

TWELVE STEPS FOR CLINICIANS
DEVELOPING CO-OCCURRING DISORDER COMPETENCY
Courtesy of Dr. Ken Minkoff (December 2008)

These steps are based on the Principles of CCISC, and can be practiced by any clinician within the scope of his or her existing job or caseload.

1. **WELCOMING:** Welcome individuals who have co-occurring disorders, thank them for coming, and let them know you are glad to get to know them as they are.
2. **HOPE:** Ask every one about their goals for a happy life, and inspire a belief that you will work with them to help them to achieve that vision.
3. **INTEGRATED:** Screen for problems in multiple life domains (mh, sa, trauma, court, etc.) in the course of conversation, and practice using one tool.
4. **EMPATHY:** Ask clients to describe in detail their experience with the issues in the “other” domain, and empathize fully with what it feels like.
5. **STRENGTHS:** Ask clients to identify a period of recent success in relation to their problem, and describe in detail how they were successful, and what they were experiencing: e.g., mental health issues during a period of sobriety, what were they and how were they managed.
6. **QUADRANT:** Review each case in the case load, and determine: are they cod (yes, no, maybe). What quadrant are they in? (abuse vs. dependence; SPMI vs less serious mental health issues).
7. **INTEGRATED PRIMARY PROBLEM SPECIFIC TREATMENT.** For any client, list each problem, and list a specific day at a time set of recommendations to help that person succeed. Discuss with the client how they attempt to follow each set of recommendation on any given day. Include recommendations in other areas, like medical issues, probation, etc.
8. **STAGE OF CHANGE:** For each identified problem that may affect the person’s goals for happiness, identify stage of change. Write down a stage matched goal for each problem in the client’s own words. Practice establishing empathy with clients in earlier stages of change.
9. **SKILLS AND SUPPORTS:** For any identified problem during a period of success, identify in detail with the client the specific skills that the client used to be successful, including skills asking for help or using supports
10. **SKILL-BASED LEARNING:** Use one manual for teaching co-occurring skills, and practice one exercise with a client that is connected to their life. For example, work with the client in an addiction setting on managing mental health symptoms on any day; or work with a mental health client on refusing drugs from a friend.
11. **POSITIVE REWARDS:** Identify small steps of progress for any problem in any client, and provide strong positive reward for those small steps, as a “round of applause for one day of sobriety”
12. **RECOVERY SUPPORT:** Identify a place where the client can receive recovery support for each problem, whether from peers, family, or others, and discuss in detail how the client can improve asking for help.