

CareCertify LLC

Substance Use Disorder Training Series

SUD-03

Co-occurring Disorders

Participant Guide

Substance Use Disorder Training Series · Audience: Counselors · Technicians · Support Staff · Recovery Peers · CE Hours: 1.0

Treat the Whole Person

Most people in substance use treatment also live with a mental health condition — depression, anxiety, PTSD, bipolar disorder, and others. The two interact: each can trigger or worsen the other, and treating only the substance use leaves the person vulnerable. Whole-person, integrated care is the standard for good reason.

This guide covers how common co-occurring disorders are, how they interact, the central role of trauma, the symptoms to recognize, and the integrated approach. Your job is to see and support the whole person, not one problem in isolation.

Learning Objectives — by the end of this module you will be able to:

- Define co-occurring disorders and explain how common they are
- Describe how mental illness and substance use interact
- Explain the role of trauma
- Recognize common mental health symptoms and elevated risk
- Apply the principles of integrated, whole-person treatment

Section 1: What Co-occurring Disorders Are

Co-occurring disorders (also called dual disorders) means a person has both a substance use disorder and a mental health condition at the same time. In substance use treatment, co-occurring disorders are very common — closer to the rule than the exception. Either condition can develop first, and both need attention for the person to recover.

Section 2: How Mental Illness and Substance Use Interact

Mental illness and substance use interact in both directions. People may use substances to cope with or numb mental health symptoms (sometimes called self-medication), and substance use can trigger, mask, or worsen mental health symptoms. When only one condition is treated, the untreated one tends to undermine recovery — which is why integrated, whole-person care is essential.

Section 3: The Role of Trauma

Trauma is a common thread underlying co-occurring disorders. Many clients have significant trauma histories, and trauma can drive both substance use (as a way to cope) and mental health conditions like PTSD and

depression. A trauma-informed approach — covered in depth in SUD-08 — is essential: understand behavior as an adaptation to harm rather than a defect, and build safety and choice.

Section 4: Recognizing Common Mental Health Symptoms

You're not diagnosing, but you should recognize and report mental health symptoms: depression (withdrawal, hopelessness, sleep and appetite changes), anxiety and PTSD (worry, panic, hypervigilance, flashbacks), bipolar (mood swings), and psychosis (hallucinations or delusions). Substance use and withdrawal can mimic or mask these, so report what you observe and let the clinical team sort it out.

Section 5: Suicide and Overdose Risk

Clients with co-occurring disorders are at elevated risk for both suicide and overdose. Take any expression of hopelessness or self-harm seriously, and know your overdose response and where naloxone is (covered in SUD-06). When you're unsure about a client's safety, get help — 988, your supervisor, and 911 for imminent danger. Safety always comes first.

Two elevated risks

Co-occurring disorders raise the risk of both suicide and overdose. Stay alert to both, and never dismiss a safety concern.

Section 6: Principles of Integrated Treatment

Integrated treatment addresses substance use and mental health conditions together, by a coordinated team, rather than sending the person between separate systems. It's more effective than treating one condition at a time. It requires coordination across disciplines and a whole-person treatment plan. Your role is to support that integrated plan and report observations that affect either condition.

Section 7: The Front-Line Role With Complex Needs

With clients who have complex, co-occurring needs, your front-line role is to build trust and treat the person as a whole human being. Watch for and report changes in mood, behavior, and risk; reinforce both recovery skills and mental health supports as set in the plan; and coordinate with the team while staying within your scope. Consistent, compassionate support is itself part of effective integrated care.

Section 8: Reducing Stigma for Complex Needs

Clients with co-occurring disorders often face double stigma — for their substance use and their mental illness — which makes compassion even more important. Avoid blame, recognize how difficult their road is, and use respectful, person-first language for both conditions. Hope and respect are part of what helps people with complex needs recover.

Key Terms

Term	What it means
Co-occurring disorders	Having both a substance use disorder and a mental health condition.

Self-medication	Using substances to cope with mental health symptoms.
Integrated treatment	Addressing substance use and mental health together, by one team.
Trauma	An overwhelming experience of harm that can drive both conditions.
Whole-person care	Treating the person rather than separate problems.
Double stigma	Compounded stigma for both substance use and mental illness.

Check Your Understanding

1. How common are co-occurring disorders in SUD treatment?
2. How do mental illness and substance use interact?
3. Why is trauma important in co-occurring disorders?
4. Why is this population at elevated risk, and for what?
5. What is integrated treatment?

What's Next

Looking ahead

Next, SUD-04: Ethics & Professional Conduct covers the ethics and boundaries that protect clients and staff.