a

body of knowledge, which is greater than the sum of the two sector-based content areas (i.e. $1 + 1 = 3$)

The challenges to becoming an effective dual diagnosis practitioner are many, regardless of professional discipline, but there is a core set of attitudes, a body of knowledge and a set of skills, which are required for effective practice by all disciplines. Ideally, each discipline will examine the following template of attitudes, knowledge and skills for effective practice in dual diagnosis at the 3 levels and identify where the critical practice gaps are with respect to formal education and subsequent professional development opportunities. The vision is that academic preparation in all disciplines would include at least an awareness level exposure to the evolution of specialized skills and knowledge as well as the opportunity for preparation at the generalist level in dual diagnosis.

The intention of this document is to serve as a template against which practitioners from all disciplines can examine their practice, against which academic institutions can identify additional curriculum requirements, against which professional and paraprofessional associations and colleges can review professional development opportunities, and in relation to which the mental health and developmental service sectors can identify the current and required human resource capacity of programs and systems to respond to the needs of this often misunderstood and under supported population.

C/ ATTITUDES

Attitudes are understood as being composed of a set of values or core beliefs which can be articulated and which form a framework for individual as well as professional practice. Each professional and paraprofessional discipline will have a clearly articulated code of ethics and/or values framework upon which practice is built. Articulated below is a particular set of values critical, but not exclusive to practice with individuals with a dual diagnosis which need to be emphasized because of the particular clinical complexities, the vulnerability of the population and the lack of services to meet their particular needs.

It is assumed that practitioners at the *Generalist*, *Advanced Generalist* and *Specialist* levels of practice who are effective in understanding and responding to the needs of individuals with both developmental disability and mental health problems will operate in a manner, which is consistent with the values identified below (see Appendix B for further detail).

1. Value for the citizen and their rights

Belief that individuals with developmental disabilities and co-occurring mental health needs have the right to access to needed services and supports, regardless of their unique needs and disabilities.

2. Value for the person-centred approach

Belief that individuals with dual diagnosis are a heterogeneous group of individuals with a wide range of abilities, behaviours and psychiatric disorders.

3. Value for Gaining understanding before taking action/making judgement

Belief in the importance of exploration as a basis for understanding the individual

4. Value for collaboration towards gaining understanding and solution finding at all stages of assessment, formulation, planning, intervention and evaluation

Belief in the importance of multiple perspectives, and the need to share both expertise and responsibility in responding to individual needs

5. Value for the biopsychosocial approach to assessment, planning, intervention and evaluation

Belief that effective practice integrates the psychological and sociological influences on mental health and behaviour as well as the biological causes of behaviour and the biological response to medication treatment

6. Value for Continuous learning/continuous system improvement

Belief that learning is an ongoing process and that planned change and quality improvement come from application of new knowledge

7. Value for Responsible and Ethical Practice

Belief that individual practitioners are required to practice within the bounds of governing legislation (e.g. Regulated Health Professionals), their discipline-based commitment (e.g. Code of Ethics for practice), within the practice standards and structures of the organization in which they work, as well as from a personal commitment to ethical practice.

8. Value for Accountable practice

Willing to take responsibility for ensuring that one's own practice is effective and committed to taking action where outcomes are not in line with the self-identified/desired outcomes of the individual and their family.

D/ THE LEVELS OF PRACTICE**KNOWLEDGE AND SKILLS: CROSS-DISCIPLINE AND CUMULATIVE**

It is assumed that the delineated knowledge and skill requirements articulated below for practitioners at the Generalist, Advanced Generalist and Specialist levels will be over and above the discipline-specific knowledge and skills associated with their particular professional or paraprofessional affiliation. The knowledge and skill components below are understood to be the core of effective practice with individuals with co-occurring developmental disabilities and mental health needs. Knowledge and skills are also assumed to be cumulative, meaning that the Advanced Generalist would be assumed to be competent at the Generalist level, and that the Specialist would meet the knowledge and skill requirements articulated for the Generalist, the Advanced Generalist and the Specialist.

1/ THE GENERALIST:

The Generalist offers discipline or context specific support in a variety of settings where consumers with developmental disabilities and mental health needs are likely to present for assessment/treatment/service/support. Practitioners may not have received specialized training in working with the dually diagnosed, however, they will be

expected to have knowledge and skill requirements as indicated below for this level of practice. These would be acquired through a combination of the following:

- formal academic training in a regulated health care profession or a paraprofessional training (which includes exposure to theory and practice with individuals with a developmental disability during their training)
- supervised practice by an advanced generalist or specialist
- work experience with/exposure to this population
- independent professional development activity based on best practices with individuals with developmental disabilities and mental health needs
- completion of Training Module 1 (under development)

As the Generalist level practitioner acquires the knowledge and skills necessary to work with the Dually Diagnosed, their confidence and competency increases. They will become comfortable in identifying, assessing and supporting the dually diagnosed individual. They will be able to mediate and advocate for the individual and will be able to access appropriate resources and specialist services in the community. When the complexities of the issues are beyond this level of competency, the direct or indirect support of a practitioner at the next level of practice expertise (i.e. advanced generalist) is required.

1.1 Generalist: Knowledge requirements:

General understanding of developmental disability and mental health and their interrelatedness

Developmental Disability

Knowledge/understanding of:

- What is a developmental disability and what is not
- Terminology: Mild, Moderate, Profound
- Adaptation skills at the various levels of disability
- Intellectual Quotient and interpretation of level of functioning
- Historical context re: development of services and supports
- Philosophy of care/treatment cultures
- Stigmatization, integration/segregation dialogue
- Lifelong, developmental issues
- The service and support system for individuals with developmental disabilities
- Sector resources, and how to find out about additional services
- Best practices: evidence-based and evolving
- How to build a 'wrap-around' support package
- Outcomes/potential for quality of life enhancement
- Opportunities for persons with a developmental disability
- Person-centred approach to service and support
- Issues and practice related to obtaining informed consent
- Current legislation regarding practice in developmental disability or as relevant to accessing supports and services needed (e.g. Health Care Consent Act, Substitute Decision-Making, Mental Health Act)
- Policy frameworks and guidelines, standards of practice and expectations of the service delivery system

Mental Health

Knowledge/understanding of:

- 'Mental health needs', basic terminology regarding psychopathology
- Assessment of mental health problems
- Philosophy of care/treatment cultures
- Models of assessment/treatment (including Biopsychosocial and Medical)
- Psychiatric symptoms, psychopharmacology and possibility of adverse reaction/side-effects at a basic level
- Mental health prevention/promotion
- Historical context re: the mental health system, institutionalization/reform/recovery
- Treatment opportunities and intervention approaches: holistic, psychosocial, alternative
- Evolving best practice approaches: literature, current research and impact on practice
- Current legislation regarding practice in mental health or as relevant to accessing supports and services needed (e.g. Health Care Consent Act, Substitute Decision-Making, Mental Health Act)
- Policy frameworks and guidelines, standards of practice and expectations of the service delivery system; issues and practice related to voluntary/involuntary treatment

Dual diagnosis

Knowledge/understanding of:

- Behaviour as communication knowing that outcome is understanding the message not stopping the behaviour; awareness that 'one cannot not communicate'
- The different manifestations of mental illnesses across the levels of developmental disability
- Biopsychosocial functioning within and across the person's life activities
- The importance of context in which person has experienced the world, and how they relate in their current environment
- The existence of all elements of biopsychosocial contexts so that practitioner can access the necessary level of and area of expertise
- The relationship between noxious/stressful environmental variables and behaviour
- Heightened sensitivity to environment
- The critical value of data in sorting out in which sphere issues may occur and how to identify changes
- The impact of medical problems on behaviour
- Cultural, age and health related differences and impact on an individual's presentation in an assessment
- Different ways/means of communicating
- Expected responses of individuals with developmental disabilities and mental health needs as they experience the world as does anyone, including responding to loss, anxiety, transitions in life, although the impacts/responses to these changes/issues may not be communicated in the same way
- The extent of the practitioner's own expertise
- Developmental tasks, life span transitions

- The limitations of some assessment techniques with these individuals (e.g. standardized instruments, error in psychometric performance)

Assessment/Formulation

Knowledge/understanding of:

- Assessment as a complex and dynamic process which requires biopsychosocial evaluation, clinical data collection, psychological/intellectual evaluation, adaptive functioning assessment and contact with collaterally involved others such as family, teachers, caregivers, general practitioner
- The importance of record and historical assessment material to an informed assessment which may need to occur over a period of weeks or months
- The impact of culture differences on an individual's experience of both developmental and mental health challenges

Planning

Knowledge/understanding of:

- The elements of a plan which must represent a good fit in the context of day-to-day life of the individual and be practical and relevant with common understanding by people involved re how to implement
- The need to evaluate the potential benefits of treatment against the disruption/difficulty for the person
- The critical importance of self-defined goals as the basis of intervention and support

Intervention

Knowledge/understanding of:

- The techniques, strategies and interventions which can be adapted to meet an individual's needs, and based on their functional abilities
- The range of services offered including those designed to support individuals with developmental disabilities, mental health problems and those which are specialized for individuals with these co-occurring needs
- Positive behavioural approach: knowing that the strengths-based approach will enhance relationship/outcome

Evaluation

Knowledge/understanding of:

- Outcome evaluation strategies at the individual level

Systemic Issues

Knowledge/understanding of:

- The individual view, with a mindset, openness and capacity to view the larger picture
- System view: primary worker is influenced by the system they are in; understanding of impact of agency culture, attitudes, mandate and willing to advocate, push for broader understanding
- Systems theory and the impact of systemic issues on access to services and supports
- The existence of policies at the Provincial level which mandate, sanction and expect that services in the developmental and mental health sectors will serve individuals

with developmental disabilities who have or are at risk of having mental health problems

1.2 Generalist: Skill Requirements

Practice skill requirements at this level include:

Assessment/Formulation

Observation

- Ability to make objective observations rather than subjective anecdotal comments and to articulate the distinctions

Data Gathering

- Ability to be an effective 'data detective': explore/investigate history, behaviour, experience and observations using deductive reasoning process
- Ability to gather information as needed regarding environments/contexts individual is experiencing, re: how person relates in these environments from individual perspective wherever possible
- Ability to get information as needed from a variety of sources
- Ability to verify accuracy of records, verbal reports or observations offered

Integration

- Ability to appreciate and integrate information about all aspects of a person's life
- Ability to pull together observations, results of reasoning, information from a variety of sources, identifying themes, corroborated clinical presentations and patterns of behaviour

Documentation

- Ability to record a frequency, fill out data observation/tracking documents/tools
- Ability to record observations, distinguishing interpretation from what was observed

Adaptation

- Ability to demonstrate creativity in administering assessment tools, in altering usual practice to meet individual's unique needs

Context specific assessment

- Ability to gather, observe, and offer information/data relevant to primary context of work
- Ability to identify unmet service needs
- Ability to assess risk: to self, others, safety, loss of supports etc.

Planning

- Ability to contribute to and build an individual support plan with input from all collaborators, which identifies respective roles/accountabilities for each
- Ability to develop or access crisis plan and required supports
- Ability to communicate observations, questions, assessment findings and support strategies effectively and with clarity both verbally and in written form
- Ability to work with person to identify self-identified goals, utilizing a person-centred approach

Intervention/Treatment

- Ability to implement the treatment and support plan in relevant support context, observing effective approaches as well as challenges/limitations of implementation
- Ability to employ a range of engagement skills, based on the age and preferences of the individual
- Ability to assume different roles (e.g. advocate, broker, teacher, mediator) within systems to ensure a client-centred approach
- Ability to apply knowledge and experience in developing innovative approaches
- Ability to implement planned action that leads to valued outcome, relevant to context and level of skill/knowledge/scope of practice
- Ability to be flexible within one's own scope and context of practice: try 100 ways and approaches/thoughtful, informed 'trial and error'
- Demonstrated ability to understand and be able to implement recommendations from other practitioners, appreciate the importance of the assessment and formulation and monitor response/outcome
- Ability to teach skills appropriate to clients' age, needs and environment
- Demonstrated competence in verbal and non verbal interventions
- Ability to effectively utilize problem solving methods to meet an individual's needs and involve others as appropriate
- Ability to implement effective positive, supportive and reinforcing approaches
- Ability to discriminate between a punitive action and an intervention
- Ability to implement in partnership with person, work towards self-identified goals

Evaluation/Review

- Ability to evaluate the outcome/result of a particular plan or strategy through review of others' observations/assessment, own observations in the work context and feedback from the person and their significant others

Other Requisite Skills:**Communication**

- Excellent observation and communication abilities; ability to communicate with clients having a range of abilities (e.g., mild to severe cognitive impairment) and co-morbid disabilities (e.g., CP, sensory impairments)
- Ability to communicate with clients in a range of modalities
- Ability to use active listening
- Ability to tailor communication techniques to reflect understanding of and respond to client needs
- Ability to access relevant communication assistive devices

Collaboration

- Assertiveness skills
- Diplomacy skills: Ability to use tactful questioning of assumptions, request for clarification, challenging limited views

- Team based skills/relationship building/engaging/promoting & facilitating understanding and process: Demonstrated ability to build and sustain positive working relationships with team members from a range of disciplines
- Ability to share observations, talk to all collaborators, demonstrate respect for other perspectives, ask appropriate/relevant clarification questions
- Collegial skills: respectful communication, ability to work through lack of understanding, to communicate own perspective
- Mediation/advocacy skills: Demonstrated ability to move through information sharing, looking at/exploring different perspectives to closure and action planning
- Critical thinking skills: Demonstrated openness to exploring possibilities with colleagues, looking for commonalities, analyzing data and asking for clarification

Alliance with user: Individual level

- Ability to use 'self' in the work and recognize one's impact as a role model; to shift roles with consumers as needed (from coach to personal care roles)
- Ability to recognize mutuality and reciprocity in the relationship with an individual with a developmental handicap

Alliance with Family

- Ability to engage with family members/caregivers and/or significant others to involve them in assessment, planning and intervention
- Ability to identify and respond to the needs of caregivers, work with family members in support of the individual
- Ability to elicit and utilize feedback from family members in a respectful manner

Resource Development

- Ability to create new resources for the individual by engaging existing supports in new ways to meet needs

Program Development

- Ability to access programs, support individuals in programs, develop new ways to utilize existing programs and work to develop new programs based on individual need

System Development

- Ability to identify the individual, program and system issues which impact on the success and satisfaction of individuals

2/ THE ADVANCED GENERALIST

Advanced Generalist is a practitioner who has received additional recognized formal training and/or supervised practice experience specifically in working with individuals who have both developmental disabilities and mental health needs. The Advanced Generalist would generally be an experienced practitioner with formal training in one of the regulated health professions or a related paraprofessional program. Given their experience and training, they might be a supervisor or a senior member of a clinical team, offering supervision/consultation to Generalist Level practitioners, or they might be a front-line specialized Case Manager offering support and services

to individuals with a dual diagnosis. The Advanced Generalist offers discipline and context specific services in addition to skilled assessment, planning and intervention with individuals with a developmental disabilities who have mental health problems, either identified or not yet identified. In addition to expectations for the Generalist practitioner, they will be expected to have the following knowledge and skill requirements:

2.1 Advanced Generalist: Knowledge Requirements

Knowledge comes from significant hands on experience in combination with theoretical learning, understanding of the breadth and contribution of evidence based practice knowledge and/or relevant training and education

Extensive knowledge of developmental disability, mental health and dual diagnosis

Developmental Disability

Knowledge/understanding of:

- Levels of function/adaptation and their implications/impact
- Related disorders/syndromes less common and questions to ask e.g. PDD, Autism backdrop
- A variety of presentations, what it looks like
- Distinctions between developmental disability and other discrepancies which may look like developmental delay

Mental Health

Knowledge/understanding of:

- The increased vulnerability of this population to mental health problems
- The general approach of Diagnostic Axes (DSM IV), psychopathology, and the elements of a mental status examination; knowledge of means of accessing required information from other sources beyond self-report
- Critical issues impacting on general mental health for this population, and related to vulnerability, service delivery and presentation (particularly the increased sensitivity to stressors)
- Psychopharmacology and potential adverse reactions at a beginning level
- The iatrogenic impact of medications and potential to cause behaviours they are targeted to suppress
- The range of emotional and mental disorders and their manifestation with individuals with developmental disability

Dual Diagnosis

Knowledge/understanding of:

- The impacts and vulnerabilities when delay and mental health issues are concurrent (e.g. responses to medications, under diagnosis)
- The challenges of application of DSM\$ with this population due to atypical presentation
- The distinctions between behaviour, symptom and side effect, and how to begin to explore the interaction
- The use of medications to manage behaviour and/or to treat a disorder
- The distinction between mental disorder and mental health needs
- The hospital and community based mental health system and its services

- The range of interventions beyond medications
- Current best practices in recovery/rehabilitation

Assessment/Formulation

At the individual level:

Knowledge/understanding of:

- The higher prevalence of concurrent medical problems
- How to reflect on past diagnoses of psychiatric illness, and incorporate useful aspects, as well as to question appropriately, look for clarification, confirmation, verification
- The specific elements/components of the biopsychosocial approach and the importance of observational information re: behaviour, symptoms
- The contribution and limitations of different assessment tools and intervention strategies (e.g. MMPI vs. WAIS),
- The importance of a full data set
- The areas of mental status needing to be explored
- The critical role of a comprehensive biopsychosocial assessment and history
- Changing technology, frameworks of understanding which requires taking historical perspective at face value
- Controversial issues relating to individuation/autonomy/dependency /ambivalence re: separation and related practice knowledge
- Inherent capacity and vulnerability of individuals: protection vs. capability tension
- Differences and their expression: e.g. sexual orientation
- Various kinds of assessment data and the importance of screening/triaging data in order to identify assessment requirements

Planning

Knowledge/understanding of:

- The importance of matching client needs to available services and supports, altering and building them in the process to better meet client needs
- The need to match individual needs with relevant intervention approaches based on previous experiences, client preferences and outcomes desired
- The consultation process, building networks of colleagues for knowledge sharing

Intervention

Knowledge/understanding of:

- A repertoire of strategies to draw on, based on accepted/evidence based best practices
- A variety of intervention modalities (individual, family, group, collateral) and strategies and their relative efficacy with different individual issues
- Cognitive-Behavioral approaches, Supportive Counselling, Behaviour Therapy, Psychotherapy, Applied Behaviour Analysis, Psychoeducational approaches, Sensory Integration, Skill Development/Training
- Effective adult education strategies and how to adapt them based on individual needs and capabilities

At the Program Level:

Knowledge/understanding of:

- Roles and realities of those working in other contexts
- The role of various service and support approaches as well as their efficacy/contribution/limitations

At the System Level:

Knowledge/understanding of:

- Multiple services/sectors (i.e. mental health and addictions, developmental services, education, criminal justice system)
- The impact of diagnosis on service access, stigma, systemic rationale for diagnostic hesitancy

2.2 Advanced Generalist: Skill Requirements

Assessment/Formulation

Integrating Expertise

- Ability to integrate observations to enhance and refine clinical insights and practice. Ability to carry out comprehensive assessment re own practice area, incorporating other findings / assessments, integrate/synthesize to develop formulation
- Ability to distinguish behaviour from psychopathology
- Ability to synthesize assessment materials, observations and inputs, identifying patterns and themes in all spheres of functioning in order to contribute to/take leadership in development of the formulation
- Application of assessment criteria - functional impact of mental health problems
- Critical analysis/thinking: look at previous history/data/finding/assessments and integrate them
- Ability to identify issues questions, critically review, take questions to appropriate resources for further investigation/understanding
- Ability to act on understanding of issues embedded in assessment/diagnostic process e.g. particular diagnosis to get around funding guidelines
- Ability to make use of information provided by other practitioners/professionals/ make sense of it/interpret, integrate it into biopsychosocial framework

Documenting/Communication skills

- Written articulation skills, ability to synthesize information, real/practical, analytical, action focused/prescriptive; incorporate universally understood language, apply language sensitivities, communicate effectively/clearly, avoid jargon, respectful of interdisciplinary perspectives
- Ability to administer and write report on own discipline specific piece; make it understandable/practical/applicable
- Ability to communicate assessment/formulation to others in a way which makes sense to them, allows them to engage and share responsibility for the plan

Planning

- Ability to translate assessment and formulation findings into practical, realistic, action-oriented strategies which can be communicated, understood and carried out by the front-line caregiver
- Ability to see importance of and balance action plan to reflect short term and long term strategies in the relevant environment
- Ability to develop an integrated plan that reflects an understanding of real life resources required to make it feasible
- Ability to develop plans/recommendations based on evidence based practice
- Ability to build, draw upon and coordinate a multidisciplinary team in planning supports for an individual

Intervention/Treatment

Breadth/range

- Ability to operationalize the intervention process: identify and manage activity in relation to short term goals, integrating the long term formulation
- Ability to assess individual needs, service offerings and match client needs to available services/supports
- Ability to identify 'cloak of competence': recognize and integrate into support planning

Adaptation

- Ability to adapt practice to reflect the unique needs and challenges of the individual
- Ability to assume different roles, therefore read environment and adapt to it

Specialized Approaches

- Ability to offer a range of interventions identified as relevant for individual, and based on best practice evidence

Evaluation/Review

- Research/obtain feedback from user /family and communicate it appropriately
- Ability to develop systematic way to evaluate outcomes
- Research skills re: resources, solutions

Other Requisite Skills:

Alliance with Colleagues

- Ability to facilitate discussions to maximize engagement with others in process of expanding knowledge - asking exploratory questions, lead problem solving process
- Ability to address issues with colleagues, caregivers and other professionals when there is evidence of attitudes which are not consistent with effective and respectful support strategies
- Ability to create a support culture of engagement/facilitation of skills
- Ability to engage skill and knowledge base of other practitioners
- Advanced problem solving skills
- Exceptional teamwork skills, and capacity to maintain team commitment and involvement
- Ability to manoeuvre/bridge across sectors

Alliance with Individual

- Ability to maximize role/contribution of the person in development, implementation and evaluation of outcomes related to their own plan

Alliance with Family

- Ability to engage in a supportive and respectful therapeutic relationship with family members as partners in the support team

Knowledge transfer

- Ability to assess knowledge and skill level of generalist
- Ability to support opportunities to participate in research
- Ability to push self and others to think beyond current way of responding to develop new ways/innovation of doing things
- Ability to engage in lifelong learning, capacity to stay in touch with new knowledge and skills, to apply them and to be an active participant in the learning and teaching process
- Ability to participate in knowledge development and transfer/research and teaching
- Ability to participate in furthering practice: research, quality improvements
- Ability to act as effective mentor/coach for Generalist
- Ability to make effective use of mentoring relationship/apply learning's
- Consultation capacity: demonstrate skills in providing consultation
- Demonstrate responsive practice; incorporating new knowledge/learning/feedback
- Ability to sharing expertise: formal education and staff support
- Ability to offer supervision, training and support to other practitioners to enhance their capacity to support individuals with a dual diagnosis

Resource Development

- Advocacy and marketing skills in service to the individual in the development of new ways to respond to needs
- Ability to negotiate new ways of enhancing/offering resources (don't take no for an answer, rather 'what would you need to make it work')

Program and System Development

- Ability to move beyond individual level practice approaches in finding solutions to problems and issues presented
- Ability to implement strategies for developing capacity of the community to respond to needs of dually diagnosed at program and system levels

3/ THE SPECIALIST

A Specialist Practitioner will have received post-graduate training or equivalent supervised practice from a recognized specialist, and will have demonstrated a continued commitment to development of specialized knowledge and skills in implementing, developing and advancing best practices for working with this population¹. They will have significant direct clinical experience, and would likely be members of specialized consultation, treatment and education teams who are accessed as resources by primary care, generic services and developmental/mental health sector services. A Specialist would be focused on the system capacity building and would be identified as a Field Leader based on their contribution in one or more areas of practice including:

- **Clinical Contribution/Expertise/achievement with population, a subgroup or in a clinical practice specialty**
 - **Knowledge Transfer Expertise/achievement**
 - Teaching specialist
 - Research Specialist
 - **Systemic change expertise/achievement**
 - **Capacity development expertise/achievement**

Knowledge and skill requirements for practice at the specialist level would relate to the areas of practice above, however the specialist would be expected to have knowledge and skills as follows:

3.1 Specialist: Knowledge Requirements

Systemic

Knowledge/understanding of:

- Policy, legislation, system design on a regional, provincial, national and international level and understanding of the current and potential impact on practice and effective service delivery
- Effective collegial relationships with other field leaders on a provincial, national and international level
- Strategies to link with larger organizations/infrastructures that support practice; knowledge of how to develop required infrastructures for system management and accountability
- Evidence-based best practices with this population at the individual, program and system levels across all areas of practice
- Limits of current practice/ best practice knowledge and the key questions/areas for future exploration and commitment of research and practice resources
- Means to access international Centres of Excellence
- The range of capacity building strategies

¹ This definition of 'Specialist' was adopted by the writers in recognition of the fact that formal specialized training currently exists in a very limited fashion in Canada and that accredited post-graduate training in all professional and para-professional disciplines represents a desired outcome. In Psychiatry, for example, there are opportunities for Fellowships at some University Psychiatry programs.

Individual**Knowledge/understanding of:**

- Advanced elements of clinical practice with the most challenging and complex cases
- Application of best practice knowledge across environments/contexts to promote effective assessment, planning and intervention
- A particular focused area of practice to an in depth level
- Speciality field in an area of clinical practice
- Appreciation/understanding of contexts where specialized knowledge is being developed: cross sectoral view; understanding of and knowledge of how to address cross-sectoral limitations and impacts
- The full range of practice and intervention strategies to support particular skill speciality

3.2 Specialist: Skill Requirements

The Specialist would be assumed to be demonstrating the application of best practices in their particular area of practice, continuing to contribute to the body of evidence-based best practice knowledge and recognized as having made significant achievements in doing so. In addition to skills in their particular areas of specialty, specialists would have advanced skills in:

Systemic consultation: intervention/advocacy/policy development

Knowledge transfer: Exceptional ability to impart knowledge/teach/mentor/coach, supervise developing specialists

Knowledge Integration: Exceptional capacity to integrate knowledge into practice through direct intervention, teaching, capacity development strategies

Collaboration: In local area with network of specialized/advanced generalist practitioners and more broadly (e.g. provincial/national/international)

Clinical consultation: consistent application of best practice knowledge in assessment, formulation, and intervention

Advocacy: Promoting change at legislative/policy level, within professional groups/colleges, and academic/training settings, through participation in system management functions

Leadership: Academic, Field Expertise, publishing

Evaluation: Capacity to evaluate outcomes of practice at the individual, program and system levels and to communicate outcomes appropriately across the field

Advancing practice: Facilitate the development of research questions from the ground up with a view to developing the capacity of the system

Analytic and problem-solving skills: Advanced level skills applied across areas of practice

E/ RECOMMENDATIONS:

It is recommended that:

1. The contents of this document be used as a common reference point for:

Funders and System managers:

- To identify gaps in capacity of current system with regard to practitioner expertise, training and education opportunities and standards of practice/service
- To develop standardized training strategies (possibly a modular computer-based instruction system based on knowledge and skill requirements at each of the 3 levels of practice)

Practitioners:

- To identify skill and knowledge requirements for responsible practice with individuals with a dual diagnosis
- To identify courses which will be geared toward their level of practice and expertise (e.g. may have generalist level knowledge and skills with regard to developmental disability, but need generalist mental health and psychopharmacology knowledge)

Training and Education providers:

- To develop certificate and course programs targeted at various levels of practice
- To develop specific objectives/elements of course/workshop materials to include skill and knowledge requirements
- To assist with marketing training to the appropriate level of practitioner

Mental health and developmental service agencies:

- As a basis for orientation of new staff working with this population in terms of expected areas of competency
- To be used as basis for staff development planning during orientation or probationary period during the first 1 or 2 years of practice
- To identify skill level of staff with respect to working with individuals with a dual diagnosis
- To be incorporated into development of hiring tools, protocols and practices which can include assessment of attitudes, knowledge and skills

Universities and Colleges:

- To develop curriculum elements in line with community-identified need

2. That families, consumers and agencies use this document as an advocacy tool:

- With funders, regarding the education and training capacity building agenda where required attitudes, knowledge and skills available in community are not developed to capacity in either the mental health or developmental services sector
- With Universities and Colleges to identify their responsibility for training practitioners at the generic level through formal professional and para-professional academic education
- With professional Colleges (i.e. Colleges of Nurses, Psychologists, Social Workers, Physicians and Surgeons) and Associations (e.g. Association of Child and Youth Workers) in order to promote development standards and scope of practice by their member practitioners

F/ APPENDICES

APPENDIX A: DUAL DIAGNOSIS IMPLEMENTATION COMMITTEE, TRAINING AND EDUCATION WORK GROUP MEMBERS

This document was developed by the Training and Education Work Group of the Dual Diagnosis Implementation Committee of Toronto, May through September 2003. Membership included:

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Georgia Quartaro, Centre for Community Services and Development, George Brown College
Daniel Roy, Dual Diagnosis Program, Whitby Mental Health Centre
Judy Springer, Reena Foundation

Jenny Carver (Staff support)

APPENDIX B: ESSENTIAL VALUES FOR WORK WITH INDIVIDUALS WITH DEVELOPMENTAL DELAY AND MENTAL HEALTH NEEDS

1. Value for the citizen and their rights

Belief that as individuals with developmental disabilities and co-occurring mental illness are among the most vulnerable of Toronto's citizens, their right of access to needed services and supports must be upheld, regardless of their unique needs and disabilities. As such, practitioners who work effectively with this group of citizens must share the responsibility to:

- Ensure that needs are determined on the basis of comprehensive biopsychosocial assessment
- Ensure that needs are not based solely on either mental health assessment or diagnosis, or developmental assessment or diagnosis
- Ensure that individual's needs are met in a way that preserves dignity, offers choices and improves his or her health and safety
- Ensure that access to services and supports is equitable
- Ensure that access to services is based on need
- Work collaboratively with other systems serving this population
- Ensure that the services provided to the individual are consistent with what the person wants and what supports he or she needs to accomplish this
- Be aware of personal and societal biases and engage in non-discriminatory practice

2. Value for the person-centred approach

Belief that individuals with dual diagnosis are a heterogeneous group of individuals with a wide range of abilities, behaviours and psychiatric disorders. This includes a commitment to:

- Valuing the individual and their emotional, psychological, physical, social, educational and vocational needs
- Valuing unique ways of communicating, and willingness to see behaviour as communication
- Assuming competency, until assessed otherwise
- Normalization and belief in the rights of individuals to have services and supports in the mainstream accessible to them
- Engagement of the individual in the development and implementation of the person-centred recovery plan to the fullest extent possible
- Understanding the value of offering support in the least intrusive, least disruptive way
- Ensuring that stigma is reduced, rights are respected and discrimination is acted upon
- Utilizing strength-not deficit-based approaches
- Viewing the uniqueness of the person beyond the assumptions regarding their disability and understanding symptoms as part of a whole unique person who has capacities and potential as any human being
- Valuing the importance of individual diversity and the provision of culturally competent responses to individuals' diverse needs
- Adapting engagement approaches, interventions, communications, techniques to address individual needs

3. Value for seeking understanding before taking action/making judgement

Belief in the importance of:

- Seeing the purpose of assessment as an opening up process regarding planning for effective support and service strategies and options, rather than as leading to a labelling outcome
- Seeking out full information (historical, behavioural, observational, clinical) from multiple sources before diagnosis
- Withholding judgement; openness to increasing understanding to ensure that the person and their situation is 'to be understood and is understandable', rather than being understood and therefore not open to more exploration
- Valuing family as source of information; involving all other caregivers to understand context and integrate their perspective in understanding issue
- Taking the time to develop and carry out the multiple strategies to enhance understanding

4. Value for collaboration towards gaining understanding and solution finding at all stages of assessment, formulation, planning, intervention and evaluation

Belief in the importance of:

- The perspective, expertise, contribution, resources of all multidisciplinary perspectives
- Seeking out all different perspectives, contributions and observations as needed to provide data/input on spheres of functioning and relevant environments, including in-vivo observation
- Sharing responsibility for assessment, solution finding and support functions as above
- Family as a source of understanding, as part of the treatment team and as a collaborator in support
- Learning from the perspective/expertise of others and through the experience of participation on a multidisciplinary team

5. Value for the biopsychosocial approach to assessment, planning, intervention and evaluation

Belief that effective practice integrates the psychological and sociological influences on mental health and behaviour as well as the biological causes of behaviour and the biological response to medication treatment

6. Value for Continuous learning/continuous system improvement

Belief that learning is an ongoing process and that planned change and quality improvement come from application of new knowledge. For the practitioner, continuous improvement includes:

- Ongoing professional growth and development
- Continued development of skills and abilities based on best practices and current knowledge
- Seeking out sources of knowledge and skill required to support individuals effectively
- Effective use of supervision and mentoring
- Seeking out practice feedback and assessing outcomes related to one's own activity
- Evaluating how supports and services are addressing needs and acknowledge the need for shift in approach where quality of life is not maintained or increased

- Identify practices, services which are not meeting the needs of individuals with both developmental disability and mental health problems and practices which increase the risk of mental health problems
- Taking part in program and system change in order to more effectively respond to the needs of individuals with mental health problems
- Flexibility of thinking/perspective/role
- Learning from the person being supported and their caregivers
- Openness to and responsibility for innovation and change

7. Value for Responsible and Ethical Practice

Belief that individual practitioners are required to practice within the bounds of governing legislation (e.g. Regulated Health Professionals), their discipline-based commitment (e.g. Code of Ethics for practice), within the practice standards and structures of the organization in which they work, as well as from a personal commitment to ethical practice. In practice with individuals with a dual diagnosis, emphasis needs to be place on:

- Obtaining informed consent from individual or their substitute decision-makers based on assessment of capacity to give consent
- Seeing oneself as initial point of triage and responsibility and as an agent of support, advocacy and change, no matter what the context; acknowledging responsibility to assist a person in need to make connection with an appropriate service if you are unable to meet their need
- Identifying the limits of one's own capacity and expertise and to seeking out required expertise and resources as needed or taking action to advocate for system response; practicing only in areas where one has training/expertise, experience and qualifications

8. Value for Accountable practice

Willing to take responsibility for ensuring that one's own practice is effective and committed to taking action where outcomes are not in line with the self-identified/desired outcomes of the individual and their family. This includes:

- Promoting identification of client goals and desired outcomes
- Seeking out and incorporating feedback from those served, their families, other practitioners
- Exposing one's practice; seeking consultation and feedback as required
- Challenging the status quo; where limited resources are available, taking action, rather than 'making do' with what is available; making contact with specialized services or accountable public agency to request support/resources for specialized and competent assessment and supports as required
- Taking action as an advocate in the promotion of client well-being, even in the face of conflict with organization or professional requirements/service standards