Substance Abuse and Co-Occurring Disorders
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Presented By: Dr. Jerry Johnson, Grand Valley State University

Dr. Johnson, scholar, author, and professor, drew on 35 years of experience in the human services and substance abuse treatment fields to present on effective principles and best practices with adolescents experiencing substance use and mental health disorders (co-occurring disorders). The session placed emphasis on practice principles as applicable to the juvenile population.

Diagnosis and treatment of substance abuse and co-occurring disorders in teenagers is a more complex process than in adults. Legitimate mental health disorders can and do occur alongside substance abuse in adolescent patients but other symptoms can mimic a mental health issue, making diagnosis almost as much of an art form as it is pure science. "Rebound" is one example of this. Rebound is the emotion and mental distress, and physical symptoms, experienced by a patient when they are no longer using substances, generally the opposite of the pleasurable feelings experienced when using substances. Symptoms of depression and/or anxiety during or following withdrawal from substances, while possibly indicative of a genuine disorder, are often just part of the rebound experienced by the individual as he/she adjusts to living life without the use of substances. Clinicians are reminded also that adolescents, by virtue of their age and life stage, are often moody, impulsive, and/or narcissistic; normal teenage behaviors. Clinicians, however, should be especially attentive to the possibility of a co-occurring disorder when one or more of the following factors are present:

- There is a record of past and/or frequent depression
- There has been previous suicide attempt(s)
- There is a record of adverse childhood experiences
- The adolescent is socially isolated, including lack of face-to-face positive contact with others, especially parents/adult caregivers. This might occur concurrently with the youth having an abundance of online "friends".

Co-occurring disorders are best confirmed by completion of a genogram, determining if the symptoms pre-dated the onset of the adolescent's substance abuse, and paying close attention to the key indicator of social isolation, especially coupled with a history of being bullied.

There are factors unique to adolescents that are less common in adults when assessing for substance abuse issues and developing a treatment response. Most youths age 17 or younger will not fit fully into the addiction category, although opioids act so fast that physical addiction occurs quickly. In general terms, a substance abuser can be described as an individual that experiences negative life consequences because of his or her use, while an "addict" demonstrates a pattern of obsessive substance abuse with recurrent negative life consequences. Treatment providers should match the level of care with the type and severity of the youth's symptoms.

Assessment measurements of note include:

- Age of onset of first substance use
- Family history, with special interest in the family's culture around medication use, family member (usually a parent) that has a doctor for everything and a pill for everything
- Depressive episodes
- Choice of drugs
- Use of multiple drugs
- Isolation
- ADHD diagnosis or other mental health diagnosis
- A history of chronic pain and/or significant injury

For treatment of co-occurring disorders, Dr. Johnson stresses engagement on all levels possible. This includes engagement with the clinician, but also with parents/adult care givers where possible, and especially promotion of positive, appropriate *social* engagement to build resiliency. Group therapy sessions provide one avenue to provide social engagement. Clinicians should remain alert, however, to any signs of suicide ideation.

For treatment more specific to substance abuse, it is important to remember that it usually takes multiple interventions for adolescents to become substance free. It might be common for an adolescent to spend a short time, for example two days, substance free, then five days back using. If after the next intervention/treatment session the youth spends three days substance free, then uses for four days after that, the treatment is having a positive impact; the adolescent is headed in the right direction.

Whether in long-term, short-term, or outpatient treatment, the true measure of success is not how well the youth did in the treatment setting, but how well the youth does on the "first day out". A significant challenge for clinicians is the youth's living and social settings, and finding ways to overcome negative influences and lack of positive support. Youth will engage in the same activities as those that he or she lives with and/or associates with; for long-term success the adolescent needs to live clean and sober in the place where they live.