



THE BASICS, Second Edition

A Curriculum for Co-Occurring Psychiatric and Substance Disorders

THE BASICS
COMPLETE IMPLEMENTATION PLAN
 For Service Providers *and* Treatment Participants
 Evidence-Based Integrated Treatment
 Co-Occurring Psychiatric and Substance Use Disorders
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CURRICULUM
 THE BASICS, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders; Detailed Psychoeducational Content for Groups, Individual Sessions, & Cross-Training Staff

STUDY GUIDES
 PowerPoint Presentations and PDF Handout Packets; Cross-Training on Co-Occurring Disorders; Curriculum Training and Review; A Gift from Rhonda McKillip

LESSON PLANS FOR GROUPS
 Detailed Curriculum Divisions; Lesson Plan Formats; 100 Individual Topic Divisions on 10-15 pages of THE BASICS, Second Edition; A Gift from Rhonda McKillip

CONTINUING EDUCATION UNITS
 Workshops & Training; On-Line Competency Tests; Offered by Rhonda McKillip – NAADAC Approved Education Provider; mossandmckillip.com; TEXT: THE BASICS, Second Edition; CEU's Approved by NAADAC, The Association for Addiction Professionals www.naadac.org

CO-OCCURRING DISORDERS CREDENTIALING
 IC&RC (International Certification & Reciprocity Consortium); CCDP; CCDPD; Text: THE BASICS, Second Edition; Endorsed by the IC&RC as the "Must Have" Study Guide for Credentialing Candidates www.internationalcredentialing.org



Psychoeducation; Consistency; Groups; Implementation; Curriculum; Study Guides; Lesson Plans for Groups; Continuing Education Units; Co-Occurring Disorders Certifications

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PSYCHOEDUCATION

Psychoeducation is a *fundamental component* in the treatment of individuals with *any* chronic illness or disorder. Psychoeducation is particularly important in the integrated treatment of individuals with co-occurring psychiatric and substance disorders.

Accurate, evidence-based information/education about these specific disorders is the *only* way a person can:

- Identify their symptoms,
- Understand their disorders,
- Develop individual treatment plans,
- Protect themselves from relapse or reoccurring symptoms, *and*
- Be empowered with the skills to manage and live with their disorders.

Yet, how can we integrate educational content that has been separated for decades in *either* the mental health facilities *or* in the chemical dependency agencies? How can professionals even have the time, opportunity, or resources to completely revamp their current curriculums into an integrated program? How can a professional present evidence-based, integrated psychoeducational material without the tools to provide it?

CONSISTENCY

Consistency is essential in any profession. In fact, every human being with *any* chronic disorder benefits from a dependable treatment approach. We might consider these for a minute:

- *What if* the education and the treatment of diabetes were different from physician to physician?
- *What if* the science and research never reached the service delivery?
- *What if* some physicians were using the education or methods from twenty years ago?
- *Where is* the credibility with inconsistency?
- *Why would* any person follow treatment recommendations that varied so widely?
- *How can* accurate outcome studies even exist?
- *How can* we connect the evidence-based *science* to the *service* delivery in a treatment field when the connections between *research* and *treatment* seem so far apart – often even speaking a different language?

The importance of consistency in a treatment setting can't be overstated. Consistency of *what* is taught and the *way* it is taught is especially essential for people who are placed in vulnerable situations like individuals with brain disorders. Inconsistency can, at best, increase uncertainty and insecurity for the person receiving services. At worst, unpredictability can create a sense of helplessness which can simultaneously decrease an individual's development of self-reliance. When a person learns they can rely on consistency, they are less stressed and more relaxed.

Consistency is important in *all* areas from the evidence-based practice educational content, to the treatment focus, and to the person-centered therapeutic approach, with an emphasis on empathy and hope. It assures that no person or family member receives less than the most accurate and most helpful information.

Consistency among service providers – from one professional to another, from agency to agency, and from group to group – is essential when working with individuals whose very symptoms typically create inconsistency in their behaviors, emotional responses, and thinking processes.

Yet, how can we make the connection between the “language of research” and that of conversational, everyday language? How can we know exactly what to say to a person in *psychiatric treatment* with a co-occurring *substance use disorder*? How can we know exactly what to say to a person in *chemical dependency treatment* who has a *co-occurring psychiatric disorder*? How can consistency possible exist without the detailed, comprehensive, psychoeducational content that simultaneously cross-trains the professional in integrated treatment – written in a motivational interviewing approach directly to the person with these disorders?

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GROUPS

Groups are *crucial* in the integrated treatment setting and their importance can't be overemphasized. Group interactions allow a person to "experience" recovery in a community of their peers. What is successfully learned, practiced, and internalized in a treatment group setting can be transferred into the general community post-treatment. Groups give treatment participants the gift of interacting with many other individuals instead of just the one professional. Like the saying, "We may not have it all together, but together we have it all!"

Treatment groups represent a small society. Each group is made up of individuals from different backgrounds, life experiences, cultures, races, ethnic groups, religious groups, sexual orientations, and gender with a wide range of interests, values, hopes, and goals. They provide an atmosphere for personal growth where a person can begin to see the value of individual contributions of the other group members as well as their own. As a person accepts, respects, and honors *others*, they begin to develop their *own* sense of *self*-identity, *self*-respect, and *self*-acceptance.

Just a few of the benefits of the group experience includes:

- Learning about disorders and developing recovery plans.
- Shaping behavior, self-image, and physical & mental health.
- Providing positive peer support.
- Reducing the sense of isolation.
- Witnessing the recovery of others.
- Helping to cope with problems by seeing how others deal with similar problems.
- Fostering healthy attachments.
- Offering opportunities to learn or relearn social skills needed to cope with everyday living.
- Adding needed structure and self-discipline to the lives of people with co-occurring disorders who often enter treatment with lives in chaos.
- Promoting a wide-range of benefits not experienced in 1x1 counseling.

Psychoeducational groups are designed to:

- Teach individuals about substance use disorders, psychiatric disorders, and co-occurring psychiatric and substance disorders.
- Learn about the physical, emotional, and mental health symptoms of these disorders, as well as determine the strategies for managing and living with these symptoms.

Skills development groups are designed to:

- Bring about or improve the skills needed to achieve and maintain stabilization and recovery.
- Develop specific skills related directly to substance abuse (such as ways to refuse drugs or ways to cope with urges to use them), psychiatric disorders (such as symptom identification and management), or reduce or eliminate general life problems that imperil recovery (such as inadequate anger management or an inability to relax)...while building on strengths, acknowledging individual successes, and highlighting skills accomplished.

Cognitive-Behavioral groups are designed to:

- Rearrange or alter patterns of non-helpful thoughts and actions.
- Change or modify learned patterns of thinking and behavior specifically related to substance disorders, psychiatric disorders, or other psychological and interpersonal patterns.

The group process is also an excellent place to learn and practice new skills like self-disclosing with others, giving and receiving feedback, developing trust, and practicing good communication skills. As a person practices these skills and behaviors *in* group, they are able to use them in their interactions with others *outside* the group.

Yet, where is the integrated comprehensive psychoeducational material? How can we provide integrated groups to individuals with such varying diagnoses, acuity, and severity of symptoms – *and* in various stages of change? Just where *is* the content that includes the education, the approach, *and* incorporates the goals of psychoeducation, skills development, *and* cognitive-behavioral groups?

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IMPLEMENTATION

The integrated treatment principles, psychoeducational content, and therapeutic approach are, of course, only helpful to those seeking services when they are put *into* practice. In other words, presenting evidence-based *psychoeducation*, understanding the importance of *consistency*, and recognizing the enormous value of the *group* is only valuable when they are actually *implemented*.

Individuals in treatment or receiving services need to be able to “count on us” to put into practice the most up-to-date, evidence-based, psychoeducational content, as well as the EBP approach of Motivational Interviewing with emphasis on the Universal Dual Diagnosis Capabilities that include empathy and hope.

Knowing that *implementation* is crucial in the treatment of individuals with co-occurring psychiatric and substance use disorders and actually doing it can be two different things. Just how can a professional *implement* integrated treatment? Where is the “ready to present” curriculum? Where is the “How To” guide?

CURRICULUM

CHALLENGE: ?

Consistent psychoeducational curriculum from agency to agency, from group to group, and from service provider to service provider.

Most therapists, counselors, and other service providers have been *primarily* trained or educated along one track, either in mental health disorders *or* in substance use disorders. The integrated treatment approach calls for *each* field to develop the capability of providing simultaneous psychiatric and substance use disorders services.

This can be a daunting task for many service providers and program curriculum developers. While the availability of cross-training is expanding, the ability of most providers to revamp their current curriculum is limited owing to current high case loads, low budgets, and/or constraints on staff and other resources.

It’s completely understandable why the treatment curriculum of psychiatric and substance use disorders varies from one professional to another, from agency to agency, and from group to group – even within the same facility. Service providers are often placed in the situation of working from outdated material that was previously designed to treat single disorders in *either* the mental health field *or* the chemical dependency field.

OFFERING A SOLUTION: ✓

Develop a completely comprehensive curriculum about the basics of integrated treatment. Design the curriculum to benefit service providers working with individuals with dual diagnoses *and* to benefit the individuals who have these disorders. Eliminate the need for the professional to translate education (written directly to them) into a useful format of conversational language (written directly to the person in treatment).

Provide a “ready to present” curriculum that simultaneously cross-trains the professional as they learn how to provide treatment to the dually diagnosed population. Bridge the gap – if and when it exists – to connect with *both* the mental health *and* the chemical dependency service providers. Write the curriculum in a motivational interviewing style and person-centered approach along with an ample amount of empathy and hope.

Extensively research thousands of references to put evidence-based practices into action. Draw from the dedicated work of distinguished professionals, such as Kenneth Minkoff, M.D. and Chris Cline, M.D. (CCISC Model), J. O. Prochaska, Ph.D. and C. C. DiClemente, Ph.D. (Stages of Change Model), William Miller, Ph.D. and Stephen Rollnick, Ph.D. (Motivational Interviewing), and David Mee-Lee, M.D. (The Change Companies).

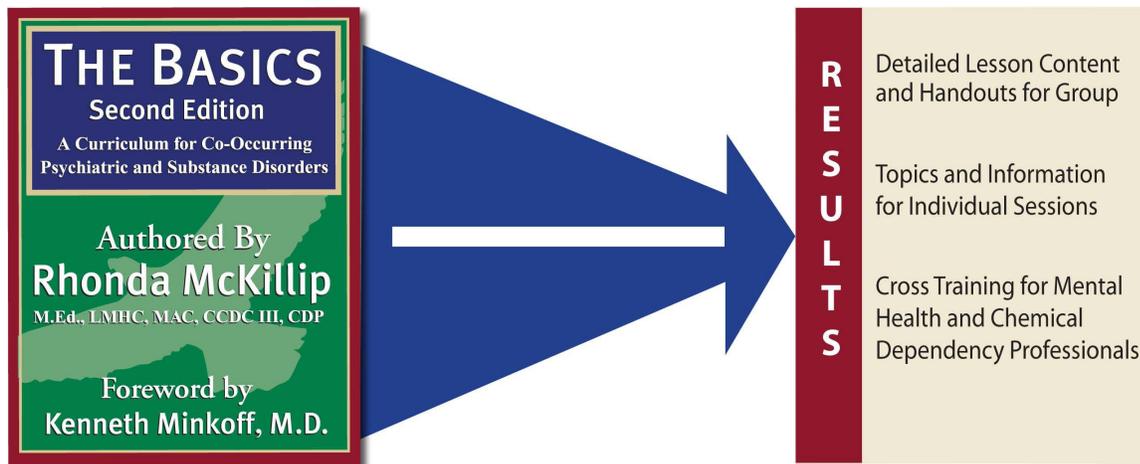
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CURRICULUM (CONTINUED)

Benefit from the vast amount of education from prominent professional organizations such as SAMHSA (Substance Abuse and Mental Health Services Administration), NAADAC, The Association for Addiction Professionals, NIMH (National Institute of Mental Health), and NIDA (National Institute on Drug Abuse) ... to name just a few.

Organize the curriculum to include:

- Detailed Content and Handouts for Groups; *and*
- Topics and Information for Individual Sessions; *and*
- Cross-Training for Mental Health and Chemical Dependency Professionals.



Design THE BASICS, Second Edition based on **EVIDENCE BASED PRACTICES** that include:

Integrated System of Care; Universal Dual Diagnosis Capabilities; Principles of Empathy and Hope; Motivational Interviewing Approach; Stages of Change Model Design; Strength Based; Skill Building; Solution Focused; Neurochemistry Based Disorders of the Brain; Symptom Identification; Symptoms Management; Best Practices Curriculum Topics (i.e. Nutrition, Stress Management, Cognitive Behavioral, and many more).

STUDY GUIDES

CHALLENGE: ?

Consistent and continuous cross-training and review on Co-Occurring Psychiatric and Substance Use Disorders for current staff, as well as incoming new staff.

Attending trainings, seminars, and workshops are extremely valuable to all staff members and service providers. It's essential for staff that have been *primarily* trained or educated in working with individuals with *Psychiatric Disorders* to receive on-going training in working with people who have co-occurring *Substance Use Disorders*. Likewise, service providers *primarily* trained or educated in working with persons with *Substance Use Disorders* must also receive on-going training in working with persons who have co-occurring *Psychiatric Disorders*.

Yet receiving training on Co-Occurring Psychiatric and Substance Disorders – available on-site and at regular intervals – may range from somewhat challenging to very difficult...to perhaps impossible.

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STUDY GUIDES (CONTINUED)

OFFERING A SOLUTION: ...A Work In Progress

Develop a training program for professionals on Co-Occurring Psychiatric and Substance Disorders. Thankfully Susan Lang, MPH, OT/L offered a great solution by designing several PowerPoint presentations for her trainings on THE BASICS in Florida for the Central Florida Behavioral Health Network (CFBHN). Way to go Susan!

Continue to build on Susan's successful presentations to complete the training program that can be presented on-site for mental health *and* chemical dependency professionals interested in additional training on Co-Occurring Psychiatric and Substance Disorders. Design the training program – using THE BASICS, Second Edition – in the form of Study Guides so they will simultaneously serve the purposes of offering trainings on the curriculum or on topic reviews.

Design the PowerPoint presentations to include one presentation for each of the Eight Subjects (including the four drug categories), and the two Cross-Training Appendices II and III for a total of ten Study Guides when completed. For agencies or individuals who may not have access to PowerPoint presentations, offer Handout Packets in PDF formats in two forms:

1. Slide show of 4 slides per page, *and*
2. Slide show of 6 slides per page.

Make these Study Guides available to any and all service providers at no cost; just for the asking.



LESSON PLANS FOR GROUP

CHALLENGE:

Consistent lesson formats to assist facilitators and staff in focusing on *one* topic at a time of co-occurring psychiatric and substance disorders. A *tailor-made* psychoeducational treatment program that can be *adapted* to meet the needs of any facility/agency.

The curriculum spans 1,200+ pages of Eight Subjects, Four Drug Appendices, two Cross-Training Appendices, and 50+ pages of reproducible worksheets and inspirational handouts. That's a lot of material! With that in mind, there are curriculum divisions literally put into each of the Eight Subjects – dividing each subject into Four Sections. Additional suggestions for curriculum divisions are also found in the Master Tips to Professionals.

Yet, it still posed a challenge for many facilitators, therapists, counselors, and service providers to further divide the curriculum into more usable chunks – while also maintaining a consistent group structure.

The search for psychoeducational content on dual diagnosis typically comes in three forms:

1. Books written to the professional; the professional transfers the learning and education into a curriculum format.
2. Brief workbooks with processing and group discussion questions; the professional finds the comprehensive psychoeducation to fully learn the information on specific topics such as Brain Chemistry, Nutrition, and Stress Management, etc.
3. Comprehensive curriculum information that has no interactive group exercises; the professional develops the skill building exercises to assist the person in implementing the education presented in group in order to create an actual learning experience.

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LESSON PLANS FOR GROUP (CONTINUED)

OFFERING A SOLUTION: ...A Work In Progress

Design lesson plans – as well as a curriculum – that transfers learning and education into lesson formats written directly to the person receiving services. A curriculum that completely supports the Lesson Plans with comprehensive psychoeducation on every specific topic related to the treatment of individuals with dual diagnoses. Create lesson plans and a curriculum that includes the skill building exercises, with instructions, to help each person individualize the psychoeducation in the lesson plan and/or the skill to be practiced.

Divide the curriculum into 100 single topic presentations covering approximately ten to fifteen pages each of THE BASICS. Develop detailed lesson formats and lesson plans for each topic.

Organize each lesson plan or individual topic division to include:

- Specific psychoeducational content, *and*
- Location of the material in THE BASICS, Second Edition, *and*
- Handouts to be used in each group.

Design the lesson/group formats to include a consistent group structure of:

1	Preparation for Group	5	Topic Skill Development Exercises
2	Positive Group Beginning	6	Worksheet Handouts
3	Psychoeducational Topic Material	7	Inspirational Handouts
4	Questions for Topic Discussions (suggestions)	8	Positive Group Closure

Organize the divisions by treatment focus to allow service providers to pick which ones to include in their program. Have each format available at a click – at no cost – so staff can use as many as they want. A few topics include:

1	Self-Care Skill Development	5	Symptom Identification & Management
2	Stress Management Techniques	6	Developing Healthy Alternatives to Alcohol & Drug Abuse
3	Healthy Nutritional Planning	7	Life Skills Development
4	Understanding and Managing Mood Disorders, Anxiety Disorders, Thought Disorders, Substance Disorders	8	Crisis Coping & Relapse Prevention



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CONTINUING EDUCATION UNITS

CHALLENGE: ?

CEU's consistent with the development of competencies in the evidence-based treatment of individuals with Co-Occurring Psychiatric and Substance Use Disorders.

The benefits of attending trainings, conferences, seminars, and workshops either locally, nationally, or internationally are unlimited. Just a few include receiving training alongside colleagues/friends, being awarded CEU's, networking with other professionals, enjoying the camaraderie of people with common goals, and traveling to other locations for a combined vacation or visiting family.

Yet, there may be times when attending trainings/conferences either in-state or nationally is not possible. This could pose a challenge from time to time for professionals seeking CEU's.

OFFERING A SOLUTION: ...A Work In Progress

Develop on-line competency tests that simultaneously offer education on Co-Occurring Psychiatric and Substance Disorders *and* offer Continuing Education Units. Eric Moss initiated the CEU examinations on *THE BASICS*, Second Edition. Thanks Eric!

Eric Moss is a Licensed Advanced Alcohol and Drug Abuse Counselor with over 16 years experience. He is a Master Applied Suicide Intervention Skills Trainer and Certified Domestic Violence Counselor. Eric currently works for the Kern County Mental Health Department and assists in training local law enforcement on co-occurring disorders and crisis intervention. Eric also teaches Personal Development Workshops to the public and those incarcerated.

Rhonda and Eric are working together on the continued development and availability of these tests. We are excited to announce the launching of the first of the ten competency tests – now available on mossandmckillip.com. The text for the exams is *THE BASICS*, Second Edition: A Curriculum for Co-Occurring Psychiatric and Substance Disorders which is available at rhondamckillipandthebasics.com, or by emailing Rhonda McKillip at rmckillip@ix.netcom.com, or by calling McKillip & Associates at (509) 258-7314.



As a NAADAC, The Association for Addiction Professionals, Approved Education Provider, Rhonda McKillip is pleased to announce that the first of the ten competency tests has been approved by NAADAC for CEU's. Individuals will be awarded 25 NAADAC Approved CEU's upon accurate completion of Competency Test One. The cost of Competency Test One is \$100.00.

NAADAC's, The Association for Addiction Professionals, Mission is to lead, unify, and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research. Their Vision Statement is "NAADAC is the premier global organization of addiction focused professionals who enhance the health and recovery of individuals, families and communities."

NAADAC represents the professional interests of more than 75,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad. NAADAC members and its 44 state affiliates work to create healthier individuals, families and communities through prevention, intervention, quality treatment and recovery support.



NAADAC, The Association for Addiction Professionals Links:

HOME: <http://www.naadac.org>

VISION AND MISSION: <http://www.naadac.org/about/vision-a-mission>

JOIN OR RENEW: <http://www.naadac.org/membership/join>

EDUCATION: <http://www.naadac.org/education>

Please Continue to Check on mossandmckillip.com
as New Competency Tests are Developed.

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CO-OCCURRING DISORDERS CERTIFICATIONS

CHALLENGE: ?

Consistency and proficiency in the profession and among professionals designated and recognized by certifications in Co-Occurring Psychiatric and Substance Use Disorders.

Certifications in co-occurring disorders have long been sought after by professionals specializing in the treatment of individuals with these disorders. It's been challenging for many professional groups to design a testing tool that would recognize the skills, the knowledge, and the expertise required in order to be awarded with the distinction of certification.

Another challenge has been even finding a study guide that's consistent with evidence-based practices. One that has the ability to match the standards of the level of Certification. One that demonstrates the person's expertise in the area of Co-Occurring Psychiatric and Substance Disorders. In other words, one that assists the person in learning the material and passing the exam!

OFFERING A SOLUTION: ✓

The International Certification & Reciprocity Consortium (IC&RC), Setting the Global Standards for Addiction Professionals, is offering two International Reciprocal Certifications. They are the:

CCDP (Certified Co-Occurring Disorders Professional), and
CCDPD (Certified Co-Occurring Disorders Professional Diplomate)

The *mission* of the IC&RC is to protect the public by establishing standards and facilitating reciprocity for the credentialing of addiction-related professionals. The organization's *vision* will continue to be the global resource for the highest standards in addiction-related behavioral health care credentialing. The IC&RC was incorporated in 1981 and represents 78 Member Boards, including 25 countries, 47 U.S. states and territories, six Native American territories, and three branches of the U.S. military.

It's thrilling to announce that the IC&RC has chosen *THE BASICS, Second Edition: A Co-Occurring Curriculum for Co-Occurring Psychiatric and Substance Disorders* as the Study Guide in preparing for the CCDP *and* the CCDPD. The IC&RC states on their website "THE BASICS, Second Edition is a *must have* for the CCDP and CCDPD examination candidate."



IC&RC (International Credentialing & Reciprocity Consortium Links:

HOME: <http://internationalcredentialing.org/>

CREDENTIALING: <http://internationalcredentialing.org/about>; <http://internationalcredentialing.org/>

CCDP CERTIFICATION: <http://internationalcredentialing.org/ccdpPR>

CCDPD CERTIFICATION: <http://internationalcredentialing.org/ccdpdPR>

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