

# Co-Occurring Disorders ("COD")

- When a patient is suffering from both a substance disorder and a mental health disorder, both are considered PRIMARY and INTEGRATED treatment occurs.
- There is no one type of dual diagnosis program or intervention. All treatment is individualized according to the problems presented.
- Treatment will be research-based.

# COD: Foundations of Change

- Welcoming
- Empathy
- Continuous treatment relationship
- Multiple episodes of care
- We **do not** all have to be experts in mental health, we **do** have to learn to understand the experience of the patient.

# Empathy Mantra

- When individuals with substance disorder and mental illness are not following recommendations, they are doing their job.
- It is our job to understand their job, to join them in it, and help them to do it better.
- Their job involves coming to terms with the painful reality of having both substance disorder and mental illness, wanting neither one, yet having to build an identity that involves remedy for both.

# COD: Attitudes

- All pts and families deserve to be treated with respect and dignity even when non-compliant, decompensated or intoxicated.
- Substance use/psychiatric non-compliance are not to be viewed as moral issues. (Disease process).
- Family and friends are valuable collaborators in tx, and must be approached with welcoming attitudes.
- Mental illness and substance disorders are both chronic, relapsing disorders in which relapses are part of the progressive illness and provide opportunities for learning.
- Comfort with maintaining a tx relationship with the pt (and/or family) even when they are not following

# COD: Values

- Addiction and mental illness should be viewed as no-fault diseases. No blaming.
- We treat everyone the same regardless of diagnosis.
- Interventions should never be punitive and are applied caringly and consistently.
- Everyone who walks through our door deserves treatment.
- We do not use mental illness symptoms as a barrier to treatment.