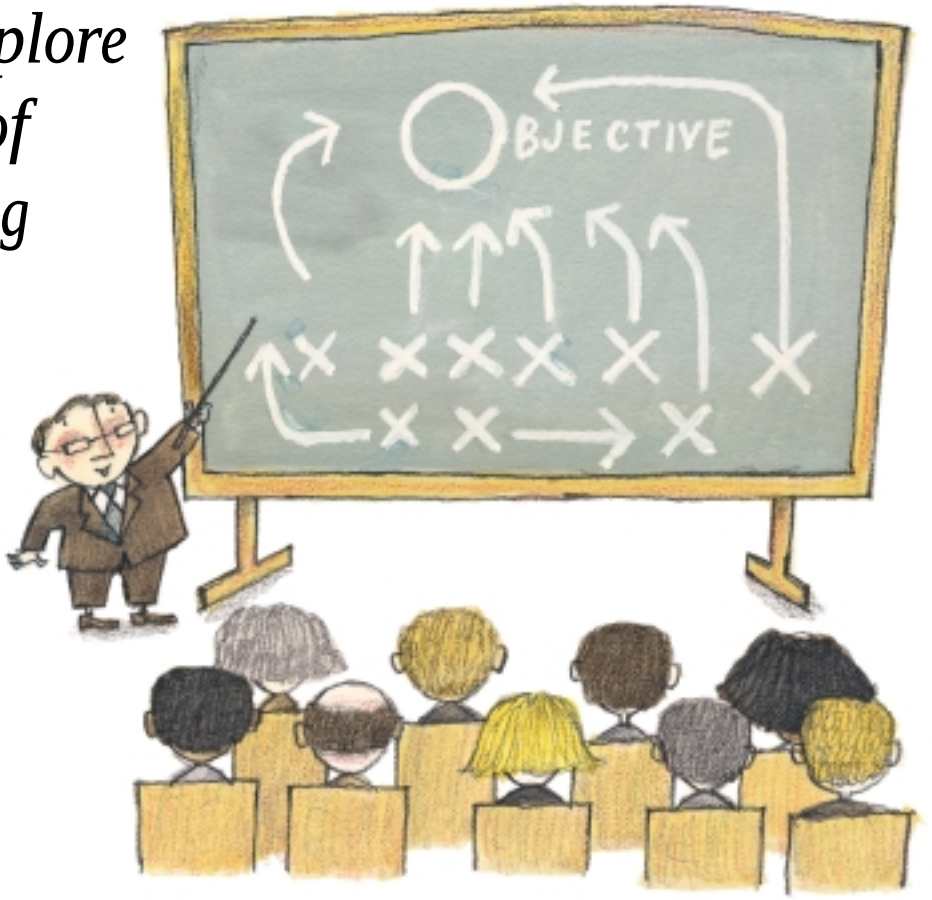
Moving Services Under One Roof

Providers explore advantages of cross-training staff



By Phyllis M. Hanlon

Much like being caught in a revolving door, many individuals under the dual scourge of mental illness and substance abuse find themselves bouncing from treatment center to homeless shelter to hospital to prison and then back again. Learning to treat patients diagnosed with co-occurring behavioral illnesses successfully has been a difficult journey. And the trip's not over yet.

Although the move toward a more effective treatment method for the dually diagnosed began in the early 1980s, cross-training of program staff to make them competent to treat this population is still struggling to make significant inroads in the mental health-care system. According to Bert Pepper, M.D., a leading authority on dual diagnosis and a member of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) National Advisory Council, "Until the '60s, substance abuse was thought to be an expression of a personality problem. Not much was done for drug abusers." Clinicians who specialized in treating mental illness clung to their own patient base, completely blocking out addicts.

While the two systems remained separate insofar as jargon, training, licensing, funding and treatment philosophy were concerned, the chance for patient regression was significant. "If a person has a co-occurring disorder, relapse to either leads to relapse of both," Pepper says.

But by the late '70s, he says, experts looked at these two populations and found no discrete distinction. The concept of treating both illnesses collaboratively began to take hold.

Developing a viable plan that would effectively treat a patient with co-occurring disorders and adjust-

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ing to each stage of change in the healing process required serious discussion and deliberation before any implementation could begin. The need for a shift in thinking was crucial, according to Kathleen Sciacca, a dual-diagnosis program consultant who is executive director of Sciacca Comprehensive Service Development for Mental Illness. The mental health community used non-confrontational methods and shied away from treating those with addictions, while substance abuse counselors confronted patients head-on and looked askance at mental disorders.

"Both fields had to come to the same place," Sciacca says. "The objective was to make each system comprehensive and able to address more services."

From this basic purpose grew an educational process whereby counselors from each discipline learn the symptoms and culture as well as tools for diagnosis of the illnesses in each other's areas. By looking at case studies, clinicians better understand the differences between mental illness and substance abuse disorders and how the two evolve, Sciacca says. This process engenders respect and understanding for each other's work.

First steps

Leading dual-diagnosis authority Kenneth Minkoff, M.D., medical director of Arbour-Choate Health Management in Woburn, Mass., emphasizes the need to "lay some groundwork" before embarking on a cross-training program.

"If you start by sending someone for training, they might learn a little," Minkoff says. "But send them back to their jobs where they don't use the skills and they forget. When the need arises for that skill, they don't know what to do. Simply training without a clear idea of what behavioral issues you'll be addressing is not a good idea."

Rather than viewing the information absorbed as the key ingredient in training, Minkoff suggests embedding the knowledge into existing programs and philosophies. If a facility or program is using total quality management, specific outcome drivers, strategic planning techniques or some other organizational tools already, any additional intervention should fit within the current infrastructure. "You need to provide education regarding techniques and how to implement them in a real-world context," he says.

For example, Minkoff enumerates the programs that might be offered at an inpatient unit: relaxation, assertiveness and weekend planning groups, to name a few. The individuals who run these programs need to learn how to use their particular skill set to address both mental illness and substance abuse problems.

Not all programs and facilities will provide identical services — nor should they, according to Dayna Gladstein, unit director of general outpatient services at Kent County Mental Health Center in Warwick, R.I. Each organization embraces a distinct patient philosophy and mission; identifying those critical elements helps ensure program success. Gladstein invites those contemplating the adoption of a cross-training program to ask what the organization sees as important. It is critical to identify a common ground regarding what is best for the client, she notes.

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Gladstein recommends devising a long-range plan — two years is good, five years is better, she says — that incorporates patient needs, staff attitudes and organization objectives. She warns that it may take several years to accomplish all goals. Of course, that doesn't mean the job is done. "You adjust your goals when you reach the original ones," Gladstein says. "Many things change the course of events and impact the goals for cross-training."

Encouraging teamwork

At Kent County Mental Health Center, Gladstein has made some structural changes to foster a stronger sense of camaraderie. "We mixed up the office space," she says. Mental health and substance abuse counselors sit side-by-side with trauma specialists, psychiatrists and psychiatric nurses. "They all work in the same building. It's greatly enhanced cross-training efforts," she says.

Although no standardized formal cross-training process exists, there are certain areas such as dialectical behavioral therapy (DBT) that offer credentialing after fulfilling various didactic and clinical supervision requirements, according to Gladstein. For other specialty areas, staff attends

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seminars, workshops and lectures, after which they put theory into practice under the supervision of a veteran member of the treatment team.

Training sessions provided by state-established treatment associations, private companies or individuals range from half-day educational events to several-month programs or ongoing series that enhance learning for currently trained employees and introduce newly hired staff to cross-training concepts.

In July 2001, the Drug and Alcohol Treatment Association (DATA) of Rhode Island began a cross-training initiative for co-occurring disorders, specifically geared toward clinical supervisors and managers. According to Joe Hyde, DATA's director of training, these senior leaders committed to 60 hours of training over a one-year period.

"Part of the training is content- and skills-based; another part is training the trainer," Hyde says. "The larger piece is a formal curriculum. They receive a participant manual as well as an instructor manual."

Not only does the method of utilizing cross-trained professionals in an integrated delivery system of healthcare make life easier for the clinician, but the consumer benefits as well. Instead of seeing multiple providers who don't collaborate, this concept provides continuity and, ultimately, better care.

Many of the individuals in need of more consistent services are underinsured or uninsured, homeless or otherwise challenged. But even for those who have resources such as health coverage, transportation, child care and job flexibility, Gladstein points out that without integrated services, the individual may be shortchanged. In an integrated program, clients see the same providers on the same team and receive a consistent message.

Success rates of integrated programs provide strong testimony to the continued promotion of the practice. Nancy Serabian, a clinician who performs cross-training counseling services for programs at Kent County Mental Health Center, indicates that the length of stay in residential programs has increased since cross-training services have been implemented. "The dropout rates were significantly higher before cross-training," she says.

For the last year Serabian has had the opportunity to add DBT to her already strong background in psychiatric nursing. Adding this specialty to her existing skills allows her to incorporate previous knowledge with new information to effect behavioral changes. She finds that integrated services bring structure, teach interpersonal skills and help regulate emotions for the dually diagnosed.

For Serabian, cross-training has been a learning experience. "It's given me the opportunity to look at the substance abuse issue in my clients from the client's perspective," she says. "It makes sense and gives them new ways to make choices and decisions in their lives."

Financial obstacle

In spite of the successes of cross-training programs, one of the biggest stumbling blocks has been funding. Pepper notes that under SAMHSA's separate federal block grants for mental health services and substance abuse treatment, each program clings desperately to funds earmarked for its particular specialty area. With 10 percent of a population in any given treatment center having a dual diagnosis, Pepper cites an overwhelming fiscal burden on the facility.

"That 10 percent of the population is using 50 or 60 percent of the services," he says.

Pepper suggests that offering integrated treatment rather than having patients go back and forth between providers can cut costs. But the time spent at training sessions affects an organization's bottom line as well. "Their [clinicians'] function is to generate revenue," Pepper says. "If they are attending training programs, clinicians can't be seeing patients."

But Minkoff sees the situation somewhat differently. "It's a mistake to assume that it's costly to help people get better," he says. "If you build efficiency into the infrastructure of everything you do, things will happen smoothly."

The certification programs that staff members complete add to their on-the-job training, making them more valuable to the organization. Investing in cross-training usually results in a big payoff, Minkoff says.

As the positive effects of cross-training continue to break down the walls that separate mental health and substance abuse clinicians, the next step is to convince federal and state governments that integrated services translate to financially responsible, efficient care for all who endure the burden of co-occurring-disorders.

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