



Erasmus+

CURRICULUM FOR THE TRAINING AND DEVELOPMENT OF HELPLINE WORKERS ON CO-OCCURRING SUBSTANCE USE & MENTAL HEALTH ISSUES (DUAL DIAGNOSIS)



Produced by the SKEPDAH

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The Skills and Knowledge Exchange Project for Drug and Alcohol Helplines is a European Union funded Erasmus+, Key Action 2 project. In 2016 research was carried out in Drug and Alcohol Helplines across Europe, identifying strengths and expertise as well as three key areas where skills and knowledge gaps existed. This project was designed to address these gaps in a manner that valued Continued Vocational Education and Training (C-VET) through both formal and informal learning. Partners were sought from both the Training and Helpline sector. Each partner was considered for what they might add to this project. This project comprises of 9 partner organisations, 8 Drug and Alcohol Helpline services and 1 Drug and Alcohol training organisation.

Learning outcomes for this project were identified and a plan was developed to meet, discuss and share on the three topics. The aim was to design a curriculum for each topic that could be used to support the planning and delivery of training and learning activities in Drug and Alcohol Helplines, and which could be shared and reused by all similar organisations.

Three Transnational Exchange meetings were planned each to address one of the key areas of interest. The first meeting, looked at Helpline skills, with particular focus on Burnout prevention. The second meeting looked at New Psychoactive Substances and the challenges they present for Helpline work. The third meeting looked at Dual Diagnosis (Co-occurring Substance Use and Mental Health) and Helpline work.

To follow is the curriculum detailing for each learning outcome, some learning methods (what methods or learning approaches will support Helpline Workers to achieve the learning outcomes); some useful research on the topic; good practice and shared resources that support this work.

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Glossary of terms used in this document

- **Boundaries:** These are the limits, standards and parameters within which we work as professionals. Boundaries are there to make the interaction safe and keep the focus on the service users' needs.
- **Caller:** A person who contacts a helpline service via phone, email, text etc.
- **Co-occurring:** This refers to dual diagnosis where both a mental health episode and an addiction episode occur at the same time.
- **Curriculum:** A list of the subjects comprising a course of study.

In the context of this project a curriculum refers to a list of topics that are most important in a subject area e.g. Dual Diagnosis. This curriculum details how competency or a learning outcome might be achieved on each topic, under the headings: Learning Method; Research on this; Good Practice in this area and Resources to be shared.

- **Dual Diagnosis:** The co-occurrence in the same individual of a psychoactive substance use disorder and another psychiatric disorder (WHO, 2010). For the purpose of this document we will refer to dual diagnosis as co-occurring mental health and addiction issues
- **Learning outcome/ competence:** This is what the Helpline Worker should know, understand and/or be able to do at the end of a learning process.

Aims of this document

The purpose of this Curriculum is to outline the key elements that should be included in ongoing training and development on the topic of Dual diagnosis or co-occurring mental health and addiction issues, for those involved in Helpline work, particularly in the area Drug and Alcohol Helpline work.

The Curriculum aims to provide a framework, with supporting resources and ideas for good practice to:

- Raise awareness of Dual Diagnosis
- Develop helpline workers confidence, knowledge and skills to effectively respond to Dual Diagnosis queries to the Helpline.

Target

This document is targeted at Helpline Coordinators/ Managers to help guide them in how to design learning and development resources for Helpline workers and volunteers.

It is thought, however, that this curriculum could have a more far reaching use for Helplines and caring services internationally, which is why we invite you to forward this document onwards to any colleagues that you feel might benefit from its contents.

Designing a learning and development plan

When designing any learning and development plan you will need to consider many factors such as:

1. Why the learning programme is needed
2. Your aim
3. The learning outcomes and benefits from the implementation of the programme
4. Description of the programme content/agenda
5. Target groups
6. Learning methods. What methods or learning approaches will support Helpline Workers to achieve the learning outcomes/competences? These could include:
 - Group learning: presentations; training activities - case studies, role play scenarios, quizzes etc., team meetings etc.
 - One-to-one learning: supervision, shadowing, peer support/mentoring etc.
 - Independent learning: reading, e-learning
7. The duration, context, place and time
8. Materials and equipment e.g. flipchart, projector, handouts, evaluation forms etc.
9. Reading and resources
10. Evaluation of how attendees experienced the learning activity and what was learned. This can be measured against the learning outcomes
11. Giving certificates that list the learning outcomes
12. Follow up evaluation to assess the impacts e.g. 3 -6 months after the learning activity.

Learning Outcomes/Competences for Helpline workers in responding to calls and emails from those presenting with co-occurring substance use and mental health issues (Dual Diagnosis)

In this curriculum we list 4 learning outcomes/competences. These were identified by asking Helpline workers what gaps and learning needs they had. This research took place in advance of and also during this Skills and Knowledge Exchange Project for Drug and Alcohol Helplines (SKEPDAH). Learning outcomes/competences are what the Helpline Worker should know, understand and/or be able to do at the end of a learning process:

The learning outcomes/competences identified in this project's work are:

- 1.** Develop knowledge of co-occurring substance use and mental health (dual diagnosis), in the context of helpline work.
- 2.** Identify ways to assess/evaluate co-occurring substance use and mental health (dual diagnosis) in our service users, without medically diagnosing them.
- 3.** Discuss boundaries and best practice when dealing with co-occurring substance use and mental health (dual diagnosis)
- 4.** Understanding how to deal with challenging calls including those from anxious callers; depressed callers; callers who may be psychotic or seem mentally unwell; highly emotional callers; suicidal callers; intoxicated callers; aggressive callers; concerned persons and frequent callers.

To follow is the curriculum detailing for each learning outcome/ competence, some research on the topic; ideas for good practice and shared resources that support this work:

1. Learning outcome/ competence: Develop knowledge of co-occurring substance use and mental health (dual diagnosis), in the context of helpline work.

Learning Method:

- 1.1.1** Reading;
- 1.1.2** Workshops and Seminars;
- 1.1.3** Training provided by professionals with an understanding of dual diagnosis;
- 1.1.4** Learning from work experience

Research on this

- 1.2.1** Basu, Debasish & Ghosh, Abhishek. (2015). Profile of Patients with Dual Diagnosis: Experience from an Integrated Dual Diagnosis Clinic in North India. Journal of alcohol and drug dependence (3. 2.). Retrieved from: <https://www.omicsonline.org/open-access/profile-of-patients-with-dual-diagnosis-experience-from-an-integrated-dualdiagnosis-clinic-in-north-india-2329-6488-1000207.pdf>
- 1.2.2** Wijngaarden-Cremers, P. J. M., Brink, W. V., Gaag, R. J. (2014). Addiction and Autism: A Remarkable Comorbidity? Journal of Alcohol Drug Dependency (2:170). Retrieved from: <https://www.omicsonline.org/open-access/addiction-and-autism-a-remarkable-comorbidity-2329-6488.1000170.pdf>
- 1.2.3** Hamilton, I. (2017). Cannabis, psychosis and schizophrenia: unravelling a complex interaction Addiction. doi:10.1111/add.13826 Retrieved from: https://www.researchgate.net/publication/316170113_Cannabis_psychosis_and_schizophrenia_Unravelling_a_complex_interaction

Good practice to support this learning outcome

- 1.3.1** Mental health knowledge; and basic knowledge on psychiatric disorders for all helpline staff (not necessary to know exact medical status/diagnosis).
- 1.3.2** Recognise drug interactions (all drugs - prescribed, alcohol, over the counter medicines and illicit).
- 1.3.3** Recognise that in addition to drug use, mental health will impact on an individual's mood, memory and how they communicate.
- 1.3.4** Understand that there are particular groups who are more vulnerable to developing co-occurring problems e.g. homeless, young people, people who have experienced trauma, ex-offenders.
- 1.3.5** Know where to find information, keep information up-to-date.
- 1.3.6** Share information across the team
- 1.3.7** Be aware of myths and misinformation

Resources shared during this project that support this learning outcome

- 1.4.1** Ed Preston, C. L., (2016) Stockleys Drug Interactions: A Source Book of Interactions, Their Mechanisms, Clinical Importance and Management. 11th Edition. Pharmaceutical Press, London.
- 1.4.1** Trimbos instituut, risk index (available in dutch only): www.drugsinfo.nl
- 1.4.1** American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-5),. - For reference rather than diagnosis.
- 1.4.1** Drug interaction checker and pill checker: <https://reference.medscape.com/> (in English, German, Spanish, French and Portuguese).
- 1.4.1** EMCDDA (2015). Comorbidity of substance use and mental disorders in Europe. Retrieved from: http://www.emcdda.europa.eu/publications/insights/comorbidity-substance-use-mental-disorders-europe_en
- 1.4.1** Marel, C. et al. (2016). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings NHMRC Centre of Research Excellence in Mental Health and Substance Use. Retrieved from: <https://ndarc.med.unsw.edu.au/resource/guidelines-management-co-occurring-alcohol-and-other-drug-and-mental-health-conditions>
- 1.4.1** Davies, T. (1997). ABC of mental health. Mental health assessment. BMJ: British Medical Journal, 314(7093), 1536-1539. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2126757/pdf/9183204.pdf>
- 1.4.1** Crunelle, C. L. and Matthys, F. (2016). Good Clinical Practice in the Recognition and Treatment of ADHD in (Young) Adults with Addiction Problems, VAD: Association for Alcohol and Other Drug Problems - Forum for Addiction Medicine, Brussels. Retrieved from: http://psychiaterfriedamatthys.be/onewebmedia/ENG_GuidelineADHDSUD.pdf
- 1.4.1** Petrakis, Robinson, Myers, Kroes, & O'Connor. (2018). Dual diagnosis competencies: A systematic review of staff training literature. Addictive Behaviors Reports, 7, 53-57. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S2352853217301116>
- 1.4.1** National Dual Diagnosis E-Learning Resource (2010), Coventry University: http://www.dualdiagnosis.co.uk/National_e-learningHub.ink
- 1.4.1** Mental Health First Aid training: <https://mhfa.com.au/> . <http://www.mhfainternational.org/>

2. Learning outcome/ competence: Identify ways to assess/ evaluate co-occurring substance use and mental health (dual diagnosis) in our service users, without medically diagnosing them.

Learning Method

- 2.1.1** Reading;
- 2.1.2** Workshops and Seminars;
- 2.1.3** Team discussions and policy review;
- 2.1.4** Training provided by professionals with an understanding of dual diagnosis

Research on this

- 2.2.1** Basu, Debasish & Ghosh, Abhishek. (2015). Profile of Patients with Dual Diagnosis: Experience from an Integrated Dual Diagnosis Clinic in North India. *Journal of alcohol and drug dependence* (3. 2.) Retrieved from: <https://www.omicsonline.org/open-access/profile-of-patients-with-dual-diagnosis-experience-from-an-integrated-dualdiagnosis-clinic-in-north-india-2329-6488-1000207.pdf>
- 2.2.2** Wijngaarden-Cremers, P. J. M., Brink, W. V., Gaag, R. J. (2014). Addiction and Autism: A Remarkable Comorbidity? *Journal of Alcohol Drug Dependency* (2:170). Retrieved from: <https://www.omicsonline.org/open-access/addiction-and-autism-a-remarkable-comorbidity-2329-6488.1000170.pdf>
- 2.2.3** Hamilton, I. (2017). Cannabis, psychosis and schizophrenia: unravelling a complex interaction *Addiction*. doi:10.1111/add.13826 Retrieved from: https://www.researchgate.net/publication/316170113_Cannabis_psychosis_and_schizophrenia_Unravelling_a_complex_interaction

Good practice to support this learning outcome

- 2.3.1** Do not diagnose. You may have an impression from the caller that there may be mental health issues, but you cannot diagnose someone based on that information. Be aware of this also when sharing information between your team.
- 2.3.2** Listen to and focus on the caller and what he/she is communicating to and is asking of your service.
- 2.3.3** Reflect back callers language, rather than using more clinical language e.g: 'So, you said that you feel very worried about this,' (rather than talking about anxiety).
- 2.3.4** Know where to find information, keep information up-to-date.
- 2.3.5** Share information across the team.
- 2.3.6** Be aware of myths and misinformation.
- 2.3.7** Keep in mind your organisations' policy in relation to how best to respond to callers presenting with dual diagnosis issues, e.g. is it ok to give advice on anxiety management or complimentary therapies?

Resources shared during this project that support this learning outcome

- 2.4.1** Zammit, S., Lingford-Hughes, A. R., Barnes, T., Jones, P., Lewis, G., Moore, T. H. M., & Burke, M. A. (2007). Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review. *Lancet*, 370 (9584), 319 - 328. Abstract retrieved from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61162-3/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61162-3/abstract)
- 2.4.2** Alcohol Concern (2015). Alcohol and Depression factsheet. Retrieved from: <https://www.alcoholconcern.org.uk/factsheets>
- 2.4.3** EMCDDA, (2017). Treatment options for dual diagnosis patients. EMCDDA, Best Practice Portal. Retrieved from: www.emcdda.europa.eu/best-practice/evidence/treatment/dual-diagnosis.
- 2.4.4** EMCDDA. (2016) Drug use problems and mental health: comorbidity explained. Retrieved from: <http://www.emcdda.europa.eu/topics/pods/comorbidity-substance-use-mental-disorders-europe>
<https://www.youtube.com/watch?v=5RbEotf0jql&feature=youtu.be>
- 2.4.5** Turning Point (2007). Dual Diagnosis: Good Practice Guide Helping practitioners to plan, organise and deliver services for people with co-existing mental health and substance use needs. London UK. Retrieved from: <http://www.turning-point.co.uk/media/170796/dualdiagnosisgoodpracticehandbook.pdf>

3. Learning outcome/ competence: Discuss boundaries and best practice when dealing with co-occurring substance use and mental health (dual diagnosis).

Learning Method

- 3.1.1** Workshops and discussions about policy
- 3.1.2** Observation/shadowing for new staff
- 3.1.3** Induction plan for new workers
- 3.1.4** Ongoing training on service policy, boundaries etc.
- 3.1.5** Ongoing supervision and support

Good practice to support this learning outcome

- 3.2.1** Have a clear policy as a helpline: what is your mission, what are your goals? These will define your guidelines for best practice.
- 3.2.2** Look at your policy on all call scenarios including challenging callers.
- 3.2.3** Communicate policies clearly, through all platforms including website, phone, chat, publications, emails, facebook pages etc.
- 3.2.4** Consider EU/National law and any professional codes of ethics on confidentiality and privacy. Consider the difference between anonymity and confidentiality.
- 3.2.5** Consider relevant national legislation when drafting call policy, e.g. facilitating drug use, while also considering the harm reduction policies of your service.
- 3.2.6** Consider your service's policy on setting up measures to block or report repeated abusive callers.
- 3.2.7** Consider your service's policy and strategy on ethical dilemmas (Do you break confidentiality in emergency situations? Who do you talk to about ethical issues in practice?).
- 3.2.8** Create links with mental health helplines and learn about their best practice and protocols.
- 3.2.9** Consider the possibilities of psycho education (being able to provide the caller basic insights)

Resources shared during this project that support this learning outcome

- 3.3.1** Best practice guidelines for drug helplines: www.fesat.org
- 3.3.2** Standard for email counselling: www.fesat.org
- 3.3.3** Service policies and guidelines
- 3.3.4** Standards on working in social media:
http://www.fesat.org/uploads/files/DHOI_Social_Media_Guidelines_2015.pdf
- 3.3.5** Expertise from treatment staff experienced in dual diagnosis.
- 3.3.6** Legal database for EU and nationally www.emcdda.europa.eu

4. Learning outcome/ competence: Understanding how to deal with challenging calls including those from anxious callers; depressed callers; callers who may be psychotic or seem mentally unwell; highly emotional callers; suicidal callers; intoxicated callers; aggressive callers; concerned persons and frequent callers.

Learning Method

- 4.1.1** Discussion and reflection in groups.
- 4.1.2** Roleplays.
- 4.1.3** Factsheets available.
- 4.1.4** Debriefing with colleagues/peer supervision.
- 4.1.5** Regular meetings where cases are being discussed.
- 4.1.6** Basic training programme for new worker.
- 4.1.7** Observation/shadowing for new workers
- 4.1.8** Refresher training on regular basis.
- 4.1.9** Regular supervision and support

Good practice to support this learning outcome

- 4.2.1** Keep calm and breathe – talk slowly and calmly.
- 4.2.2** Help the caller contain his/her feelings.
- 4.2.3** Do not be afraid of emotional or suicidal callers.
- 4.2.4** Keep in control of the conversation.
- 4.2.5** Use silence appropriately.
- 4.2.6** Be aware of your own boundaries and the possible impact of difficult callers. Use supervision and debriefing structures.
- 4.2.7** Be aware of emotional triggers within yourself and, if you have knowledge of them, within the caller.
- 4.2.8** Try to use words that correspond with the level of the callers' distress so you don't minimize or agitate.
- 4.2.9** Paraphrasing – to sum up the conversation.
- 4.2.10** Be clear on the boundaries of the service. Communicate what you can help with and what you can't – both with difficult callers and with frequent callers.
- 4.2.11** With intoxicated callers, talk with caller in a respectful way and follow policy, by inviting them to call back when they are sober, as otherwise they may discuss things that they don't necessarily want to reveal.
- 4.2.12** Do not give fast and easy solutions, but try to help the caller to sort out the problems in his/her own way, e.g. using Motivational Interviewing.

- 4.2.13** With suicidal callers, follow your service protocol and where possible get specific training on dealing with this e.g. Applied Suicide Intervention Skills Training (ASIST) training: <https://www.livingworks.net/programs/asist/>
- 4.2.14** Give callers details of other support services where possible.
- 4.2.15** Consider enacting a time limit policy for repeat callers, but deal with this gently.
- 4.2.16** Recognise that this group may need more time and understanding. Before we give information or harm reduction advice, people need to feel listened to. (Non-judgmental approach).
- 4.2.17** Recognise that abstinence may be more difficult to achieve for this client group.
- 4.2.18** Recommend that people access professional support (Primary care/Family Doctor/Physician, Substance misuse or Mental Health support, Specific helplines with MH specialists etc.)
- 4.2.19** Recognise drug interactions, as much as possible (all drugs - prescribed, alcohol, over the counter medicines and illicit).
- 4.2.20** Share training and policy documents across helpline networks and similar services.

Resources shared during this project that support this learning outcome

- 4.3.1** Best practice guidelines through www.fesat.org
- 4.3.1** Applied Suicide Intervention Skills Training (ASIST) or similar: <https://www.livingworks.net/programs/asist/>
- 4.3.1** Priebe, A., Wiklund Gustin, L., & Fredriksson, L. (2018). A sanctuary of safety: A study of how patients with dual diagnosis experience caring conversations. *International Journal of Mental Health Nursing*, 27(2), 856-865. Abstract retrieved from: <https://onlinelibrary.wiley.com/doi/pdf/10.1111/inm.12374>

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