



NADD ONTARIO

Dual Diagnosis Education and Training in Ontario

Part 1: A framework for the future

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Presentation Objectives

- Set the Ontario Context re training and education
- *Key elements of success for training, recruitment and retention in the field of Developmental Disabilities and Dual Diagnosis* (NADD Ontario, 2007)
- Establishing sustainable training in Ontario – successes and challenges
- Discussion of your experience



Ontario Context - highlights

- 2004 MCSS announces Transformation
- 2005 Beyond Numbers report
- 2006 Opportunities and Actions (MCSS)
- 2006 Human Resource Development Symposium (MCSS, Queens University, Ongwanada)

Ontario Context - highlights

- 2007 OADD Staff Survey

- 2007 Expert Panel on Training (MCSS and Agencies)
 - Insufficient graduates for sector needs
 - College training programs not in line with clients needs and transformation
 - Graduates leaving the sector
 - Hiring of unskilled workers
 - No recognition of agency-based trainings
 - Fragmented training standards

- 2008 Human Resource Strategy (MCSS and Agencies)

NADD Ontario Role

- Goal: To establish sustainable education and training related to dual diagnosis in Ontario.
- 2002 An Introduction to the Mental Health Needs of Persons with Developmental Disabilities
- 2004 Meeting the Health and Mental Health Needs of Individuals with Developmental Disabilities - Response to the MCSS Transformation Agenda
- 2007 Literature review of training, recruitment and retention in the field of Developmental Disabilities and Dual Diagnosis

Purpose of the literature review

- Support and promote the health and well being of persons with a developmental disability
- Clarify population health perspective:
 - community living includes social, recreational, housing sectors, AND
 - health, education, mental health and justice sectors
- Therefore training and education related to dual diagnosis should be incorporated with training and education related to developmental disabilities

Lit. review - system level elements :

Ontario progress

- 1. Developmental disability policy includes a population health approach**
 - 1997 and new policy guidelines coming
 - But Bill 77
- 2. Funding policy that is specific to the needs of individuals with developmental disabilities becomes a powerful tool to effect change**
 - 3 academic centres at Queen's, Western and U of T, within departments of psychiatry, include developmental disabilities and dual diagnosis But funding is precarious or 0
 - \$ 4 million for specialized networks



3. Integrated structure to oversee integrated policy and outcome evaluation

- New policy guidelines.... But more complex governance structure

4. Career pathways, developed through policy as well as program/practice level initiatives, support recruitment, retention, and advancement.


- Human resource strategy
- Primary care guidelines
- Career Connections Grant


5. Developmental disabilities and dual diagnosis are required aspects of generic health care curricula, practicum, and practice standards

- Royal College of Physicians and Surgeons Psychiatry training
- Primary Care Guidelines

Lit. review - program/practice level elements: Ontario progress

6. Training sanctioned within professional practice standards and/or certification criteria supports the implementation of best practice
 - Human resource strategy:
 - Entry level educational requirements for staff in developmental services
 - Developmental of a professional college for staff working in the developmental services system
 - Challenge: not all stakeholders “buy in” – some people think that we should deprofessionalize our system

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7. Early exposure to developmental disabilities and dual diagnosis within training and clinical or practicum experiences increases a sense of competence to serve this population
- OADD survey on DSW students indicates almost 1/3 had previous exposure to people with disabilities before choosing this Program
 - Career Connections Grant
 - Challenge: the educational system is not coordinated – it is very difficult to identify whom to contact when trying to influence practicum experiences across the various professions



8. A variety of creative models, approaches and strategies can be utilized to achieve success in training

- The Dual Diagnosis Community of Practice Videoconference Rounds – Royal Ottawa Dual Diagnosis Consultation Outreach Team
- All the excellent examples that will be presented in our sessions today!
- The Challenges will be discussed later in this presentation




9. Teaching clients and caregivers about primary care improves quality of care.

- Emphasis on teaching basic health care information to all students in DSW Programs so they can better support individuals to understand their own health and care
- Clients as 'actors' in physician training at U of T and Queen's
- Challenge: many people working in our system, and the population as a whole, don't believe that individuals with developmental disabilities have the competence to understand and decide about their primary health care



10. Existence of local, regional or national interest groups contributes to enhanced practice.

- Many groups advocate on behalf of individuals with a dual diagnosis and appropriate education for staff in the field:
 - NADD
 - OADD
 - OASIS
 - CARE-ID
 - National Coalition on Dual Diagnosis
- Challenges: Facilitating the coordination of the efforts of these groups to maximize their impact, agreeing on a consistent message



11. Standardized procedures or templates assist practitioners in the implementation of quality care

- Primary Health Care Guidelines
- Emergency Room Practices
- Crisis/Support Plans
- Challenge: Need to establish best practice first and then progress to templates

Thoughts about contributing factors to sustainability

■ Program Level

- The program continues from one year to another
- Available and knowledgeable faculty
- Faculty level quality assurance
- Capacity to refresh and update the curriculum
- Ongoing evaluation
- Scaffolding – foundational content, progressive, pre-requisite, integration of training initiatives, decrease of overlap
- Based on informed practices – where they exist
- Certificate, diploma, degree and/or accredited continuing education
- Organizational support – integration of learning, supervision, performance monitoring, peer support/review culture
- Funding

■ Student level

- Students continued registration from year to year
- Demonstrated application to practice



NADD ONTARIO

Dual Diagnosis Education and Training in Ontario

Part 2: Models and Methods

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“TRADITIONAL” TRAINING METHODS

1. Dual Diagnosis Training Series provided jointly by the Peel Region Committee for Persons with a Dual Diagnosis and Humber College, Toronto

- The training consists of 8 half day workshops once a week.
- It is provided by a variety of instructors on the following topics:
 - An introduction to dual diagnosis
 - Legal and ethical issues
 - Behavioural approaches
 - Abuse & victimization
 - Pharmacology (2 sessions)
 - Providing day-to-day supports (2 sessions)
- Initial financial support from the government was withdrawn 2 years ago but we receive donations in kind re space, trainers, and materials. Therefore, fees cover the remaining training costs.

The Training

- Humber College markets the course, hires the instructors, registers the students, pays the instructors, and provides participation certificates
- Peel Behavioural Services acts as the banker
- The fees are \$75 for the entire series
- “Homework” assignments encourage utilization of the knowledge gained in the classroom
- Students come from a variety of agencies: developmental services, autism, mental health, housing, court support, crisis services, respite, and case management
- Courses run twice yearly, once in the mornings and once in the late afternoon, to accommodate residential and day staff



Why the Training was Started

- A dual diagnosis training survey was conducted with local agencies by the Peel Committee. They identified a need for:
 - Basic introductory dual diagnosis information for direct support staff
 - Training that included a practical applicability component
 - Training that was affordable so that many staff could attend
 - Flexible scheduling so that staff from different types of programs could attend

Outcomes

- The course has the following learning outcomes:
 - The acquisition of basic dual diagnosis knowledge that staff can use on a day to day basis
 - The acquisition of basic support skills related to dual diagnosis
 - The utilization of knowledge and skills on the job

Evaluation Results

- Since 2004, approximately 11 sessions have been provided for approximately 350 staff
 - Evaluation of the sessions averages 4.6/5
 - Informal feedback from agency supervisors indicates:
 - Staff understand dual diagnosis better – why clients behave in certain ways
 - Staff are providing more effective supports
 - Agencies send their staff year after year – a very tangible form of feedback
 - Some agencies ensure that all staff working with this population take the course



Contributing factors to sustainability

- Very practical and usable content
- Up-to-date curriculum
- Highly skilled instructors who provide education or training as part of their “regular” jobs
- Application exercises
- Reasonable fees
- The involvement of a post secondary institution and provision of College certificates



Challenges to sustainability

- Ensuring that the learning is transferred to day-to-day job performance
- Encouraging more participation from management in the training



2. Effective Specialized Responses - ESR

- Need identified re: Biopsychosocial Approach to Case Management for Complex Individuals
- Opportunity to utilize Justice Case Management one-time funding in an ongoing manner
- Opportunity to create cross sectoral collaboration in each community/region



Expected Outcomes

- Participants will be able to:
 - Understand developmental disability, mental health issues and dual diagnosis
 - Understand concepts of recovery, person-centered and general systems frameworks
 - Use a biopsychosocial formulation grid
 - Describe best practice approaches in assessment, planning and intervention
 - Understand the value of building partnerships at an individual, family, program, organization and systems level



Evaluation Results to Date

- Curriculum development pilots held thus far
- Feedback from first pilot was that training needed to be more concrete – curriculum revised
- Feedback from 2nd pilot excellent (100% satisfied or very satisfied in all domains)

Contributing factors to sustainability

Program Level

- Available and knowledgeable faculty
- Faculty level quality assurance
- Ongoing evaluation
- Based on informed practices

Student Level

- Small cross sectoral delivery
- Practical tools provided



Challenges to sustainability

Program Level

- Curriculum review/revision
- Consensus lacking re: ongoing delivery and human resources requirements

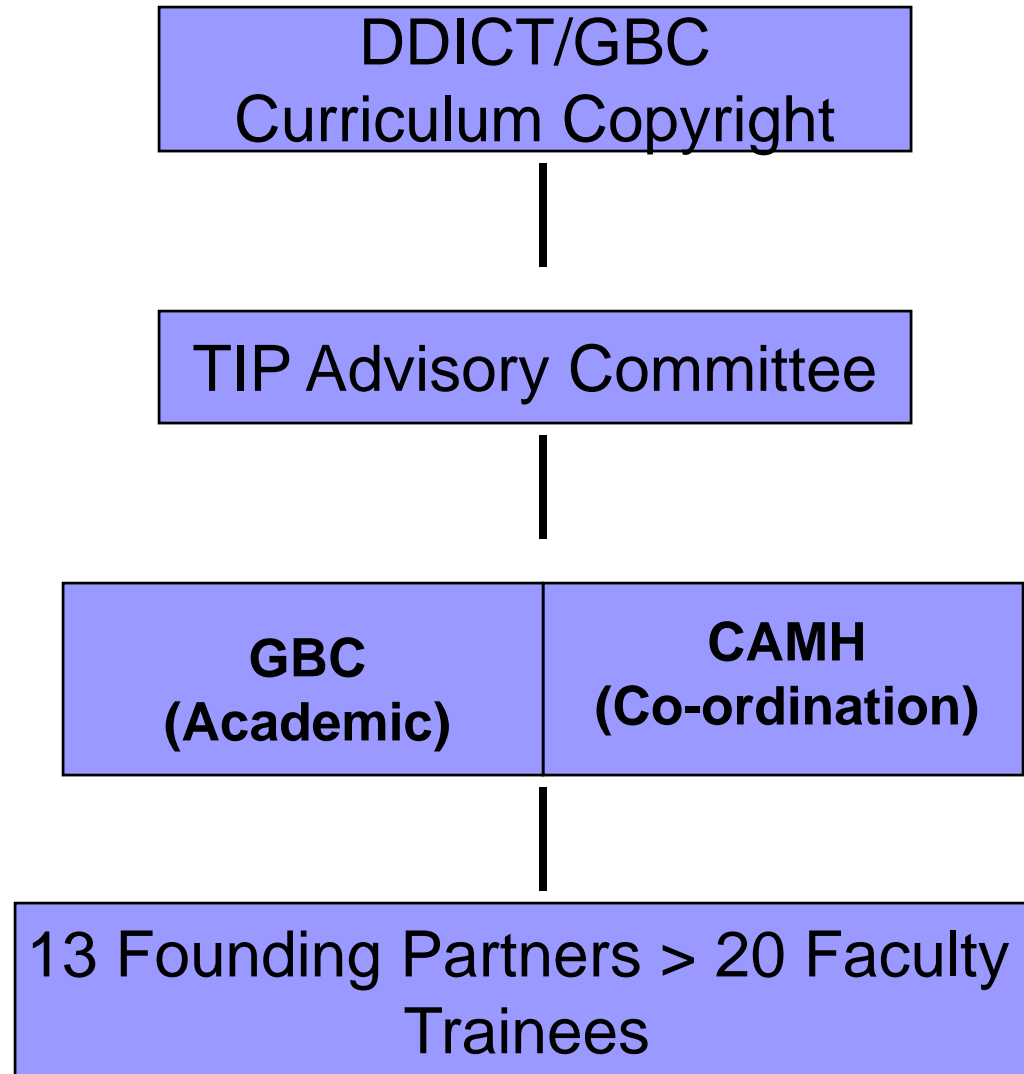


3. TRAINING IN PARTNERSHIP (TIP)

Cross sector training initiative:

- To increase the pool of instructors qualified to provide education about dual diagnosis
- To make training available annually to managers and supervisors in agencies that serve individuals with a dual diagnosis and/or challenging behaviour

PARTNERSHIP STRUCTURE



a) Faculty training

- 6 days over 6 weeks
- Content :
 - Working through the instruction manual and reflecting on the teaching process
 - Information re how adults learn
 - Self reflection on own learning
 - Facilitation of classroom and on line discussion
 - Dealing with conflict and disagreement
- Evaluation of successful completion



Faculty training outcomes

- 16 approved faculty
- Feedback on the content of the manual via questionnaire and debriefing
- adjustments to the manual content prior to first manager training
- Established teaching teams of 4

b) Manager Training

- 4 days over 4 months
- Objectives :
 - ◆ Explain the steps and activities necessary to apply the biopsychosocial framework in working within their agency
 - ◆ Summarize the skills involved in supervising and empowering staff within the biopsychosocial framework
 - ◆ Explain the steps and activities required to build both intra- and inter-agency system capacity and collaboration
 - ◆ Draw on relationships with the other participants so that there is an ongoing network of colleagues with whom to consult, obtain advice and exchange knowledge.

Learning techniques for all modules

- Background readings for preparation
- Lecture materials handed out during the training (definitions, comparison charts, tools for day to day use)
- Didactic presentations (Power Point slides accompany the manual)
- Class activities and discussion that access learners' expertise and facilitate learning from one another – along with surfacing differing experiences and perspectives from the different sectors
- Situational studies to connect theories and models to the real world of experience
- Online (via e-mail groups) exchange on specific topics between classes

Manager training outcomes

- 2 offerings – 34 registered
- 9 % drop out rate
- 31 completed – 39% from MH sector
- Overall evaluation questionnaire
 - real world and practical
 - Mix of didactic and practical
- Follow up questionnaire at 3 months to evaluate system impact



Contributing factors to sustainability

Program level

- Cross sector partnership / shared endeavor – including academic institution
- Inexpensive

Student level

- Use of practical tools
- Classroom participation and exchange of perspectives



Challenges to sustainability

Program level

- Ongoing available infrastructure costs for academic and coordination functions
- Costs of curriculum updating

Student level


- Organizational time within current job requirements



“Non-Traditional” Training Methods

4. MMW-Kenora Rainy River Clinical Videoconferencing Dual Diagnosis Certificate Program

- Dual Diagnosis Certificate Program
- Provided by a partnership with the Griffin Centre, Surrey Place Centre and George Brown College.
- Educational opportunity for Northwestern Ontario

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- Created 2004 as part of a proposal to deliver education via videoconferencing so staff could access the program in their home community
 - A need for an accredited program was identified by agencies in NW Ontario
 - Created for front line staff



The Details

- 80 hours on line
- Participants examine current thinking in number of areas such as assessment, person-centered planning, ethical considerations, working with families, sex-offending behaviors, pharmacology approaches and crisis intervention which are specific to working with individuals with a dual diagnosis
- Participants have the opportunity to integrate theoretical knowledge with current situations they are experiencing in their settings in order to increase their knowledge and skills when working with consumers, families, and service providers in the area of dual-diagnosis.



The Details

- Up to 20 students enrolled at one time
- 2 sites at a time
- Coordinators on site assist with admin
- 3 sessions completed so far



Expected Outcomes

- Participants will gain an understanding of best practice approaches when working with persons that have a dual diagnosis.
- Participants will develop a bio-psycho-social framework for assessing needs and developing plans of care for persons with a dual diagnosis and their families/caregivers.
- Participants will demonstrate an understanding of current interventions used in programming for individuals with a dual-diagnosis.



Expected Outcomes

- Participants will gain knowledge on how to develop and implement a person-centered planning approach that is consistent with the recovery model of intervention.
- Participants will gain additional knowledge and awareness of ethical considerations and guidelines of professional standards of practice in working with persons with a dual diagnosis and their caregivers.
- George Brown College Accredited Certificate in Dual Diagnosis
- Two College Credits granted by George Brown College

Evaluation Results

- Adjustments to course design made yearly according to management and front-line student feedback
- Student Evaluation feedback to date has been positive in terms of helping them to develop knowledge and skills
- 85 -90% of participants over the past three years has rated the training as very good to excellent
- Continued demand for training after the initial two pilots including requests for the expansion of training to other northern communities
- A need to expand the training to first nation communities in the North
- Training needs to remain sensitive and responsive to the learning styles and training backgrounds of the participants

Contributing factors to sustainability

- Highly skilled faculty
- Curriculum based on the needs of the local community
- Funding: MMW Central Coordinator
- Management support at northern sites
- Free, including some sites releasing staff to take the training without salary loss
- Management support in northern sites
- Up to date comprehensive curriculum that reflects the learning needs and styles of participant in their local communities.



Challenges to sustainability

- Time spent coordinating the course per site, i.e., set up and tests
- Continuation of funding
- Emphasizing the link between day to day client needs and the training
- Management 'buy in'
- Faculty who are able to manage the technology and juggling multiple sites (2 sites optimal) to make connections with students and meet their needs.



5. Central CNSC Videoconference Education

- Presently have 19 videoconference locations in Central Ontario serving about 50% of provincial population
- Also work with several hospitals and mental health centres to provide educational programming
- Four additional sites are in development



History of Education via videoconferencing

- Education via videoconferencing has been available within the health care sector in Ontario for almost a decade, with exponential growth happening in past 5 years
- Following two successful videoconferencing pilots, wider access to videoconferencing was made available throughout the Province.
- Using a similar model as Health, the Community Networks of Specialized Care have embraced videoconferencing as a significant way of delivering professional development to the those working in development services in general and dual diagnosis in particular



Goal of Videoconferenced Education in Central Network of Specialized Care

Build the knowledge and skill base of specialized clinical and core service providers to effectively serve and support the target population through delivery of training, building communities of practice, providing clinical supervision, professional development, coaching, mentoring, and other knowledge integration strategies.

Format

- Videoconference education offered by the Community Networks of Specialized Care consists of short – two hour – focused sessions on topics identified by staff, consultants and leaders
- Training is provided by qualified, respected clinicians who are experts in the field of Dual Diagnosis.
- Four to six Network sponsored and developed events per month
- High level of collaboration provincially


Results to Date

- The Central Network began offering videoconferenced education sessions in June 2007
- Since then 417 distinct education events have been accessed by CNSC sites, with 1255 participating systems
- A broad range of VC education has been accessed, reflecting the holistic needs of individuals who receive service from partner agencies
- Of these, the most popular events are those sessions pertaining to developmental services and dual diagnosis.

Results to Date

- Since April 1, 2008, 1571 people have attended education events at CNSC locations

Developmental Services Agency Staff	656
Mental Health / Hospital Staff	236
Family / Caregivers	53
Students	96
Others, (including those who did not specify)	530



Results to Date – Satisfaction Surveys

- 91% of attendees rate information presented as excellent and are satisfied with the session
- 9% rate information as good
- None rate information as poor



Challenges to sustainability

- Funding is the primary risk to sustainability and growth
- As popularity grows so does demand for additional VC sites and enhanced technology
- Increasing demand for accreditation and transferability of training

6. Dual Diagnosis Online Training developed by the North Community Network of Specialized Care (NCNSC) in partnership with NADD Ontario

- **Based on first 4 chapters of NADD Ontario text - *Dual Diagnosis: An Introduction to the Mental Health Needs of Persons with Developmental Disabilities* (editors Griffiths, Stavrakaki & Summers, 2002)**
 - Basic introduction to nature of developmental disabilities
 - Recognizing and understanding mental health needs of persons with developmental disabilities within a biopsychosocial model
 - implications and strategies for optimizing supports
 - introduction to criteria health care professionals use to recognize and differentiate various psychiatric conditions
- **Online version of text is linked to course for learner's easy reference (hyperlinked NADD publication to each webpage)**

Online Training

- Self-paced approach
- 3-month timeline to complete
- Register at any time, throughout the year
- 4 modules, application exercises, case studies, quizzes, final multiple-choice exam
- Pass: 70%
- Nominal course fee; no materials fee
- NCNSC promotes the course and provides Certificate of Completion
- Web company provides technical support to learners

Why Training was Developed

- To respond to training needs in developmental and mental health service agencies in remote regions of Northern Ontario, select clinicians began delivering the first 4 chapters of *Dual Diagnosis* text in form of in-class workshops
- Course material fit the NCNSC Business Plan objective to develop module-based training packages for front-line staff working in rural and remote regions of Northern Ontario
- No similar online course available
- Online training eliminates geographic barriers, offering curriculum consistency to a broad audience
- Online training offers busy working learners a flexible learning schedule that traditional workshop format can not



Expected outcomes

- The course has the following expected learning outcomes:
 - The acquisition of basic knowledge in dual diagnosis, assisting the learner to develop skills
 - The transfer of newly acquired knowledge and skills through daily application in the workplace

Evaluation Results - Pilot Phase (Mar '08)

- 70 staff completions from 23 agencies across Northern Ontario
 - 64% front line/ direct support
 - 23% manager/supervisors
 - 13% (Behaviour Therapist, Registered Nurse/ RPN, Social Worker)

- 70 evaluation forms indicate:
 - 76% had never taken web-based training before
 - 94% Agreed that online format is a good way to learn this material
 - 100% Agreed that Application Exercises/ Quiz questions reinforced their understanding of the course
 - 100% Agreed they would be able to use what they learned in the course

- Qualitative Feedback
 - “Gave me a better understanding as to why people with intellectual disability are so susceptible to developing a mental health issue”
 - “It made me really think about how I support people and learned some new skills to do things differently”
 - “Subject matter applied to the work I do in a very direct way, good examples to draw upon”



Factors contributing to sustainability

- Very practical content applicable to many occupations in different sectors across the province (developmental service, mental health, health, justice)
- Registration available any time
- Flexible self-paced approach; work from anywhere
- Little curriculum updating required, i.e., foundation course
- Nominal fee to learner or agency
- Ministry's Developmental Services Sector Human Resource Strategy – focus on core competencies
- Organizational support
- Ongoing evaluation

Challenges (solutions) to sustainability

- Technology – availability of computers for staff use/ Internet connection at work
- Determining if and how learner is using the knowledge/ skills acquired in this course, at work? What further strategies/ tools are required to best facilitate this? (3-month post completion evaluation will assist)
- Promoting significance of course to agencies – helping agencies build capacity at local system level, helping agencies support their staff to use their newly acquired knowledge/ skills, daily, to improve the lives of people they support (e.g. course as ‘condition of employment’)
- Promoting significance of course to Ministry – influencing Ministry and provincial HR strategy groups to support course as integral (mandatory) to best practices in staff core competency development
- Gaining post-secondary recognition – involvement of post-secondary institutions



SUMMARY OF THEMES



Discussion

- How do we know that regardless of the method, training is having an impact on practice ?
- How do we determine what are the educational practices that will best facilitate this?
- How can organizations enhance support to staff to use newly gained knowledge and skills?