

INTEGRATED SCOPE OF PRACTICE
For
SINGLY TRAINED CLINICIANS
working with
CLIENTS WITH CO-OCCURRING DISORDERS
Courtesy of Dr. Ken Minkoff (December 2008)

- 1. Convey a welcoming, empathic attitude, supporting a philosophy of dual recovery**
- 2. Screen for co-morbidity, including trauma history**
- 3. Assess for acute mental health/detoxification risk, and know how to get the person to safety**
- 4. Obtain assessment of the co-morbid condition, either one that has already been done, or, if needed, a new one.**
- 5. Be aware of – and understand - the diagnosis and treatment plan for each problem (at least as well as the client understands them)**
- 6. Support treatment adherence, including medication compliance, 12 step attendance, etc.**
- 7. Identify stage of change for each problem**
- 8. Provide 1-1 & group interventions for education & motivational enhancement, to help clients move through stages of change.**
- 9. Provide specific skills training to reduce substance use and/or manage mental health symptoms or mental illness (e.g., help clients to take meds exactly as prescribed)**
- 10. Help client manage feelings and mental health symptoms without using substances**
- 11. Help client advocate with other providers regarding mental health treatment needs**
- 12. Help client advocate with other providers regarding substance abuse/dependence treatment needs**
- 13. Collaborate with other providers so that client receives an integrated message.**
- 14. Educate client about the appropriateness of taking psychiatric medications and participating in mental health treatment while attending 12 step recovery programs and participating in other addiction treatment support systems.**

- 15. Modify (simplify) skills training for any problem to accommodate a client's cognitive or emotional learning impairment or disability, regardless of cause.**
- 16. Promote dual recovery meeting attendance, when appropriate for the client, and such meetings are available.**