

CHAPTER



THE

**TRAINING**

COURSES

## CHAPTER III – THE TRAINING COURSES

### What we aimed to do in the TRIADD training courses - Guidelines

Given this situation as presented by the partners and faced with the above requests for training, our obvious next move was to focus on the areas most cited by staff as causing them difficulty in their everyday work, and these were remarkably similar across countries and types of service.

### 3.1. TRIADD – GUIDELINES FOR TRAINING COURSES

We developed common principles and guidelines to inform the Triadd courses, as well as specific elements which should be addressed and included in each course.

#### 1. Enable staff to understand the person with Dual Diagnosis in his/her environment

- Convey the message to staff that people with intellectual disabilities can have problems like anyone else (give explanation of major dysfunctions) and say that these problems can interfere with the normal 'functioning' of the person
- Give concrete examples of HOW these changes can present themselves
- Convey the message that people with an intellectual disability and mental health problems are first and foremost people, whose complex histories and set of circumstances all have a bearing on their current well-being. Try to take a holistic approach with the ultimate goal being the improved quality of life and respect for the dignity of the person concerned.

#### 2. Help staff to reflect on the possible reasons for these problems/changes

With which tools, observation, etc. can these changes be observed, documented, foreseen, even anticipated?

#### 3. Help staff to draw on their own resources of adaptation, of change in attitude, to review their socio- educational approach in relation to these new issues

- Re-examine (in a constructive way) their approach/intervention – Show that their relationship, their attitude is a decisive factor in the issue, either as catalyst or in a reactive way.

#### 4. Enable staff to formulate problems in a more systematic way

Help them to construct schemes of solutions which will allow them to constantly recreate 'new' and/or adapted answers and solutions (analysis of practice.....)

#### 5. Make reference to measures which can be taken within a multi-disciplinary team as a possible resource.

Suggest measures which can be put in place regarding co-operation with exterior partners.

#### 6. Highlight the realities of the service in which these solutions must be found

Provide the teams concerned with analysers /indicators on the impact of the course on their service/institution.

#### 7. Allow time for the presentation, analysis and discussion of specific cases/ vignettes.

To optimise this debate ask staff to prepare one or two cases each before the course, to be structured along the following lines:

Description of the situation and individual they work with

Definition of the problem

Solutions already tried by the staff, team...

Questions and other points raised

### 3.2. THE TRIADD TRAINING COURSES

The third phase of the project saw four project partners in Luxembourg, France, Belgium and Italy devising courses which were a combination of:

- Solutions to meet local demand, based on their experience and the results of the survey
- Differing approaches based on their own expertise and in discussion with the whole Triadd partnership
- Training Guidelines of the project.

The fifth course will reflect elements and approaches of the four courses already run, and will take place in Dublin in October 2004.

The following is an overview of each course to date, detailing:

- Title
- Type, Dates, Venue,
- Trainers, Description, Objectives, Programme, Methods, Documentation, Target audience, Language, Evaluation, Follow-up.

### 3.2.1. THE LUXEMBOURG TRAINING COURSE

#### Title

Supporting a person with Dual Diagnosis (Encadrement d'une personne avec un Double Diagnostic)

#### Type

Face to face training course

#### Date(s)

1st- 3rd October 2003

#### Trainers

Dr Germain WEBER, Professor of Psychology, University of Vienna  
 Johan DE GROEF, Director Zonneliéd, Psychologist  
 Dr. Paul BERRY, Chartered Psychologist & TRIADD observer

#### Venue

UFEP – Domaine du Château, Bettange-sur-Mess, Luxembourg.

#### Description

A three day in-house training course with a combination of expert exposés and participant input, attended by TRIADD observer and therapist, who also discussed case studies presented.

#### Objectives

- Key words (Triadd résumé) and basic understanding of dual diagnosis
- Analysis of existing service solutions in Luxembourg
- Consideration of the different means of support available in Luxembourg and the educational readjustment necessary to support people with dual diagnosis in the various structures catering for them

#### Programme

##### Staff issues: the effect of dual diagnosis on the support staff and the user concerned

- The effect of psychological problems on the disabled person
- Comments on certain notions and basic texts
- Methodologies of observation and analysis
- Understanding behaviour and emotional aspects
- Reactions of support staff faced with dual diagnosis
- Reactions of counter-transference
- Value of educational objects used

#### Readjustment of the educational/support approach

- Adapting the educational objectives in relation to the person with dual diagnosis
- Flexibility in educational approach
- Reaching the educational objectives despite the illness(es) of the person cared for
- The different interventions possible
- The multidisciplinary team
- The systemic approach

#### Methods

- Theoretical exposés, case studies
- Presentation of experiences and critical evaluation
- Work in small groups

#### Documentation

Key words, TRIADD

#### Target audience

Support staff, workshop monitors, psychological staff.

#### Languages

German and Letzeburgisch

#### Evaluation

This group differed from the others in that 11 of the 12 participants had actually visited the web site and all 12 had read the key words. Most participants were well trained front line staff supporting at least one client with dual diagnosis. Two were psychologists, one of whom also presented an overview of the services for clients where most participants worked.

The participants rated their knowledge of dual diagnosis as (mean) 3.0/5.0 before the course and (mean) 3.7/5.0 after the course. It seems that this group was generally better informed of the nature of this problem than participants in the other groups.

The course had five lecturers (the evaluator being present for the whole course and participating in 2 half days). On the first day several formal instruments for diagnosis were presented (e.g. PASS-ADD) together with a discussion on the issues of 'challenging behaviour'. On the second day a presentation was held on psychiatric services in Luxembourg. Case studies within a psycho-dynamically orientated framework comprised the rest of the course, with some time (although not enough) for the participants to present their own cases.

Other general results were:

1. course objectives  
39 positive points 8 negative (23 no response)
2. course organisation  
50 positive points 15 neutral/negative points
3. learning effectiveness  
34 positive points 14 neutral/negative points

The participants in this group provided a good deal of general and quite specific feedback in their comments. These can be summarised as follows:

1. more time needed for discussion of case studies
2. more time needed for the presentation and discussion of cases which the participants were currently dealing with

3. more time in general – three days was not enough
4. follow up study days with specific course staff
5. more on psycho-pharmacy
6. more on the issue of ageing, especially dementia
7. more on the need for and the ways to address the problem of psychotherapy for the difficult clients with dual diagnosis
8. more on how to establish and co-ordinate work in multidisciplinary teams.

A fuller evaluation report and quotes from the participants is available on request.

### Follow-up

Follow-up questionnaires filled in by participants to assess the impact of the training six months after the course confirm its benefit to their general understanding of dual diagnosis and their work directly with clients. What still needed improvement was work in multidisciplinary teams outside their own service. Certain participants requested recommendations for further theoretical input.

### 3.2.2. THE FRENCH TRAINING COURSE

#### Title

The care offered by services to people with intellectual disabilities presenting severe personality disorders and challenging behaviour

'La prise en charge institutionnelle des personnes handicapées mentales présentant des troubles graves de la personnalité et du comportement'

#### Type

Face to face training course

#### Dates

30 June – 2nd July 2003

#### Trainers

Gérard ZRIBI, Director, AFASER  
 Ariane VIENNEY, Director Foyer AFASER  
 Thierry BEULNE, Directeur, Atelier AFASER  
 Dr. Paul BERRY, Chartered Psychologist  
 François LERASLE (facilitator)

#### Venue

Institut le Val Mandé, 7, rue Mongenot 94165, Saint Mandé, France

#### Description

A three day in-house training course with a combination of expert exposés and participant input, attended by TRIADD observer and therapist, who also discussed case studies presented.

#### Objectives

- To give professionals the possibility of acquiring basic knowledge and a better understanding of people with dual diagnosis (intellectual disability/ mental health problems)
- To reflect on the best means of care and support for this target group.

### Programme

#### About the person

- Presentation of the main mental health problems and psychological dysfunctions.
- Approach to different types of learning disability
- Looking at psychological, sociological, social, cultural elements in order to reach a fuller definition of the personality and problems
- Methodology of observation and understanding different behaviours.

#### The project of the service-provider ('Le projet institutionnel') and the role of the different players

- Making the service-provider's project and the individual's project fit together (L'adéquation entre projet institutionnel et projet individuel)
- The multi-disciplinary team
- The link with external partners
- Example of the functioning of a workshop (CAT) and other services (foyers) for people with dual diagnosis
- Development of an individual care plan project and the constraints of the service (élaboration d'un projet d'accompagnement individuel et contraintes institutionnelles).

Partnership and complementarity between the psychiatric services and the social and socio-medical sector.

#### Methods

Theoretical exposés by experts working as service directors and having written on this subject. Each participant was asked to read

key words (translated into French) to enhance basic understanding of concepts and to prepare a case study or situation relating to their work directly with users. Discussions on presentations and exchanges took place on cases presented by participants.

### Documentation

Key words from Triadd project

ZRIBI, G, POUPEE-FONTAINE, D, Dictionnaire du handicap – Editions ENSP 4ième édition, 2002  
 ZRIBI, G, SARFATY, J, sous la direction – Handicapés mentaux et psychiques – vers de nouveaux droits, Editions ENSP, 2003  
 GALLAND, A, L'enfant handicapé mental – Editions Nathan, 1993  
 ALBERNHE, TH, Psychiatrie et Handicap – éditions Masson, 1997  
 CTNERHI, Classification internationale des handicaps – CTNERHI, 1989.

### Target audience

Pedagogical professionals, support staff, workshop monitors, paramedical staff, directors of services.

### Language

French

### Evaluation

There were 20 participants, 4 men and 16 women. The evaluator was present for the first two and a half days of the course.

The first day of the course was devoted to basic issues in the area of dual diagnosis. The second day was devoted to case studies. On the third day the issues of service provision were presented and discussed. Each day was held by a different course lecturer and all had been involved in planning the course.

It should be noted that this was a rather heterogeneous group of participants in that their qualifications and experience ranged widely. Some participants only been trained very recently and had little practical experience, others were directors of a service with many years experience. The overall results were reported to be satisfactory or better on most points of the course, but the less experienced participants were more positive than their very experienced colleagues, as is usually the case.

Only two participants had visited the web site before the course and only four had read the key words. Those who had had these experiences were however generally quite satisfied with the content. A point system was allocated to the questionnaire enabling the evaluator to judge whether the results tended to be positive or negative – a useful context for the comments. The results were:

1. course satisfaction:  
59 positive points 21 neutral/  
negative points
2. course objectives:  
60 positive points 20 neutral/  
negative points
3. learning effectiveness:  
47 positive points 33 neutral/  
negative points
4. improvement due to the course – level  
of knowledge before the course was  
reported as 47/100 points, after the  
course 65/100
5. 14 of the 20 participants reported  
substantial improvement of knowledge  
of dual diagnosis due to the course
6. 18 of the 20 participants commented  
that the course content was appropriate  
for their work.

General comments from the French participants included :

1. the basic lectures on the first day provided an excellent starting point for the course especially the explanation of the differences between mental disability and mental health problems
2. there were very positive comments on the cases studies presented on the second day, the vignettes being especially helpful
3. case discussions in smaller groups were considered to be a powerful method of learning to understand the problems facing staff both in the area of diagnosis and treatment
4. the detailed discussion of services and the issues facing staff, families and service administrators was positive, especially in the context of community living for this group was positive
5. on the negative side, there was a tendency to state that the course was not long enough and that there was not enough time to discuss the cases to the degree of detail the participants would have liked.

**Follow-up**

Follow-up questionnaires by participants are still being received and assessed.

**3.2.3. THE BELGIAN TRAINING COURSE**

**Title**

Training Cycle – Zonnelied: Adults with Intellectual Disabilities

**Type**

Face to face basic introductory training course ('formation de base')

**Dates**

September 2003

**Trainer(s)**

Johan De Groef, director, Zonnelied, Psychotherapist  
Dr. AM Geussens, Psychiatrist  
Eddy Weyts (director of Observation and Treatment Psychiatric Clinic of Bierbee)  
Dr. Paul BERRY, Chartered Psychologist

**Venue**

Zonnelied, Tau-Groep, Lennik, Belgium

**Description**

A 40 hour training course in two parts:

- 1) 6 modules of 4 hours
  - 2) Follow-up: case studies, 4 X 4 hours.
- The first part was a combination of expert input and group discussion.

**Objectives**

- To familiarise professionals with one single framework of reflection: the theory of 'anthropopsychiatry'.
- The application of this framework, on the basis of case studies
- The further clarification of this framework through the use of practical examples

- To situate this work in the framework of the regional care circuit and the Dual Diagnosis group within this network.

**Programme**

**Six training modules**

**1)**

- Introduction
- Definition/different theories
- Observing/interpreting transfer/ subjectivity
- Presentation of the anthropopsychiatric model
- lines of development
- structures
- normal and abnormal
- at an individual/group/institutional level.

**2) Contact ('le contact')**

- Mood/ambience
- Problems of mood

**3) Le sexuel'**

- the body
- perversion
- aggression

**4) The Paroxysmal**

- Rules and norms
- Neuroses
- Function/role status

5) The Ego ('Le moi')

- identity (the verbs : to be and to have)
- psychoses

6) Therapeutic Methods

- medication
- psychotherapy
- the pedagogical milieu
- the family
- the group
- the service/institution as a therapeutic tool
- the care circuit in the Brabant Flemish province

Second part

At least 8 case studies (each case 2 hours) brought by the support workers.

Methods

Theoretical exposés by experts (psychiatrists, therapists service directors) having written on this subject. Each participant was asked to prepare three case studies or situations relating to their work directly with users. Discussions on presentations and exchanges took place on cases presented by participants.

Documentation

Key words from Triadd project  
 V. Sinason: Mental Handicap and the Human Condition  
 S. Korff-Sausse: Le Miroir Brisé  
 Johan De Groef : Psychoanalysis and Mental Handicap

Target audience

Pedagogical professionals, support staff, psychologists.

Language

Dutch, English.

Evaluation

The Belgian course took place on three separate days. The evaluator attended only at the end of the course and only 7 questionnaires were received. The course differed from the others in that it was specifically psychodynamic/ psychoanalytically orientated.

Of the 7 respondents, not one had visited the website nor read the key words. The participants however rated the face to face course positively. For example they rated their knowledge of dual diagnosis as (mean) 3.3/5 after the course compared to (mean) 2.6/5 before the course. Of the 7 participants responding, it must be noted that three were psychologists, the others being trained as care staff and in pedagogy.

They rated other aspects of the course as follows:

1. course objectives  
15 positive points 7 neutral/ negative points
2. course organisation  
28 positive points 7 neutral/ negative points
3. learning effectiveness  
20 positive points 8 neutral/ negative points

Comments on the course suggested that the case studies presented were especially

important. The participants commented that the theoretical aspects of the course were especially meaningful and that this aspect and orientation of the course helped these front line staff in the process of self reflection. This point was emphasised by almost all the responding participants. One

criticism was that it might be better to have a three day intensive course rather than three one day separate sessions. This rather specific orientation (i.e. psychodynamic approach) seems to be a useful approach in the diagnosis and treatment of people with dual diagnosis.

3.2.4. THE ITALIAN COURSE

Follow-up

Follow-up questionnaires by participants are still being received and assessed.

Title

Training for Staff in Dual Diagnosis

Type

Frontal training course with guided exercises.

Dates

17th October 2003 – 29th October 2003 – 13th November 2003 – 27th November 2003

Trainer(s)

Dr. Gianpaolo La Malfa, "Careggi" Hospital, Florence; Vice President SIRM  
 Dr. Marco Bertelli, Director SIRM and Director AlsQuV  
 Dr.ssa Claudia Cavalieri, USL Agency of Bologna

Venue

Bologna, viale Silvano, in rooms made available by the Regione Emilia Romagna and the Azienda USL.

Description

From a basis of stimulating theoretical ideas and clinical experience presented by the trainers, the participants were divided into two groups in order to analyse two real cases. In the first, participants were asked to identify the diagnostic elements and to suggest an intervention strategy. In the second, participants were asked to adapt the socio-educational support and assistance, bearing in mind the medication received by the user.

Objectives

- To provide the basic elements of knowledge necessary to promote a dialogue and collaboration between professionals and various departments concerned
- To lay the foundations for a future collaboration on the methodology of managing people with dual diagnosis, between the various services and various operators.

Programme

- Two parallel sessions, one in the morning, one in the afternoon, on the same day.
- Thirty trainees, maximum, for each session
- Sixteen hours each session, subdivided into 4 half days of 4 hours each

**First Day: 17th October 2003**

- Theme: What is dual diagnosis: diagnostic criteria, roles and limits of therapy
- Trainer: Gianpaolo La Malfa

**Second Day: 29th October 2003**

- Theme: Transference and theories of intervention
- Trainer: Marco Bertelli

**Third Day: 13th November 2003**

- Theme: Medication in the rehabilitation of patients with DD: drawbacks and opportunities
- Trainer: Claudia Cavalieri

**Fourth Day: 27th November 2003**

- Theme: The relationship with the patient with Dual Diagnosis: what is there to know?
- Trainer: Gianpaolo La Malfa

**Methods**

Theoretical elements – Presentation of clinical cases – Work in small groups – Report back in plenary.

**Documentation**

CD Rom: containing the background to the Triadd project in general, the specific preparation and setting up of the course in Bologna, the guidelines to training agreed with the Triadd partners, the Key Words translated into Italian. The CD Rom also contains all the documentation relative to the Italian training course – the presentations given, bibliography, other partners' courses, the programmes of cooperatives which took part in the course.

**Typology of the participants**

Sex	N°	%
Males	14	20,90
Females	53	79,10
<b>Total</b>	<b>67</b>	<b>100,00</b>

Age									
Range	20-25	26-30	31-35	36-40	41-45	46-50	> 51	No Ans.	Total
N°	1	3	8	15	9	8	3	2	49
%	2,04	6,12	16,33	30,61	18,37	16,33	6,12	4,08	100
<b>AVERAGE AGE</b>	<b>39,89</b>								

Studies	N°	%
Social Assistant	10	20,41
Educator	11	22,45
Pedagogue	7	14,29
Psychologist	3	6,12
Nurse	1	2,04
High School	9	18,37
Graduate (generic)	5	10,20
No Answer	3	6,12
<b>TOTAL</b>	<b>49</b>	<b>100,00</b>

Real role	N°	%
Social Assistant	9	18,37
Basic Assistant	1	2,04
Educator	30	61,22
Pedagogue	0	0,00
Psychologist	0	0,00
Nurse	0	0,00
Coordinator	9	18,37
<b>TOTAL</b>	<b>49</b>	<b>100,00</b>

Trained	N°
YES	2
NO	47
No Ans.	0

**Notes:**  
The 2 «yes» answers regard the supervision on D.D. clinical cases  
No one had specific training on Dual Diagnosis before this course

**Evaluation**

The Italian course, which was held over a series of one day meetings, like the Belgian course, was completed at the end of November. Forty nine participants were involved (approximately one third being women). The results of the evaluation were similar to the other courses.

Only three of the forty nine participants had visited the web-site and six had read the key words. However, of this small proportion, all reported that the site and the key words were useful or very useful. The overall effectiveness of the course is reflected in the responses to the participants' knowledge before and after the course. Before the

course 22 participants report ratings of 1- 3 on the five point scale (5 being the highest rating) and 8 rated their knowledge as 4 or above. At the end of the course the ratings were so that 33 participants scores a rating of 2/3 out of 5, and 14 rated their knowledge as 4 plus. Indeed all but one participant report increased knowledge of dual diagnosis since attending the course. Compared to the other courses the average increase from a mean of overall knowledge of dual diagnosis of 2.9/5.0 to 3.3/5.0 reflects the general trend - namely that the course had a positive effect on learning for the participants.

The course participants were very positive about the objectives and pedagogical

methods of the course and rated the course lecturers very highly in their competence and knowledge of dual diagnosis. A high ratio, 42 of the 49 participants said they would be able to use the course content in their job.

An issue raised later concerns the mix of professionals taking part in this course. Twenty one of the participants - almost half - reported that the participants were not well mixed.

The actual jobs of the participants were as follows:

- 30 educators
- 9 social assistants
- 9 co-ordinators of services

The participants made numerous comments on their evaluation questionnaires. Many reported that they liked the enthusiastic lecturers, the material on diagnostic procedures and the multi-disciplinary

approach. The major criticism was the lack of participation of personnel from the mental health department and in particular psychiatrists (21 participants stated this). One person stated that the 'course was totally ineffective' because of this absence.

One person said 'I don't think I learned a new method, but I received many hints for reflection which will lead me to an approach which is different to the one I had in the past'. Another said 'I would appreciate more work on concrete cases which we have to face in our work'. On a final positive note one person said 'it would be great to organise a follow-up course in 2004 with the same teachers'. A full summary of the comments is available on request.

It is interesting to note that several of these critical points were also mentioned in the survey carried out before the courses were held.

### 3.3. GENERAL POINTS ABOUT THE COURSES

Each partner had the flexibility to tailor their course to local needs, keeping to the general guidelines and the recommendations emphasising front-line staff as the key target group. The aim was de-mystify dual diagnosis and empower staff to act appropriately, offering basic diagnostic tools and trying to build on the foundations of knowledge most of them already had, by putting these into a more theoretical framework. Clearly staff are hungry for more training in this area and especially eager to discuss their specific cases. The thematic emphasis and therapeutic approach differed depending on the course, but in all courses a number of issues still need further development and resolution, namely:

1. the problems of co-operation with psychiatrists, many of whom have little or no interest in this field
2. the issue of emotional development in clients with dual diagnosis
3. the issue of treatment of clients with dual diagnosis and communication problems (i.e. who cannot communicate verbally with staff, who have in turn extreme difficulty in understanding their needs)
4. the problem of multidisciplinary work – how to contact other professionals; how to build up a good team and work effectively together.

We shall try to address at least some of these issues in the final training course in Dublin.