

Co-Occurring Disorders in Adolescents

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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 Unharmred: 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>



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>

Dyer FJ. Successful treatment for adolescent girls with substance abuse and depression. *Counselor* 2005;6(4):12-20. This article describes several issues all clinicians, therapists, counselors, criminal justice and mental health workers should be aware of when it comes to treating adolescent girls for co-occurring disorders. Free online: <http://bit.ly/oi89Hi>

Online Resources



Dual Diagnosis in Adolescence Factsheet (National Alliance on Mental Illness)

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/>

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/>

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, Power-Point 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

Screening and Assessment

From the ADAI Library [Screening and Assessment Instruments Database](#).

- Practical Adolescent Dual Diagnostic Interview (PADDI): http://bit.ly/PADDI_inst
- Structured Interview for DSM-IV Personality (SIDP-IV): http://bit.ly/SIDP-IV_inSt
- Symptom Checklist-90 Revised (SCL-90-R): http://bit.ly/SCL-90-R_inst
- Teen Addiction Severity Index (T-ASI) and T-ASI-2 (self-report): http://bit.ly/T-ASI_inst, http://bit.ly/T-ASI-2_inst



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

This webpage provides yips on screening and assessment, with recommendations of instrument tools for use in clinical practice. <http://www.samhsa.gov/co-occurring/topics/screening-and-assessment/index.aspx>

Books

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

Bev Cobain (mother of Kurt Cobain), Elizabeth Verdick / Free Spirit Publishing, Inc, 2007.

<http://books.google.com/books?vid=ISBN9781575422350>

Adolescent Substance Abuse: Psychiatric Comorbidity and High Risk.

Yifrah Kaminer, Oscar G. Bukstein (eds). Haworth Press, 2007.

<http://books.google.com/books?vid=ISBN078903171X>

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

Mark McGovern, Scott Edelman. Hazelden, 2009.

<http://books.google.com/books?vid=ISBN9781592857197>

Dual Diagnosis: Practice in Context.

Peter Phillips, Olive McKeown, Tom Sandford (eds.). Wiley-Blackwell, 2010.

<http://books.google.com/books?vid=ISBN9781405180092>

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.

http://www.civresearchinstitute.com/toc/SDC_frontmatter.pdf

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

Stanley Sacks and Richard K. Ries, Consensus Panel Co-Chairs). Center for Substance Abuse Treatment, 2005.

Identifies key elements of programming for co-occurring disorders in substance abuse treatment agencies.

Treatment planning; screening, assessment and diagnosis; strategies for working with clients; traditional settings and models; special settings and populations; overview of specific mental disorders and substance-induced disorders. Appendices include discussions of emerging models, common medications, screening and assessment instruments, confidentiality. <http://lib.adai.washington.edu/clearinghouse/downloads/52-Tip42.pdf>

Statistics

Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings (SAMHSA)

<http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHRResults.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.

<http://pubs.niaaa.nih.gov/publications/arh29-2/toc29-2.htm>

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](https://doi.org/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.

Bender K, Kim JS, Springer DW. Treatment effectiveness with dually diagnosed adolescents: Implications for juvenile offenders. In: *Handbook of Forensic Mental Health with Victims and Offenders: Assessment, treatment, and research*. Springer, 2007, pp. 173-203. Chapter systematically reviews empirically supported interventions for dually-diagnosed adolescents and examines findings in light of their implications for juvenile offenders in particular.

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](https://doi.org/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.

Chisolm DJ, Mulatu MS, Brown JR. Racial/ethnic disparities in the patterns of co-occurring mental health problems in adolescents in substance abuse treatment. *J Subst Abuse Treatment* 2009;37(2):203-10. DOI: [10.1016/j.jsat.2008.11.005](https://doi.org/10.1016/j.jsat.2008.11.005) Disparities in co-occurring mental health and substance use problems by race/ethnicity are discussed to encourage development of culturally appropriate treatment approaches for dually diagnosed adolescents.

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 youth between 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.

Griesler PC, Hu MC, Schaffran C, Kandel DB. Comorbid psychiatric disorders and nicotine dependence in adolescence. *Addiction* 2011;106(5):1010-20. DOI: [10.1111/j.1360-0443.2011.03403.x](https://doi.org/10.1111/j.1360-0443.2011.03403.x) Examines bidirectional influences of onset of psychiatric disorders and nicotine dependence among adolescent smokers.

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.09r05222qry](https://doi.org/10.4088/JCP.09r05222qry) 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](https://doi.org/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.

Hawkins EH. A tale of two systems: co-occurring mental health and substance abuse disorders treatment for adolescents. *Annual Rev Psychology* 2009;60:197-227. DOI: [10.1146/annurev.psych.60.110707.163456](https://doi.org/10.1146/annurev.psych.60.110707.163456) Overview of co-occurring disorders among adolescents; highlights general considerations for co-occurring disorders treatment, reviews selected treatment models and outcomes and discusses recommendations and best practice strategies.

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](https://doi.org/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.addbeh.2010.01.004](https://doi.org/10.1016/j.addbeh.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.

Roberts RE, Roberts CR, Xing Y. Comorbidity of substance use disorders and other psychiatric disorders among adolescents: evidence from an epidemiologic survey. *Drug Alcohol Depend* 2007;88 Suppl 1:S4-13. DOI: [10.1016/j.drugalcdep.2006.12.010](https://doi.org/10.1016/j.drugalcdep.2006.12.010) Examines comorbidity of specific types of SUDs and risk of comorbidity separately for abuse and dependence.

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](https://doi.org/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.

Stevens SJ, 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](https://doi.org/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: [10.1016/j.addbeh.2009.03.035](https://doi.org/10.1016/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.

Wilens TE, Fusillo S. When ADHD and substance use disorders intersect: relationship and treatment implications. *Current Psychiatry Reports* 2007;9(5):408-14. ADHD alone and in combination with co-occurring psychopathology is a risk factor for the development of SUDs in adulthood; pharmacotherapeutic treatment of ADHD in children appears to reduce the risk for later cigarette smoking and SUDs in adulthood.

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.

Wilson J. Substance abuse during adolescence. In: *Substance Dependence and Co-Occurring Psychiatric Disorders: Best Practices for Diagnosis and Clinical Treatment*. (ed. by EV Nunes, J Selzer, et al). Civic Research Institute, 2010, chapter 15:1-22. This chapter reviews substance use disorders in adolescent patients, and examines how adolescence affects the assessment and treatment of co-occurring psychiatric disorders and substance use disorders.

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.

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URL: <http://adai.uw.edu/pubs/infobriefs/ADAI-IB-2011-01.pdf>

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