This annotated bibliography describes a variety of resources on co-occurring disorders in adolescents. The terms "co-occurring," "co-morbid," and "dual diagnosis" are used to describe the condition of someone suffering from both a mental illness and a substance abuse problem. Making a dual diagnosis in substance abusers is difficult, as drug abuse itself often induces psychiatric symptoms, and has an impact on treatment planning.

**Counselor Magazine**

Daley DC, Marsili R. No One Left Unharmed: Dual Disorders and the Family. *Counselor* 2005; 6(1):37-44. This article describes the nature of co-occurring disorders in adolescents and the impact these disorders can have on the family as a whole. It presents a series of strategies to help counselors work with the entire family during the treatment process. Free online: [http://bit.ly/nPJ8vU](http://bit.ly/nPJ8vU)

Dyer F. Evidence-based treatment for adolescents with co-occurring disorders. *Counselor* 2006;7(2):28-35. Increasingly, therapists are being asked to utilize evidence-based treatments when working with adolescents with co-occurring disorders. How do you identify these practices and determine whether or not they are feasible for your program? Free online: [http://bit.ly/oSUVR5](http://bit.ly/oSUVR5)


**Online Resources**

- Dual Diagnosis in Adolescence Factsheet (National Alliance on Mental Illness) [http://www.nami.org/Content/ContentGroups/Illnesses/Dual_Diagnosis_Fact_Sheet.htm](http://www.nami.org/Content/ContentGroups/Illnesses/Dual_Diagnosis_Fact_Sheet.htm)
  This factsheet defines dual diagnosis and provides information on its origins and treatment for caregivers and parents.

- Dual Diagnosis Website [http://users.erols.com/ksciacca/](http://users.erols.com/ksciacca/)
  This site is designed to provide information and resources for service providers, consumers, and family members who are seeking assistance and/or education in this field. Content by Kathleen Sciacca.

- Substance Abuse & Mental Health Administration (SAMHSA) Co-Occurring Disorders Website [http://www.samhsa.gov/co-occurring/](http://www.samhsa.gov/co-occurring/)
  This website offers an array of resources on co-occurring disorders for families, clinicians, and administrators or policy makers:
  - **Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) KIT.** Provides practice principles about integrated treatment for co-occurring disorders, an approach that offers mental health and substance abuse services at the same time and in one setting. Offers suggestions from successful programs.
  - **Substance Abuse Treatment For Persons With Co-Occurring Disorders Inservice Training based on Treatment Improvement Protocol (TIP 42).** This COD curriculum consists of 18 modules and includes presentation instructions, PowerPoint slides (that can be copied onto overhead transparencies), trainer scripts, and participant handouts. The training approach includes presentations, discussion sessions, and practice exercises for participants.
  - **At the Crossroads: Examining the Intersection of Care for Persons with Mental and Substance-Use Conditions.** Webcast explores barriers to effective treatment for people with co-occurring disorders. Includes recommendations for service coordination & steps to treatment improvement. More webcasts: [www.samhsa.gov/co-occurring/events/building-block.aspx](http://www.samhsa.gov/co-occurring/events/building-block.aspx)
Screening and Assessment

From the ADAI Library Screening and Assessment Instruments Database.


SAMHSA’s webpage on Integrated Screening and Assessment of Co-Occurring Disorders.


Books

**When Nothing Matters Anymore: A Survival Guide for Depressed Teens.**

**Adolescent Substance Abuse: Psychiatric Comorbidity and High Risk.**

**Living with Co-Occurring Addiction and Mental Health Disorders: A Handbook for Recovery.**

**Dual Diagnosis: Practice in Context.**

**Substance Dependence and Co-Occurring Psychiatric Disorders: Best Practices for Diagnosis and Clinical Treatment.**
Edward V. Nunes, Jeffrey A. Selzer et al. (eds.) Civic Research Institute, 2010.

**Substance Abuse Treatment for Persons with Co-Occurring Disorders (TIP 42).**

Statistics

Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings (SAMHSA) [http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf](http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf)
Chapter 4 includes statistics on co-occurring disorders among young adults aged 18-24.

**National Epidemiologic Survey on Alcohol and Related Conditions (NESARC): Selected Findings.**
Special issue of NIAAA’s *Alcohol Research & Health* 29(2), 2006.
NESARC is the largest and most ambitious comorbidity study ever conducted. It documents the occurrence of psychological disorder and substance use disorder in the same person, using definitions from DSM-IV.
Research Articles & Chapters

Anderson KG, Frissell KC, Brown SA. Relapse contexts for substance abusing adolescents with comorbid psychopathology. *J Child Adolescent Subst Abuse* 2008;17(1):65-82. DOI: 10.1300/J029v17n01_04 Finds that comorbid youth are similar to peers without comorbid psychopathology and adults with comorbid psychopathology in regards to contexts associated with a return to substance use following inpatient mental health treatment.

Barnes GM, Welte JW, Hoffman JH, Tidwell MC. The co-occurrence of gambling with substance use and conduct disorder among you in the United States. *Am J Addictions* 2011;20(2):166-73. Findings show that problem gambling occurs within a problem-behavior syndrome with other substance-use behaviors and conduct disorder. Male gender, being black, and being Hispanic were found to be significant in predicting problem gambling over and above the effects of all four substance use and conduct disorder variables. Clinical interventions for one specific problem behavior in youth should consider assessing the other problem behaviors as well.


Chan YF, Godley MD, Godley SH, Dennis ML. Utilization of mental health services among adolescents in community-based substance abuse outpatient clinics. *J Behavioral Health Services & Research* 2009;36(1):35-51. DOI: 10.1007/s11414-007-9100-4 In this study of the rates and correlates of self-reported receipt for mental health services among adolescents admitted to substance abuse outpatient clinics with a co-occurring mental health problem, predictors of service utilization varied by gender and racial/ethnic status, as well as history of mental health treatment, suicidal behavior, family history, and insurance coverage.


Galaif ER, Sussman S, Newcomb MD, Locke TF. Suicidality, depression, and alcohol use among adolescents: a review of empirical findings. *Int’l J Adolescent Medicine & Health* 2007;19(1):27-35. Suicide is the 3rd leading cause of death for youthbetween the ages of 15 and 24 years. Depression is the most significant biological and psychological risk factor for teen suicide. Alcohol use remains widespread among teenagers & is related to both suicidality and depression.


Goldstein BI, Bukstein OG. Comorbid substance use disorders among youth with bipolar disorder: opportunities for early identification and prevention. *J Clinical Psychiatry* 2010;71(3):348-58. DOI: 10.4088/JCP.09r0522qary Not much is known regarding comorbid SUD among youth with bipolar disorder. This article aims to integrate the literature on this topic and to suggest strategies for delaying or preventing SUD among youth with bipolar disorder.

Hawke JM, Kaminer Y, Burke R, Burleson JA. Stability of comorbid psychiatric diagnosis among youths in treatment and aftercare for alcohol use disorders. *Substance Abuse* 2008;29(2):33-41. DOI: 10.1080/08897070802093015 Examines the stability of comorbid psychiatric diagnoses among adolescents in treatment for alcohol and other substance use disorders. Improvements were positively correlated with mental health service utilization and negatively correlated with the need for alcohol treatment and consumption at 12 months.


Lubman DI, Allen NB, Rogers N, et al. The impact of co-occurring mood and anxiety disorders among substance-abusing youth. *J Affective Disorders* 2007;103(1-3):105-12. DOI: 10.1016/j.jad.2007.01.011 Co-occurring mood and anxiety disorders are highly prevalent among substance-using young adolescents and have been associated
with a range of adverse outcomes. This study examines the impact of affective disorders in samples of older adolescents and young adults attending youth drug treatment services.

Marmorstein NR, Iacono WG, Malone SM. Longitudinal associations between depression and substance dependence from early adolescence through early adulthood. Drug & Alcohol Depend 2010;107(2-3):154-60. DOI: 10.1016/j.drugalcdep.2010.01.004  Examines longitudinal associations between depression and substance dependence during the period from adolescence through early adulthood. The results indicate that both substance dependence and depression showed stability over time—that is, each disorder was associated with increased risk for the same disorder later.


Schwinn TM, Schinke SP, Trent DN. Substance use among late adolescent urban youths: mental health and gender influences. Addictive Behaviors 2010;35(1):30-4. DOI: 10.1016/j.addbeh.2009.08.005  Explores gender and mental health influences on substance use among late adolescent urban youths, specifically, whether rates of substance use differ by gender, whether mental health indices differ by gender and are predictive of substance use, and whether gender moderates the relationship between mental health and substance use.

Steens SR, Schwebel R, Ruiz B. The Seven Challenges: An effective treatment for adolescents with co-occurring substance abuse and mental health problems. J Social Work Practice Addictions 2007;7(3):29-49. DOI: 10.1300/J160v07n03_03  Examines substance use and mental health outcomes for youth participating in the Seven Challenges Program and found significant reductions in both types of disorder. The Seven Challenges model, which works with adolescents to address co-occurring problems, empowering them to cope in positive ways without drugs, is presented along with a discussion of the findings.

Vida R, Brownlie EB, Beitchman JH, et al. Emerging adult outcomes of adolescent psychiatric and substance use disorders. Addictive Behaviors 2009;34(10):800-5. DOI: 0.1016/j.addbeh.2009.03.035  Investigates the age 25 outcomes of late adolescent mental health and substance use disorders and found that clusters with co-occurring substance and mental health disorders improved over adolescent levels, but continued to have higher levels of depression symptoms, poorer global functioning, and higher levels of substance use than the control cluster.


Williams JK, Smith DC, An H, Hall JA. Clinical outcomes of traumatized youth in adolescent substance abuse treatment: a longitudinal multisite study. J Psychoactive Drugs 2008;40(1):77-84. Evaluates the effectiveness of outpatient substance abuse treatment for youth with high traumatic stress compared to youth without high traumatic stress. Based on the results, the authors advocate for the development and integration of trauma-informed practice within substance abuse treatment for adolescents to help them recover from trauma and substance abuse issues.


Whitmore EA, Riggs PD. Developmentally informed diagnostic and treatment considerations in comorbid conditions. IN: HA Liddle, CL Rowe (eds). Adolescent Substance Abuse: Research and Clinical Advances. Cambridge University Press, 2006, pp. 264-283. This chapter discusses the clinical impact and treatment implications of comorbidity in adolescents with substance use disorder (SUD), to understand the current state of the science of treatment, and to derive a solid treatment algorithm for integrating both SUD and psychiatric disorders into treatment for adolescents.

Citation: Co-Occurring Disorders in Adolescents. (ADAI Info Brief). Prepared by Pam Miles, MLS, Meg Brunner, MLIS, and Nancy Sutherland, MLS for the UW Alcohol & Drug Abuse Institute, September 2011. URL: http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-01.pdf

Find more information in the ADAI Library and the ADAI Clearinghouse.