

Improving Co-occurring Capability: CEIC Quick Guide

10 recommendations for *Getting to “Enhanced”*

1. Develop a Memorandum of Understanding (MOU) with local providers to formalize collaboration and specify shared responsibilities for joint treatment of a client with co-occurring disorders.
2. Build staff competencies in the stages of change and motivational interviewing.
3. Assess and document the stages of change for both mental health and substance use disorders.
4. Offer Wellness Self-Management (Plus) curriculum to develop modules and formally integrate co-occurring content into both group and individual treatment sessions.
5. Employ existing trauma curriculums (e.g. Seeking Safety and Trauma Recovery Empowerment Model).
6. Organize a stage-wise approach to treatment (e.g. engagement, persuasion and active recovery).
7. Gradually introduce other NYS recommended evidence-based interventions (refer to NYS COD Taskforce and Commissioner’s Recommendations).
8. Facilitate the development of co-occurring specific mutual self-help groups (either onsite or in the community) such as Double Trouble in Recovery (DTR) and Dual Recovery Anonymous (DRA). This could be done in collaboration with program alumni and other community providers.
9. Involve your staff psychiatrist and or experienced senior medical staff in your supervision and case review process as part of an ongoing teaching experience so staff can benefit from their expertise.
10. Train staff in specialized treatment approaches and pharmacotherapy. This can be done in-service in collaboration with other community providers as part of a professional exchange.

Requires more Training, Time, & Resources