



**Workshop C: Treatment Considerations for Youth with Co-Occurring Disorders  
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Adolescent substance abuse continues to accelerate as the culture's views on substance use becomes more acceptable and substances like marijuana become more accessible. Given that one of the most common reasons adolescents begin using in the first place is due to managing stress, frustration, anxiety, and other mental/emotional health struggles, this session addressed basic components of adolescent substance abuse patterns and best practices for treating co-occurring substance abuse and other disorders for this age group.

In Michigan, between 25% and 50% of those with a mental health diagnosis also have a co-occurring substance abuse disorder. The substance abuse disorder is often overlooked due to lack of practitioner awareness of substance abuse symptoms, client minimization of substance use, and because cognitive impairment makes it difficult to decipher what is mental illness versus substance abuse; one disorder can mask another.

Treatment of co-occurring mental illness and substance abuse requires a balanced approach. For example, the typical framework for treatment of mental illness involves management of severe disorders in acute, subacute, and long-term phases of treatment, and generally includes the use of antidepressants, antipsychotics, anxiolytics, and mood stabilizers. Treatment for a substance abuse disorder generally involves detoxification, possibly long-term medically assisted maintenance with medications such as methadone or suboxone, but with a goal of abstinence from mood altering substances.

A framework for treating co-occurring mental illness and substance abuse disorders considers both disorders and treats them concurrently. In co-occurring disorders, caution is used when prescribing psychoactive, mood-altering medications, however abstinence from substances may not be a short-term goal. Also, abstinence from a prescribed psychotropic medication is not a requirement for access to treatment since psychoactive medications are generally necessary for treatment of the mental health disorder. When co-occurring conditions exist, each condition is considered a primary treatment issue.

In adolescent treatment, co-occurring issues and conditions are an expectation, not an exception, and because all people with co-occurring disorders are not the same, different segments of the services sector might have responsibility to provide services for different persons or populations, just as treatment plans must be individualized; one size does not fit all but two principles tend to remain static:

- Recovery involves moving through stages of change and phases of recovery for each condition or issue.
- The foundation of a recovery partnership is an empathic, hopeful, integrated, strength-based relationship between the treatment provider(s) and the client.



The presentation also described the stages of addiction and stages of recovery, the stages of trauma recovery, and explained the role of the brain chemical dopamine in relation to getting “high” and how the sudden release and eventual depletion and dysregulation of dopamine in the brain impacts mood and emotions. The presentation concluded with discussion of the disease concept for treatment of adolescent substance abusers and the developmental model of recovery, and the pros and cons associated with each.