

Co-Occurring Disorders – Part Three
Co-Occurring Disorders: Levels of Care
Group or Individual Activity Sheet
Reference Key

- 1) In treating a client with co-occurring disorders what factors should be considered for their care.

Answer: Page one, first column, second paragraph

- A) Diagnosis and history
- B) Level of acuity
- C) Motivation for treatment
- D) Phase of recovery
- E) Available treatment resources

- 2) Describe a client you are treating. How would you categorize him/her and why would you place them in that category?

Answer: Page one, second column

Category one: Less severe mental health disorder/less severe substance abuse disorder

Category two: More severe mental health disorder/less severe substance abuse disorder

Category three: Less severe mental disorder/More severe substance abuse disorder

Category four: More severe mental health disorder/ More severe substance disorder.

- 3) How would you categorize a person who is homeless, addicted to alcohol with a serious and persistent mental illness and why?

Answer: Page two, column one, second paragraph

Category IV, because the client has a severe mental health disorders as well as a more substance abuse disorder.

- 4) Describe the type of setting that you work in. Would you define the setting at a level I, II, III or IV.

Answer: Page two, second column

Setting I: care in primary health settings, school-based clinics and community programs

Setting II: mental health system

Setting III: substance abuse system

Setting IV: State hospital, jails prisons, forensic units, emergency rooms, homeless services programs, mental health and or substance abuse systems

- 5) Describe a client you are working with. How would you categorize the level of care they are receiving at this point?

Answer: Page two, third column, last paragraph and continues on to the third page

Level I Consultation – example: phone call requesting information or advice regarding a particular issue.

Level II & III Collaboration: integrating substance abuse and mental health treatment – example: interagency staffing conference for the purpose of designing a treatment program and contributing to service delivery

Level IV Integrated Services: the merging of the two treatments for substance abuse mental health concerns.

- 6) How can relapse prevention be tailored for co-occurring disorders?
Answer: Page three second column, first paragraph
Attending to both of the client's addictive and mental disorders
- 7) What is the best way to prevent relapse?
Answer: Page three, last column, last paragraph
Avoid high-risk situations along with learning how to cope with the situation if it is unavoidable.
- 8) What are some indicators of high-risk situations for relapse into substance abuse?
Answer: Page three, second column, third paragraph
Feeling down, sad, angry, scared, when under social pressures, fights, arguments
- 9) What are some indicators of high-risk situations for relapse into mental illness?
Answer: Page three, last column, first paragraph
Stopping medications, missing mental health appointments, drinking or using drugs, stressful life situations, and relationship problems.
- 10) What are some methods that can be used offset these indicators and stabilize the situation?
Provide individual counseling, get the client involved in support groups and provide peer support to assist in their recovery. Other suggestions could also include: medication management, motivational interviewing, case management, working on social skills to improve relationship issues, discussing the possible relapse and finding countermeasures to address the mental illness portion as well as the substance abuse.