

The Eight CCISC Principles

Principle 1: Co-occurring disorders are an expectation, not an exception. This expectation must be incorporated in a welcoming manner into all clinical contacts.

Principle 2: Treatment success derives from the implementation of an empathic, hopeful, continuous relationship in which integrated treatment and coordination of care take place over multiple treatment episodes.

Principle 3: The Four-Quadrant Model is a viable mechanism for categorizing individuals with co-occurring disorders for purposes of service planning and system responsibility.

Principle 4: Within the context of both a continuing treatment relationship and any **episode** of care, case management and unconditional support must be appropriately balanced with empathic detachment, contracting, consequences, and opportunities for contingent learning.

Principle 5: When substance disorders and psychiatric disorders co-exist, each disorder should be considered primary, and integrated dual primary treatment is recommended, where each disorder receives appropriately intensive diagnostic-specific treatment.

Principle 6: Both mental illness and substance dependence are examples of chronic disorders that can be understood using a disease and recovery model, and defining parallel phases of recovery that require phase-specific treatment.

Principle 7: There is no one type of dual diagnosis program or intervention. For each person, the correct treatment intervention must be individualized according to subtype of dual disorder and diagnosis, phase of recovery/treatment, level of functioning, and/or disability associated with each disorder.

Principle 8: There is no one correct outcome measure for individuals with co-occurring disorders; abstinence must not be used as the only measure.