## NORTHEAST **MICHIGAN** COMMUNITY MENTAL HEALTH **AUTHORITY**



## **Presents:**

# Making a DIFference with **Co-Occurring Disorders**

DATE: Thursday, September 23, 2021 8:00 a.m. – 4:30 p.m. **LOCATION:** Alpena Community College Granum Theatre 665 Johnson Street Alpena, Michigan 49707 **TARGET AUDIENCE:** Beginner to Advanced ALL STAFF, Front Line, Support Staff, HR, IS, RNs, CM, Clerical/Administrative Support, CLS, Employment Staff

### 6.5 Social Work / Children's CE Credits Available

#### **COURSE DESCRIPTION**

What's the big deal about co-occurring disorders (COD) in adolescents and adults? What is the history and present status of the treatment of COD? Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers, and adolescents also have poor outcomes. In addition, treatment engagement is often lower for individuals with COD, particularly when those individuals are in early stage of readiness for one of more presenting problems. This training will focus on the assessment of stage of readiness using validated tools, and the interventions that are best fit for each stage of readiness. In addition, ways to address organizational readiness for COD treatment will be discussed.

### COURSE INSTRUCTOR: DR. JENNIFER HARRISON, PHD, LMSW, CAADC

Biography: PhD, LMSW, CAADC is a social Western Michigan University. Jennifer's clinical work focuses on individuals with co-occurring needs. Her research interests and practice, and study abroad course development and partnerships in (MiFAST), evidence-based health workforce, I-PEER and MY-PROUD, and has developed a Scaling Solutions, Inc.



#### LEARNING OBJECTIVES:

- 1. Participants will understand the history of public mental health and substance use disorder care, and the importance of integrated care provided using the same plan, team, and services.
- 2. Discuss the prevalence and incidence of mental health, substance use, and co-occurring disorders in adolescents and adults, and how that has been reflected in organizational development in the public behavioral health system.
- 3. Examine the evidence of siloed and integrated co-occurring care, and the differential outcomes of both approaches.
- 4. Identify the development of the stages of change model, and be able to cite at least three uses within systems of care.
- 5. Stage their own readiness, their organizational readiness, and the readiness of their system of care in providing evidence-based co-occurring services.
- 6. Practice organizational interventions to forward co-occurring services with their systems of care.
- 7. Identify three specific measures they can take within their scope to intervene at the appropriate stage of change in system transformation.

## **REGISTRATION & INFORMATION**

Masks required. Please complete regular COVID screen prior to arriving or a screen will be given onsite.

#### **COURSE OUTLINE:**

8:00 a.m. – 8:30 a.m.	Welcome, Coffee, and Check-In [Course will begin promptly at 8:30 a.m.]	
8:30 a.m. – 9:00 a.m.	What's the big deal about co-occurring disorders?	
9:00 a.m. – 10:30 a.m.	History and Present Status – Treatment of Co-Occurring Disorders	
10:30 a.m. – 10:45 a.m.	Break	
10:45 a.m. – 12:00 p.m.	Stage of Change for a Problem or Organization	
12:00 p.m. – 1:00 p.m.	Lunch (Provided)*	
1:00 p.m. – 2:30 p.m.	Determining What to Do in Different Stages of Change	
2:30 p.m. – 2:45 p.m.	Break	
2:45 p.m. – 4:30 p.m.	Making a Difference by Intervening Well and Committing to Change	
4:30 p.m.	Adjourn	
*Lunch hour is uppoid. Staving onsite for lunch is not required. NeMCMHA employees will be paid for		

\*Lunch hour is unpaid. Staying onsite for lunch is not required. NeMCMHA employees will be paid for 7.5 hours.

<u>FEES</u>: There is no cost for NeMCMHA staff to attend this event and receive their certificate. Coffee and lunch will be provided.

Register by Calling Genny Domke at (989) 358-7842, if you have questions, or need special accommodations. Space is limited. Registration closes on Thursday, September 16 at 3:00 p.m. Cancellation notice is appreciated. <u>COURSE COMPLETION AND CONTINUING EDUCATION INFO:</u>

To earn CE credit, social workers must sign in/out of the training, attend the entire course, complete an evaluation, and provide their license number. <u>Certificates of completion will be distributed at the conclusion of the course pending submission of completed</u>

#### course evaluation.

Northeast Michigan Community Mental Health Authority (NeMCMHA), Provider #1767 is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continue Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. NeMCMHA maintains responsibility for this course. ACE provider approval period: 05/19/2021 – 05/21/2022. Social workers completing this course receive 6.5 social work continuing education credits.

> For more information about NeMCMHA services and training opportunities, please visit: nemcmh.org. NeMCMHA is funded, in part, by the Michigan Department of Health and Human Services



Revised 9/14/2021

#### **Bibliography for Addictions Course**

1. Lowis, M.M., Harrison, J., and Wiland, S. (2018). Becoming an evidence-based practitioner. Community Mental Health Journal. doi: <u>https://doi.org/10.1007/s10597-018-0261-9</u>

2. Harrison, J., Cousins, L., Spybrook, J., & Curtis, A. (2017). Peers and co-occurring research-supported interventions. Journal of Evidence-Informed Social Work, 14(3), 201-215. doi: 10.1080/23761407.2017.1316220

Harrison, J., Curtis, A., Cousins, L., & Spybrook, J. (2017). Integrated Dual Disorder Treatment implementation in a large state sample. Community Mental Health Journal, 53(3), 358-366, doi: 10.1007/s10597-016-0019-1

Harrison, J., Spybrook, J, Curtis, A., and Cousins, L. (2016). Integrated Dual Disorder Treatment: Fidelity and implementation over time. Social Work Research, 41(2), 111-120. doi: <u>https://doi.org/10.1093/swr/svx002</u>

3. Adams, K., LeCroy, C. & Matto, H.C. (2009). Limitations of evidence-based practice for social work education: Unpacking the complexity. Journal of Social Work Education, 45(20), 165-186.

Asquish, S., Clark, C., & Waterhouse, L. (2005). The role of the social worker in the 21st century – A literature review. Retrieved from: http://www.scotland.gov.uk/Resource/Doc/47121/0020821.pdf.

Berger, R. (2013). Incorporating EBP in field education: Where we stand and what we need. Journal of Evidence-Based Social Work, 10, 127-135.

Bellamy, J., Bledsoe, S., Mullen, E., Fang, L., & Manuel, J. (2008). Agency-university partnership for evidence based practice in social work. Journal of Social Work Education, 44, 55-75.

Brekke, J.S., Ell, K., & Palinkas, L.A. (2007). Translational science at the National Institute of Mental Health: Can social work take its rightful place? Research on Social Work Practice, 17, 123-133.

Department of Health and Human Services. (1999). Mental health: A report of the surgeon general. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Drake, R.E., Goldman, H.H., Leff, H.S., Lehman, A.F., Dixon, L...& Mueser, K.T. (2001). Implementing evidence-based practices in routine mental health service settings. Psychiatric Services, 52, 179-192.

Drisko, J. (2014). Research evidence and social work practice: The place of evidence-based practice. Clinical Social Work Journal, 42, 123-133.

Fong, R., & Pomeroy, E.C. (2011). Translating research to practice. Social Work, 7(5), 400-411.

Gibbs, L., & Gambrill, E.D. (2002). Evidence-based practice: Counterarguments to objections. Research on Social Work Practice, 12, 452-472.

Grady, M. D. (2010). The missing link: The role of social work schools and evidence-based practice. Journal of Evidence-Based Social Work, 7(5), 400-411.

Institute of Medicine. (2006). Improving the quality of health care for mental and substance-use conditions. Washington, DC: National Academies Press.

McKracken, S. & Marsh, J. (2008). Practitioner expertise in evidence-based practice decision-making. Research on Social Work Practice, 18, 301-310.

New Freedom Commission on Mental Health. (2003). Achieving the promise: Transforming mental health care in America. Washington, DC: U.S. Department of Health and Human Services.

Palinkas, L.A., & Soydan, H. (2012). New horizons of translational research and research Translation in social work. Research on Social Work Practice, 22(1), 85-92.

Rubin, A., & Parrish, D. (2007). Challenges to the future of evidence-based practice in social work education. Journal of Social Work Education, 43, 405-428.

Sackett, D., Straus, S., Richardson, W., Rosenburg, W., & Haynes, R. (2000). Evidence-based medicine: How to practice and teach EBM (2nd ed.). Edinburgh, Scotland: Churchill Livingstone.

Schlongsky, A., & Stern, S.B. (2007). Reflections on the teaching of evidence-based practice. Research on Social Work Practice, 17(5), 603-611.

Substance Abuse and Mental Health Services Administration. (2013). Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Thyer, B.A., & Pignotti, M. (2011). Evidence based practices do not exist. Clinical Social Work Journal, 39(4), 328-333.