Co-occurring disorder (COD) refers to the condition of having at least one mental health disorder and one substance use disorder (SUD). COD may also include other combinations of disorders, such as a mental health disorder and an intellectual developmental disorder.  

**Symptoms**

The symptoms of CODs will vary based on the specific substance used and the mental health disorder affecting the individual. People with CODs are at substantial risk for additional challenges like the frequent return of mental health symptoms, hospitalizations, irritability, mood swings, social isolation, family problems, anger issues, and serious medical illnesses.

**Did you know?**

Screenings for mental health and SUDs should be completed during initial intake and as symptoms arise. Related information should be included in the resident’s care plan.

The four stages of suggested treatment for CODs are Engagement, Persuasion, Active treatment, and Relapse prevention.

Each stage aligns with a range of motivational interventions to support the residents’ recovery.

- **Engagement:** This stage of treatment focuses on relationship building. Trust is fostered by involving the residents in treatment decisions, goal development, barrier identification and problem-solving.

- **Persuasion:** During this stage, the resident has begun to develop a working alliance with the staff but is not yet convinced that change is needed. At this time, the resident begins to consider discrepancies between their actions and goals.

- **Active treatment:** This is when the resident becomes motivated to work on presenting mental health and substance use challenges. Nursing facility residents benefit most when multiple treatment formats are available to them at appropriate times to support goal attainment.

- **Relapse prevention:** During this stage, recognizing situations that place residents at greater risk for relapse is key. COD is a lifelong illness that can be managed by engaging in ongoing treatment, learning, and practicing coping skills while adhering to prescribed medications.
Strategies nursing facility staff should consider when supporting residents with a COD:

- **Be patient.** Recognize that helping residents manage symptoms takes time. Continue reaching out with offers to listen.

- **Acknowledge their feelings.** Listen openly, actively and without judgment.

- **Promote recovery.** Provide reassurance that mental health disorders and SUDs are treatable.

- **Explore treatment options.** Help the resident locate and connect to treatment services.

- **Teach coping skills.** Work with the resident to identify and practice coping strategies that can help with symptom management.

- **Train.** Train the entire team to recognize signs and symptoms associated with CODs.

- **Communicate.** Notify the interdisciplinary team and all relevant staff of any marked changes or concerns.

References: