

More Case Discussions: The Eight CCISC Principles

Following class, the trainer can keep the class thinking about the clinical implications of the eight CCISC principles by posing the following scenarios on the listserv and inviting trainees to discuss the scenarios in the context of the indicated CCISC principle.

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:** A program director states: “People with co-occurring disorders always require extra effort by my staff. We can’t afford to deal with these people without more money and more resources. Where are we going to get the additional money to do more work?”
 - HOW WOULD YOU RESPOND?
- **Discussion should include the following points:**
 - Being Co-Occurring Disorder (COD) Capable and providing integrated treatment doesn’t require you to offer **all** needed services yourself but does require that you respond to clients’ needs by referring them to appropriate agencies for services you do not provide. If your agency provides substance abuse services, then make sure that you refer them elsewhere for needed mental health services. Then make sure that care for the client is **well-coordinated** via case management. By operating in this manner, COD capability is achieved without additional funds.

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:** A psychiatrist in the community refers a man with severe mental illness for COD treatment, insisting that the man have two sessions a week, one with a mental health counselor and one with an addiction counselor. The mental health case manager assigned to the case indicates that he is willing to provide continuous treatment for a period of time, even though the patient continues to use substances. However, after three “relapses,” he feels he will have to suspend treatment until the patient gets sober because “of the risk of continuing to be responsible for someone who won’t stop.”
 - WHAT DO YOU DO?
- **Discussion should include the following:**
 - If the client is not yet ready for abstinence (i.e., not at that stage of readiness for treatment of his substance abuse problem), then he may benefit from being in a substance abuse group for clients at the “Precontemplation Stage” of treatment that will assist him in progressing to the “Active Treatment” stage, where he is ready to address his addiction issues.

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

- **Scenario #3:** A 22-year-old man has schizoaffective disorder and ADHD and uses cocaine 1 to 2 times per week, often leading to increased paranoia. The patient expresses some willingness to reduce use, and his mental health case manager asks for assistance in having him admitted to an addiction treatment program after the program stated that he was “not appropriate.”
 - WHAT DO YOU DO?
- **Discussion should include the following:**
 - He is probably not ready to work on his substance abuse. He needs to go to a COD Capable facility that will continue to move him to a place where he is willing to decrease his substance use. Either a mental health program or a substance abuse program—but one that is COD Capable—will work with his level of readiness to address his substance problem.

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 clinician whom you supervise complains that the clients with CODs in his groups have too much difficulty fitting in. They are frequently disruptive and find it difficult to conform to group rules and norms. The clinician feels that group therapy just doesn’t work for these clients.
 - HOW CAN YOU HELP THE CLINICIAN?
- **Discussion should include the following:**
 - Clients with CODs frequently have cognitive difficulties that other clients may not have. They do benefit greatly from group treatment, but those groups need to be tailored to their current stage of change and their stage of recovery. Adaptations—such as shorter groups with fewer members, avoidance of confrontation, and the use of co-leaders (so that one can be a client outside the group, if necessary)—have proven particularly helpful.

Principle 5: Both disorders are primary.

- **Scenario #5a:** A 42-year-old woman with a long history of alcohol dependence, victimization, chronic depression, and anxiety is admitted to alcoholism residential treatment. She is informed that access to mental health support or medication should be postponed (or discontinued, if present) until her “primary alcoholism” has resolved and the status of her “secondary mental health problems” reevaluated.
 - WHAT DO YOU DO?

- **Discussion should include the following:**

- An attitude adjustment is needed because **both illnesses are primary**. Take note of the long history of trauma, chronic depression, and anxiety. Begin to treat both her substance abuse and psychiatric disorders. She needs integrated care.

- **Scenario #5b:** Your program medical director indicates that she will not provide psychotropic medication to anyone who has been using methamphetamine within the last 30 days because of her concerns about diagnostic inaccuracy and medicolegal risk.

- WHAT DO YOU DO?

- **Discussion should include the following:**

- The risks are greater if the person's symptoms are not treated, and waiting 30 days is not a valid response to the client's needs. Her immediate concern needs to be whether or not the client's current **symptoms** are of a sufficient severity to warrant medication, rather than the causes of the symptoms.

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.

- **Scenario #6:** A case manager complains of burnout working with individuals with co-occurring disorders. She states that she feels frustrated because the tasks identified in the treatment plan are expected to achieve abstinence, and the clients continue to drink and do drugs.

- HOW DO YOU HELP HER?

- **Discussion should include the following:**

- She could benefit from training about the stages of harm reduction and needs to be oriented to help clients achieve small victories instead of just focusing on winning the war. Recovery is a process composed of many, many steps.

Principle 7: There is no one type of COD program or intervention.

- **Scenario #7:** A case manager working with an unmotivated man with co-occurring disorders becomes very upset with his housing program because they "allow him to drink." She states that he needs "COD housing," where abstinence would be required.

- HOW WOULD YOU ADDRESS THIS ISSUE?

- **Discussion should include the following:**

- The "correct" level of treatment for a client corresponds to:
 - The level of severity of his or her mental illness and substance abuse
 - The client's readiness for treatment
 - Co-occurring medical conditions (axis 5)

Principle 8: Outcomes must be individualized.

- **Scenario #8:** A case management team presents an individual identified as a multiple relapse treatment failure. The patient has longstanding schizophrenia and addiction, with years of active use. One year ago, following criminal charges, he entered an addiction program but left early, and he only stayed sober 2 months. Since then, he has had multiple periods of 1- to 2-month abstinence, interrupted by binges of 1–2 weeks. Staff is very frustrated.
 - HOW WOULD YOU DISCUSS THIS CASE?
- **Discussion should include the following:**
 - The man needs enhanced treatment and a harm reduction program. His behavior is not stable, and he has a very poor prognosis. He is damaged and needs an appropriate level of care for his particular conditions.