



BHA Practicum Requirements

Providing behavioral health clinical assessment, treatment planning, and life skills and resource development for clients with issues related to co-occurring disorders, with appropriate case documentation

Hour Requirements 45

Introduction

This practicum requirement builds on prior competencies related to assessment, treatment planning, and life skills and resource development acquired in the BHA II practicum. For descriptions of the various components of these practicum categories refer to the BHA II Practicum Requirements. This practicum requirement focuses specifically on clients with issues related to co-occurring disorders with examples of activities for assessment, treatment planning and life skills and resource development.

Co-occurring Disorder Description

A client with a co-occurring disorder meets the diagnostic criteria for at least one mental health condition and at least one substance use disorder at the same time. You may also hear the phrases "dual diagnosis" or "co-morbid disorders" to refer to the same thing, but "co-occurring disorder" is recognized as the most appropriate term to refer to the experience of having both a mental health and substance use disorder. Research suggests that as many as 65% of clients with a primary diagnosis of a substance use disorder also have experienced a mental health disorder, and approximately 51% of clients with a primary mental health diagnosis have also experienced a substance use disorder.¹ Treating clients with co-occurring diagnoses can be challenging because they tend to have poorer outcomes in treatment, are more likely to drop out of treatment without completing a program, and are more likely to have a generally lower level of functioning. Clients with co-occurring disorders are most likely to show improvement when participating in a program that is able to address both substance use and mental health conditions, rather than having a single focus.

Providers completing an assessment must show that a client meets the full criteria for each disorder (mental health and substance use), as clients who are actively using substances may display mental health symptoms that are actually a result of their substance use. In these cases, the provider must document that the client's symptoms persist (continue) even when they are not using the substance. For example, a client who has recently used alcohol may experience some negative thoughts about themselves, irritability or anger outbursts, or some difficulty remembering details of events. These are all symptoms of Post-Traumatic Stress Disorder (F43.10), but a provider should take care not to assign this diagnosis unless the client reports these symptoms in the absence of substance use.

¹ <https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/documents/cobestpract.pdf>



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Examples of Co-Occurring Disorder Assessment Activities

- Gathering and documenting biopsychosocial information and current symptoms to assist with the assessment of mental health AND substance use disorders
- Observing a supervisor during the assessment of a client with co-occurring disorders, and reviewing a supervisor's documentation
- Interpreting the results of evidence-based screening tools to determine the likelihood of co-occurring disorders, and documenting findings
- Developing an ASAM for clients with co-occurring disorders, with consideration of how both disorders affect the recommended level of care
- Documentation of the ASAM level of care that will best enable the client to address their problems and accomplish their goals
- Documentation of the client's motivation, interests, and protective factors.
- Creating treatment recommendations appropriate to the client's needs and goals
- Documentation of diagnoses for which client currently meets criteria defined in the DSM 5***
***Please note that BHA IIIs working under the Community Behavioral Health Clinic may observe the mental health assessment for a client with co-occurring disorders, and may assist in documenting history, but may not generate a new mental health diagnosis or sign off on any documentation where a new mental health diagnosis is established.

Examples of Co-occurring Disorders Treatment Planning Activities

A treatment plan for a client with co-occurring disorders may address the treatment of one disorder at a time, but preferably, it would include interventions that address the client's mental health and substance use disorders at the same time.

- Identifying areas of distress or disturbance that make it difficult for clients to complete activities of daily living
- Assisting client to prioritize treatment goals based on the severity of each diagnosis and readiness for change
- Developing and documenting a treatment plan to include evidence-based interventions that address both mental health and substance use treatment needs
- Revising a treatment plan to reflect improvement in one area (e.g. client may complete an outpatient SUD program but require ongoing mental health counseling)

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Components of Treatment Planning

- Planning goals and measurable objectives with the client and treatment team based on the findings from the most recent assessment and/or progress notes.
- Identifying interventions that will support the client in achieving their goals.
- Identifying the type and frequency of services that the client will need to accomplish their treatment goals.
- Regularly reviewing the plan with the client to ensure they are contributing to the plan and are based on the clients desired goals.
- Providing a list of treatment team members, which always include the client and directing clinician and may also include additional clinical staff, family members, staff members from community organizations, and others.
- Regularly reviewing the plan with the treatment team to get their contributions, identify progress, and modify the plan as needed.

Examples of Life Skills and Resource Development Activities:

- Providing motivational interventions to support clients with co-occurring disorders to recognize problems and developing motivation to address them.
- Helping clients with co-occurring disorders to develop long term goals and behavioral plans to support improved functioning
- Providing assertive counseling and support to increase the likelihood of client accomplishing goals and decrease the likelihood of relapse.
- Observing supervising clinician doing any of the above.

Evidence-Based Practices and Resources

- Hazelden - Co-occurring Disorders Facts for Families
<https://www.hazeldenbettyford.org/articles/cooccurring-disorder-facts>
- SAMHSA- Mental Health and Substance Use Disorders
<https://www.samhsa.gov/find-help/disorders>
- National Alliance on Mental Illness (NAMI) - Dual Diagnosis
<https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/Dual-Diagnosis-FS.pdf>
- Psychology Today
<https://www.psychologytoday.com/intl/conditions/co-occurring-disorders>