12 Steps of Complexity Competency for Adult Staff

1. Welcome individuals (and families) with complex issues into an empathic relationship.
2. Identify individual (and family) vision for a happy, hopeful, meaningful life.
3. Screen for all co-occurring issues (including MH, SA, health, trauma, ID/DD, brain injury, domestic violence, abuse/neglect, parenting, school/work, legal, housing, and other challenges).
4. Assess for the presence of immediate safety risk in any domain, and know how to get the individual to safety.
5. Integrate the ability to gather basic assessment information relevant to each co-occurring issue into the assessment, including integrating assessment information obtained from family members and collateral providers. Understand the distinctions between high- and low-severity MH and substance use issues.
6. Routinely identify and communicate individual strengths (periods of success, what they are already doing right) for each issue, as part of all forums (team meetings, supervision, presentations, service planning, etc.), with or without the individual present.
7. Be aware of, and understand, the specific nature of *each* issue, and the associated recommendations for that issue, at least as well as the individual understands them.
8. Identify stage of change for each issue, for the individual served.
9. Provide stage-matched interventions as indicated, to assist the individual to move through stages of change for each issue in order to be successful in achieving his/her goals. For issues in earlier stages of change, help each individual determine the right amount of attention to that issue (e.g., What is the right amount of substance use for me? What is the right amount of medication for me?) in order to achieve his/her vision of a happy life.
10. For issues in more active stages of change, provide specific and positively rewarded skills training on how to make progress for each issue. This includes specific skills training for any issue, such as on reducing substance use (in the face of MH challenges) and/or managing MH symptoms or painful feelings (without using substances) and/or how to manage medical issues, legal issues, housing, etc. Modify any skills training to accommodate the person's cognitive or emotional learning impairment or disability, and provide rounds of applause for small steps of progress.
11. Collaborate effectively with other types of service providers (including other MH or SA services, housing, primary health, justice services, disability supports, etc.) to help the individual receive an integrated message of how to make progress.
12. Promote engagement in peer support and, when appropriate, recovery self-help meetings, for individuals struggling with one or more issues.

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