Adolescent Track

Assessment and Treatment of Co-Occurring Mental Health and Substance Use Disorders in Adolescents

42nd Kentucky School of Alcohol and Other Drug Studies (KSAODS)
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Learning Objectives

- Identify key elements of screening and assessment for adolescents
- Explore challenges in the assessment and treatment of adolescents with co-occurring disorders as well as strategies to reduce challenges
- Describe important components of treatment interventions for programs that provide co-occurring disorder services for adolescents
- Discuss the role of the provider, program and system in the development and delivery of comprehensive and integrated co-occurring disorder capable services for adolescents
Adolescent Development

- A time of opportunity
- Periodic rough patches
- Development of positive attributes
- Understanding the role of the community
Images of Brain Development in Healthy Children and Teens (Ages 5-20)

Blue represents maturing of brain areas.

Developmental Considerations

- Physical
- Cognitive
- Emotional & Social
- Forming an Identity
- Peer Group
- Spirituality & Religion
Mental Health

Any Disorder

Lifetime Prevalence of 13 to 18 year olds

- **Lifetime Prevalence:** 46.3% of 13 to 18 year olds
- **Lifetime Prevalence of “Severe” Disorder:** 21.4% of 13 to 18 year olds have a “severe” disorder

Demographics (for lifetime prevalence)

- **Sex:** Not statistically different
- **Age:** Statistically different

Race: Statistically significant differences were found between non-Hispanic whites and other races

Figure 2. Substance use disorder (SUD) in the past year among individuals aged 12 or older: 2013

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2013.
First Specific Drug Associated with Initiation of Illicit Drug Use among Past Year Illicit Drug Initiates Aged 12 or Older: 2013

- Marijuana (70.3%)
- Pain Relievers (12.5%)
- Inhalants (6.3%)
- Tranquilizers (5.2%)
- Stimulants (2.7%)
- Hallucinogens (2.6%)
- Sedatives (0.2%)
- Cocaine (0.1%)

2.8 Million Initiates of Illicit Drugs

SAMHSA, 2014.
Past Month Use of Selected Illicit Drugs among Youths Aged 12 to 17: 2002-2013

SAMHSA, 2014.
Adolescents Differ from Adults in Substances Most Abused

SAMHSA, 2014.
Defining Co-occurring Disorders

“Individuals who have at least one mental disorder as well as an alcohol or drug use disorder. While these disorders may interact differently in any one person (e.g., an episode of depression may trigger a relapse into alcohol abuse, or cocaine use may exacerbate schizophrenic symptoms), at least one disorder of each type can be diagnosed independently of the other”

SAMHSA (2002).
Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12 or Older Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2013

- Did Not Feel They Needed Treatment: 95.5%
- Felt They Needed Treatment and Did Not Make an Effort: 2.9%
- Felt They Needed Treatment and Did Make an Effort: 1.6%

20.2 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

SAMHSA, 2014.
Early Intervention Strategies

- Pre-School students
- Elementary School students
- Middle/High School students
Screening & Assessment Considerations

- Screens and assessments
- Reliability and validity
- Intended use
- Construct measured
- Age of client
- Administration time
- Who should administer the instrument
- Administration and scoring protocols
- Cost

Comprehensive Assessments

- Document in detail the presence, nature and complexity of presenting concerns reported during a screen.

- Determine the specific treatment needs of the youth.

- Permit the assessor to learn more about the nature, correlates and consequences of the youth’s behavior.

- Ensure that related problems not flagged in the screening process are identified.

Comprehensive Assessments

• Examine the extent to which the youth’s family can be involved in the assessment and interventions

• Identify specific strengths of the youth, family, and other social supports that can be used in developing an appropriate treatment plan

• Develop a comprehensive written report

The Multiple Assessment Approach

Different content issues are measured with methods from several sources

- History of substance use and mental health
- Strengths and resources to build on
- Medical health history
- Developmental history
- Family history
- Sexual history
- School history
- Leisure time activities
- Vocational history
- Trauma history
- Peer relationships, neighborhood environment
- Juvenile justice involvement and delinquency
- Social service agency program involvement

Options for Screens

- Adolescent Alcohol Involvement Scale
- Adolescent Drug Involvement Scale (ADIS)
- Global Appraisal of Individual Needs Short Version (GAIN-SS)*
- Massachusetts Youth Screening Instrument (MAYSI-2) Problem Oriented Screening Instrument for Teenagers (POSIT)*
Options for Assessments

- Adolescent Diagnostic Interview (ADI)*
- Child Behavior Checklist: Parent, Teacher, and Youth Self-Report forms
- Diagnostic Interview for Children and Adolescents (DICA-R)*
- Diagnostic Interview Schedule for Children – IV
- Global Appraisal of Individual Needs – Initial (GAIN-I)*
- Practical Adolescent Dual Diagnostic Interview
- Revised Behavior Problem Checklist
- Structured Interview for DSM-IV (SCID-I & II)*
- Symptom Checklist-90-Revised
- Trauma Symptom Checklist for Children

Emerging Measures

APA lists the following as “emerging measures” that should be used in research and evaluation as potentially useful tools to enhance clinical decision-making but not as the sole basis for making a clinical diagnosis.

- DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17
- LEVEL 2—Substance Use—Child Age 11–17
- DSM-5 Parent/Guardian-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 6–17
- LEVEL 2—Substance Use—Parent/Guardian of Child Age 6–17 (adapted from the NIDA-Modified ASSIST)

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Screening and Assessment Challenges

- Confidentiality
- Consent to disclose
- Information from collaterals
- Other factors
Treatment Elements and Guiding Principles for the Delivery of Comprehensive and Integrated Co-occurring Disorder Services

- Strong relationships with and motivation of youth
- Effective screening
- Integrated, comprehensive assessment
- Integrated treatment
- Treatment plan with client-generated goals
- Developmental perspective

Adapted from Hills (2007).
Treatment Elements and Guiding Principles

• Empirically supported treatments
• Youth focused services
• Focus on client strengths
• Family involvement
• Psychoeducation for families
• Cross trained staff
• Culturally sensitive content and environment
• Understanding of peer group influences
• Medication management, if needed

Adapted from Hills (2007).
Examination of a Few Interventions

• Adolescent Community Reinforcement Approach (A-CRA)
• Family Behavior Therapy
• Seeking Safety
• Seven Challenges
Number of Adolescents (12–17) Admitted to Publicly Funded Substance Abuse Treatment Facilities on an Average Day, by Principal Source of Referral
What is your role in the development and delivery of comprehensive and integrated co-occurring disorder services for adolescents?

- Policy related issues
- Funding barriers
- Programmatic challenges
- Clinical needs
- Client concerns

Hills (2007).
Exploring Co-occurring Capability

• The Dual Diagnosis Capability Index for Youth

• The instrument is designed to explore co-occurring disorder capability of a program (e.g., outpatient, home-based, juvenile justice, residential, school behavioral healthcare) that was established to serve the needs of children and adolescents.
Exploring Co-occurring Capability

- Focus - delivery of evidence-based practices for children and adolescents with co-occurring concerns and disorders

- Emphasis on:
  - Developmentally appropriate services
  - Least restrictive setting
  - Family, peer, and school involvement
  - Multiple community based agencies and systems
Exploring Co-occurring Capability

- **Goals**
  - Child-centered
  - Youth-guided
  - Family-focused approach
  - Comprehensive array of effective-community-based, culturally and linguistically competent services and supports individualized according to the needs of each youth
  - Service system coordination and integration
References


• Center for Substance Abuse Treatment. Screening and Assessing Adolescents for Substance Use Disorders. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 31.) Chapter 2—Preliminary Screening of Adolescents.

• Center for Substance Abuse Treatment. Screening and Assessing Adolescents for Substance Use Disorders. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 31.) Chapter 3—Comprehensive Assessment of Adolescents for Referral and Treatment.

References


