CareCertify LLC

Behavioral Health Series

BHS-006

Co-Occurring Disorders: Assessment, Treatment & Support

Participant Guide

Group: Group 2: Clinical Knowledge | Credit Hours: 2.0

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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Learning Objectives

Upon completing this course, you will be able to:

- Define co-occurring disorders and explain their prevalence
- Describe the bidirectional relationship between mental health and substance use
- Identify signs that a client may have co-occurring disorders
- Explain integrated treatment approaches and why they are more effective
- Apply supportive care strategies for clients with co-occurring disorders
- Recognize unique barriers faced by clients with co-occurring disorders

Section 1: What Are Co-Occurring Disorders?

Co-occurring disorders — also called dual diagnosis — refers to the simultaneous presence of at least one mental health disorder and one substance use disorder. Approximately 9.5 million U.S. adults experience co-occurring disorders annually. Among people with severe mental illness, more than 50% also have a substance use disorder.

Co-Occurring Disorders Are the Norm

In behavioral health settings, clients with one condition very likely have another. Understanding this is essential because each condition affects and amplifies the other — treatment must address both.

Each condition worsens the other, creating self-reinforcing cycles. Untreated depression drives alcohol use. Heavy alcohol use deepens depression. Breaking this cycle requires integrated treatment that addresses both simultaneously.

Section 2: The Bidirectional Relationship

Self-Medication Model

People with mental health conditions often use substances to relieve symptoms — alcohol to reduce anxiety, stimulants to combat depression, opioids to numb pain. Short-term relief worsens both conditions over time.

Substance-Induced Disorders

Chronic substance use can cause or worsen mental health conditions. Heavy alcohol use causes depression and anxiety. Methamphetamine use can trigger psychosis. Long-term cannabis use in vulnerable individuals increases risk for psychotic disorders.

Shared Vulnerability

Both disorder types share underlying risk factors: trauma history, genetics, adverse childhood experiences, and poverty. This shared vulnerability explains why the two disorders so frequently co-occur.

The Self-Reinforcing Cycle

Anxiety → Drinking → Worsened Anxiety → More Drinking. Neither condition can be fully treated without addressing the other. This is why integrated treatment is essential.

Section 3: Signs of Co-Occurring Disorders

- Stopping psychiatric medications while increasing substance use
- Rapidly changing mood not fitting a single-condition pattern
- Substance use escalating during mental health symptom worsening
- Social isolation, withdrawal from treatment and support
- Recurrent crises involving both mental health and substance use
- Difficulty maintaining routine despite consistent support

SCENARIO

Your client takes medication for bipolar disorder but stopped two weeks ago. You notice alcohol bottles. His mood is escalating and he isn't sleeping.

Response: Document specifically: medication refusal, mood escalation, sleep disruption, alcohol observed. Report to supervisor immediately. This pattern — psychiatric medication refusal plus substance use plus mood instability — requires urgent care team response. Complete safe care tasks, stay non-judgmental, and report before leaving.

Section 4: Integrated Treatment

For decades, mental health and substance use treatment were provided separately. This fragmented approach produced poor outcomes. Integrated treatment addresses both conditions simultaneously, with the same team, using a unified approach — consistently producing better outcomes.

✓ DO	✗ DON'T
Support clients' participation in integrated treatment programs	Treat mental health and substance use concerns as unrelated
Document changes in both mental health and substance use behavior	Assume sobriety will automatically resolve mental health symptoms

Maintain consistent, non-judgmental care through setbacks	Refuse care when a client experiences symptoms of either condition
Report changes to supervisor promptly	Promise confidentiality you cannot keep
Follow the unified care plan addressing both conditions	Take sides in a client's ambivalence about treatment

Section 5: Supporting Clients with Co-Occurring Disorders

Your role centers on three things: consistency, observation, and communication. Consistency means maintaining your schedule and caring presence through difficult periods. Clients with co-occurring disorders cycle through crisis and recovery — your stable presence is a therapeutic anchor.

Recovery Is Possible

Recovery from co-occurring disorders is absolutely possible — it may involve more setbacks and require more coordinated support than single-condition recovery, but people recover every day. Your consistent compassion contributes to that recovery even when progress is slow.

SCENARIO

Your client with schizophrenia and alcohol use disorder, doing well for two months, is now paranoid, slurring, and refusing her medication.

Response: Stay calm and non-confrontational. Complete only safe care tasks. Note the medication refusal — do not administer over her objection. Document specifically: paranoia symptoms, slurred speech, alcohol odor if present, medication refusal. Contact supervisor before leaving. This potential relapse in both conditions requires immediate care team response.

Section 6: Barriers to Care and Recovery

- System fragmentation: mental health and substance use services historically separate
- Double stigma: shame for both mental illness AND addiction
- Housing instability: stable housing is foundational to recovery
- Insurance gaps: coverage for both conditions may be inadequate
- Medication complexity: managing psychiatric medications while addressing substance use
- Trauma history: most people with co-occurring disorders have significant trauma histories

Your role is not to overcome all these barriers — but to understand they exist, approach clients with compassion for the complexity of their situation, and advocate within your role by consistently documenting, reporting, and showing up with care.

Quick Reference Summary

Co-Occurring Disorders	Simultaneous presence of a mental health disorder AND a substance use disorder
Self-Medication	Using substances to relieve mental health symptoms — worsens both long-term
Integrated Treatment	Treating both conditions simultaneously with the same team
Double Stigma	Shame associated with both mental illness AND addiction
Shared Vulnerability	Common risk factors (trauma, ACEs, genetics) underlying both disorder types
Medication Non-Adherence	Stopping psychiatric medications — common and clinically significant
Recovery (Co-Occurring)	Possible but may take longer with more setbacks than single-condition recovery
Housing Instability	Lack of stable housing is a major barrier to recovery from co-occurring disorders
Sequential Treatment	Treating one condition then the other — less effective than integrated approach
Consistency	Stable, predictable caregiver presence is a genuine therapeutic anchor

