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Module 1: Welcoming and Culturally Appropriate Engagement for Individuals with Co-occurring Mental Health and Substance Use Conditions

Key Messages

- Individuals with complex multiple mental health and substance use issues have the poorest outcomes. Design your own work, as well as the work of your system or organization, to expect and welcome people with complexity as a priority for care.

- Welcoming means being proactive, particularly with individuals who have many challenges and might have the hardest time feeling welcomed. Look the person in the eye. Let them know you are glad to see them, they are in the right place, and that you look forward to helping them with all their issues to achieve their goals.

- Inspire every person, including those with the greatest challenges, with hope for achieving a happy, hopeful, productive, and meaningful life.

- Engagement involves taking time to welcome, meet, and get to know the person, not just the problems, and meet him or her with an open mind and an open heart.

- Pay as much attention to a person’s strengths, accomplishments, and other good qualities as to problems and diagnoses. Be cautious when reviewing referral information that appears to incorporate a negative bias.

- Make room for mutuality and collaboration in your interactions with the people you serve. Offer to share what you know, or think you know, in a strength-based, non-pathologizing way, and ask them what they think has worked and has not worked in the past, why, and what they think will work now.

- Learn how a person’s personal and cultural beliefs influence their perceptions of their illness and healing. Understanding this helps engage a person in treatment and allows the clinician to speak in terms the person understands.

How Welcoming and Culturally Appropriate Engagement Can Help Nick M

- Welcome Nick in a way that makes him feel that he’s come to the right place, and that those providing him services “get” him—that is, understand him as he understands himself.

- Highlight Nick’s strengths: he has achieved citizenship, he is bilingual, he is a devoted father and a person of religious faith, he has a strong desire to work and provide for his kids. Recognize how hard he has already been working to make progress: he is recurrently successful, not a chronic relapser.
• Directly ask Nick how he views his depression and his drinking, rather than relying on the notes and opinions of other practitioners and providers.

• Clearly tell him what you know, and what you think you know, about him. Say: I gather that it has been very hard recently – your marriage ended and it’s been especially hard to find work. This has been very hard for you, and may have led to feel depressed and to have a hard time with your drinking. Is that how you see it?

• Directly ask Nick what has worked for him in the past, and what hasn’t, and why: I know you had a bad experience with antidepressants in the past – was it so bad that you’d never want to try them again, or would you be willing to consider trying a different one? Can we explore some options for dealing with depression? Ask him what he thinks will work now, and what his hopes for the next weeks, months, year and longer are.

• Consider personal and cultural beliefs that influence Nick’s perception of his illness and the healing process. Is he interested in contacting his family in Brazil for support (his divorce and illness may be areas of shame/failure in his culture or religion), or in reaching out to local Brazilian-American or Catholic Church affiliated groups, or peer supports such as AA?

• Think about how certain words and the translation of words may cause difficulty for Nick. Would he prefer to speak in his native Portuguese in times of stress?

**Additional Resources**


The Center on Adherence and Self Determination. [http://www.adherenceandselfdetermination.org](http://www.adherenceandselfdetermination.org)
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**Module 2: Stage-based Interventions Including Peer Supports for Individuals with Co-occurring Mental Health and Substance Use Conditions**

**Key Messages**

- **Stages of change** include pre-contemplation, contemplation, preparation, early action, late action, maintenance. People are often in different stages for each condition.

- Apply **stage-matched interventions** for each condition; progress involves addressing each condition over time and moving through stages of change for each condition.

- Successful recovery-oriented treatment of CODs involves expecting and welcoming complexity and forming a hopeful, strength-based partnership.

- Facilitate a **parallel process of hopeful progress** for multiple conditions. The correct answer to the question: “What stage of change is your patient in?” is always, “For which condition?”

- Adequately support and reward **skill-based learning** for each condition. This involves small steps of practical learning, self-management skills, and “asking for help” skills. Applaud people for each small step of progress.

- Remember the four core principles of recovery: health, home, purpose, and community.

- Bring **peer supports** into your treatment team. They have insights achieved through the lived experience that aids both the person being served and team members who may have not experienced recovery first hand.

**How Stage-based Interventions Including Peer Support Can Help Nick M**

- Consider where Nick is in the stages of change for each of his conditions; choose treatments that are appropriate for the stage. In this case example, there is not enough information about Nick’s perceptions of his situation to know exactly what stage of change he is in for each condition.

- Discuss with Nick what gives him purpose. Is it having a job? Providing for his children? Involvement in church activities? How does he view each of his issues in relation to his goals?

- Ask Nick how he feels about his drinking—does he see it as a problem in relation to his goals? Does he see himself as “alcoholic”? Ask him: **Would you like to change? If so, do you want to be “sober” or just “control” your drinking? What about other drugs? What do you think might affect your ability to change your drinking?**
• Similarly, ask Nick directly how he views his “depression.” Ask: Do you think it is only situational, or do you think there is a biological component? Do you think medication is helpful, or would you like to try other things instead? Try to determine how his view is based on or reflective of his previous experience and how it may be inconsistent with his previous experience.

• With this information, think about how to match interventions, including medication, to Nick’s stage of change for each condition. For example, Nick may be in the early action stage for his depression, in that he is willing to try some, but not all, things we offer. He may be willing to try medication but only with caution; he may be willing to learn some cognitive-behavioral skills; or he may want to try both. He may mostly think that he will feel better if he gets a job. He may be in the early action stage for alcohol use, as well. His thoughts could include: I know I should stop, but I think I can just cut down for a while. Or, I may be willing to learn some skills and ask for some help, but not too much. Medication for addiction might be considered, but maybe later on. On the other hand, if he were only in the contemplation stage about his drinking (e.g., I may have a problem but I can’t change my drinking till I feel less depressed), we might encourage him, using motivational interviewing strategies, to talk about the right amount of drinking for him to make progress toward his goals, and then work with him to achieve that, while we help him with his depression.

• Encourage Nick to work with a peer support/peer specialist. Seeing that recovery is real and having a shared experience can give Nick hope.

**Additional Resources**


SAMHSA (2006). Definitions and Terms Relating to Co-occurring Disorders Overview Paper. [https://store.samhsa.gov/shin/content/PHD1130/PHD1130.pdf](https://store.samhsa.gov/shin/content/PHD1130/PHD1130.pdf)


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Module 3: Recovery and Support Strategies with Individuals with Co-occurring Mental Health and Substance Use Conditions

Key Messages

- Recovery is a parallel process of hopeful progress for multiple conditions. Your goal is recovery of the person with one or more conditions, through addressing each condition over time, moving through stages of change for each condition, and integrating stage-matched interventions for each condition.

- Start working with a person on a long-term plan for recovery in the first visit. Ask him or her to consider what a successful treatment plan might look like and how you can work together to develop and execute such a plan.

- Remember that recovery-oriented treatment is strengths-focused, culturally humble, trauma-informed, motivationally-enhanced, person-centered, recovery-oriented, and relationship-driven.

- Consider the stages of change for each issue; a person can be at different stages of change for different conditions.

- For individuals taking action (preparation, early action, late action, and maintenance stages), development of new skills and behaviors is the important focus. Focus on providing adequately supported and rewarded skill-based learning for each condition. This involves small steps of practical learning, with lots of practice, rehearsal, and repetition in order to make progress. Skills can include self-management and “asking for help” skills. Apologize a person for each small step of progress. Encourage people to consider how small steps of success can build to bigger recovery actions in their lives.

- Work with your care team to assure appropriate “warm handoffs” are made for the client, including helping clients to link with primary care and other wellness focused health services.

- Remember that recovery is a process, not an event. There is no “wrong door” to recovery and there are many timelines for recovery. It is important to keep in mind that one of the central components of addiction is relapse. Relapse is not the end of recovery, but an opportunity for refocusing and reorienting a recovery plan.

- Invite collaboration and shared decision-making. Make goal-directed treatment plans. Include the person in all aspects of treatment plan development and implementation.

- Create linkages and bridges of support to help people achieve the principles of health, home, purpose, and community.
Make room for **informal and formal peer support** in your treatment team, including considerations around medication. Encourage people to seek natural supports in their recovery and to bring a holistic understanding to all aspects of their lives.

**How Recovery and Support Strategies Can Help Nick M**

- Highlight Nick’s strengths: he successfully learned English and became a U.S. citizen, he is a loving father, he is a hard worker, and he has a strong spiritual foundation. Remember, he came to you from a referral so he is showing an interest in treatment, which in itself shows great strength.

- Determine what skills Nick has previously used to be successful, and how you can help him improve those skills. For example, ask him: *How did you manage previous periods of sobriety? Can we practice one additional “self-management” skill to deal with cravings on your own?* Further, it would be helpful for Nick to practice asking for help sooner rather than later, for either depression (including medication side effects) and drinking (whether before or after he starts using). This may be challenging to him culturally, so it might help to have him practice or role play asking for help with members of his treatment team, including with his prescriber.

- Ask Nick what his recovery goals for treatment are; where he most wants to see progress or change.

- Invite collaboration. For example, determine how important “sobriety” is to Nick in reaching his goals of being a good father and getting a good job. Ask if he is willing to stretch himself to learn some new skills or access recovery support—even though it might not be easy for him—not because he is “doing what we tell him,” but because we are helping him to build his own strength to achieve his most important recovery goals.

- Invite Nick to consider local peer supports for recovery. Ask specifically: *Who can you identify as a potential support? Can we practice asking that person or persons for help?* Encourage exploration of dual recovery meetings in his community, as well as meetings that may have a high involvement of other individuals from Brazil.

**Additional Resources**


Depression and Bipolar Support Alliance. [http://www.dbsalliance.org](http://www.dbsalliance.org)

Double Trouble in Recovery. [www.doubletroubleinrecovery.org](http://www.doubletroubleinrecovery.org)


Hamilton, T. & Samples, P. The 12 Steps and Dual Disorders. Hazelden, Center City, MN. 1995. (Dual Recovery Anonymous)


SMART Recovery. www.smartrecovery.org