

**CO-OCCURRING  
DISORDERS &  
ADOLESCENTS**

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**What are Co-Occurring  
Disorders?**

At least:

One (1) Substance Use Disorder  
&  
One (1) Mental Health Disorder

Existing simultaneously.

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**What are Co-Occurring  
Disorders?**

Each a Unique Disorder

- Individually Diagnosable
- One may exacerbate the other(s)
- One cannot be "caused" by the other

**-OFTEN MISDIAGNOSED**

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### Complications Aplenty

- 1. Normal Effects of Substance Use/Abuse Mimic Mental Health Disorder Symptoms
- 2. Normal and Usual Symptoms of Mental Health Disorders Mimic Substance Use Effects
- 3. Many Diagnostic Categories in DSM built for Adults, not Adolescents

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### And Then There's This Easy to Forget Truism

Normal Adolescent Behavior.....

If Seen in a 30 Year Old Adult....

Would be Diagnosed as a Severe Mental Health Disorder

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### Normal Adolescent Behavior...

Impulsive	Short-Sighted
Lacks Insight	Risk Takers
Narcissistic	Peer Influenced
Focus of a Kitten	Immortal
Moody	Culture Influenced

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### What to Worry About!

- Past and Frequent Depressive Episodes
- Previous Suicide Attempts + Isolation
- ACE (Adverse Childhood Experiences) Score >4
- Parent/Parents/Guardians Who Don't seem to notice
- Too Many Online "Friends," Suicide or Cutting Clusters
  
- Lack of Human, Face to Face positive Relationships (Resilience)

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### Substance Use, Abuse, & Dependency Issues

Know the Differences between Abuse & Addiction/Dependency

- Abuse: DSM-V disorder Moderate and Below
  
- Addiction/Dependency: DSM-V disorder Moderate and Above

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### Abuse vs Addiction/Dependency?

- Abuse: Patterns of abusive use with negative life consequences
  
- Addiction/Dependency: Patterns of obsessive use with recurrent negative life consequences
  - Real or Felt "Need" for intoxication
  - Slowly develops a Monogamous Relationship
  - Physical Tolerance, Dependence, Withdrawals

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### Assessment Indicators: Mental Health Disorders

- Family History of Mental Health Disorders
- Symptoms Predate Substance Use History
- Recent/Past Trauma or Family Issues
- ACE scores greater than 4
- Previous Suicide Attempts-Self, Family, Friends
- Lack of Human Social Connections/Isolation/Alone (Resilience)

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### Assessment Indicators: Substance Use Disorders

- Age of First Regular Use/Abuse
- Familial History of Addiction
- History of Significant Depressive Episodes
- What Drugs/Incidences of overdose
- Drug Mixing (Similar categories)
- Lack of Human Interaction/Isolation/Alone

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### Special Interest: Opioids & Prescription Abuse/Addiction

1. Family Medication, Prescription Drug Taking Culture
2. History of Chronic Pain, Significant Injury
3. History of ADHD and Other Mental Health Diagnoses

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### Special Interest: Drugs and Trends

- Increased Use of Xanax and Other Benzodiazepines
  
- Increased use of Methamphetamine to combat Opioid Withdrawal
  
- Drug-Mixing

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### Lack of Social Engagement/Support VIP

1. Social Isolation
2. Social Disconnection
3. Feeling "Awkward" of "Outside" social life
4. Bullied, Picked on, Ostracized
5. Narrowing Social Involvement
6. Only Significant Relationships Online

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### Relapse

Expected and Normal Part of Recovery

Recovery Process

- *Typical Progression*
- *Abstinence Phase*
- *Confrontation Phase*

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### Treatment: Where to Begin?

- Active Client Engagement
- Accurate Diagnoses
- Use Stages of Change: Start with Issue Closest to "Action" Stage
- Build Resilience: foster Positive Social Engagement
- Always Assess Suicidality
- Actively Engage Parents/Guardians
- Use Group Therapy Whenever Possible

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