

Case Discussions Based on 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.

- **Scenario #1:** In response to being informed that all clinicians must develop skills to engage and welcome individuals with co-occurring disorders, an addiction counselor states, “If I wanted to work with crazy people, I would have gone to work at a state hospital. We have a hard enough time helping addicts anyway; why waste time on those who can’t benefit?” *OR:* A mental health counselor states, “If I wanted to work with drunks, I would have gone to a detox unit. We have a hard enough time helping the mentally ill people who don’t drink and take drugs. Why waste time on those who are sabotaging their treatment anyway?”
 - HOW WOULD YOU RESPOND?

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.

- **Scenario #2:** An addiction counselor working with a woman with CODs states that she cannot provide integrated treatment because her license does not allow her to treat mental illness or bill for mental health services, and she cannot provide continuous treatment because the patient frequently misses appointments, and the clinic cannot afford to have a high “no show” rate.
 - WHAT CAN YOU SAY?

Principle 3: The Four-Quadrant Model is a viable mechanism for service planning and system responsibility.

- **Scenario #3:** A 35-year-old man has a 10-year history of multiple admissions for psychosis, intermittent treatment with antipsychotics, severe disability, and frequent homelessness, as well as persistent poly-substance use (probably dependence), including methamphetamine, marijuana, and alcohol. The mental health program refuses to accept him, stating that his psychiatric symptoms may be all due to substance use. The addiction program states he is too psychotic to be treated there. In addition, he is unmotivated.
 - WHAT CAN YOU DO?

Principle 4: Case management and unconditional support must be balanced with contingent learning and empathic detachment for each client and in each service setting.

- **Scenario #4:** A 27-year-old woman with bipolar disorder with psychotic features uses cocaine weekly, often leading to exacerbation of her illness. She lives in a group home, where abstinence is strongly encouraged, and she participates in a day treatment program. Her case manager manages her money, but she gets upset when not given what she wants, and then she often uses the money to get high. The staff is very angry at her lack of compliance and her “manipulative” behavior. A case conference is held to determine whether she should be discharged from the residence.

➤ WHAT WOULD YOU DO?

Principle 5: Both disorders are primary.

- **Scenario #5:** A 24-year-old man with acute psychosis and current hallucinogen use is refused hospitalization by the crisis service because he is deemed inappropriate for psychiatric services “since we can’t be sure he has a primary mental illness until he is sober.”

➤ WHAT DO YOU DO?

Principle 6: Both disorders are treatable in the context of disease and recovery.

- **Scenario #6:** Addiction residential program clinicians complain that many mental health referrals do not appear to have “hit bottom” because they do not seem “ready” for treatment when they arrive. Mental health case managers complain that the addiction program does not want to work with their patients: “These individuals are homeless—how much closer to the bottom can they get? It’s the job of the addiction programs to treat their substance disorder—why don’t they?”

➤ WHAT DO YOU DO?

Principle 7: There is no one correct approach.

- **Scenario #7:** The program director of a transitional residential program for individuals with co-occurring disorder insists that the program be abstinence-mandated and require 30 days’ abstinence prior to admission to promote successful treatment.

➤ IS THIS THE CORRECT PROGRAM DESIGN?

Principle 8: Outcomes must be individualized.

- **Scenario #8:** The contract requirements for a dual diagnosis day treatment program require that abstinence be a goal for every client and that 50 percent of clients achieve reasonably stable abstinence within 3–6 months. The program has chosen to select clients with more motivation to promote better outcomes, but case managers are complaining because no day treatment is available for their actively using clients.

➤ WHAT DO YOU DO?