## Behavioral Intervention for Adolescent Co-Occurring Disorders

Emily Althoff, LPCC, LMAC March 27, 2023





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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



#### Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND TRAUMA-RESPONSIVE

Inviting to individuals PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

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## Behavioral Intervention for Adolescent Co-Occurring Disorders

Emily Althoff, LPCC, LMAC



#### **Emily Althoff**

- Owner of Althoff Therapy Services
- Licensed Professional Clinical Counselor
- Licensed Master Addiction Counselor



In the chat, please put your name, profession, and where you are located.

#### Learning Objectives

Learn the signs and symptoms of common SUDs, and vaping, and MH diagnoses

Identify risk/protective factors for SUDs, MH, and Co-Occurring D/O

Discuss the circular impact that MH and SUDs have on each other

Learn behavioral identifiers for these conditions and discuss ways to increase protective factors

#### Co-Occurring Disorder Defined

 When a youth is struggling with both a mental health condition and a substance use disorder

#### Why is this topic important?

- This population is less likely to receive appropriate treatment
- Increases risk for the following:
  - Legal consequences and incarceration
  - Medical problems
  - Academic failure and dropout
  - Unemployment
  - Homelessness
  - Peer and family relationship problems

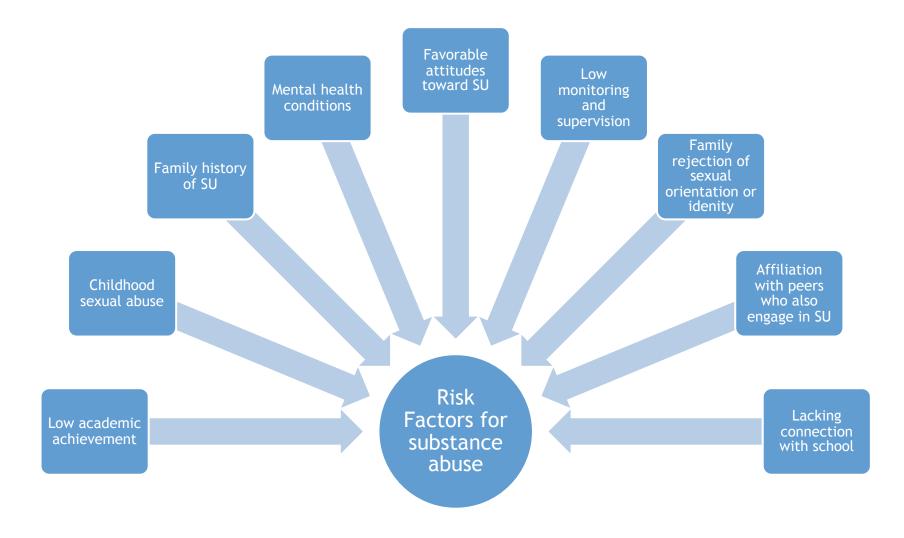
#### Prevalence

- This is difficult to measure simply due to methods of sampling
- Substance Use Disorder:
  - 6.2% in ages 14-18
  - 9.9% in age 17
- Psychiatric Disorder:
  - 27.8% met criteria for a mood, anxiety, or disruptive behavior disorder
- Co-Occurring:
  - 76% of youth diagnosed with a SUD also had a MH disorder

#### Substance Use Disorders in Youth

- Prevalence of Substance Use Disorders in youth: 4.1%
- Not every youth who uses drugs and alcohol meets criteria for a substance use disorder
- Commonly used substances for adolescents include:
  - Nicotine/vaping
  - Marijuana
  - Alcohol
  - Hallucinogens
  - OTCs

#### Risk Factors



#### Social skills

Individual Risk Factors

Mental health

Functional impairment

## Family and School Risk Factors

Sometimes attitude is about what IS NOT said

Monitoring and supervision

Not valuing or encouraging school or prosocial activities

Being labeled as a "bad kid"

### Protective Factors

Family engagement and support

Parent disapproval of substance use

Parental monitoring and supervision

School connectedness

### Vaping and Tobacco Use

- Approximate vaping rates in 2021 were 18% which is a decrease from 33% in 2019
- Vaping rates are highest in Native American and Pacific Islander populations followed by Caucasian
- Girls vape at higher rates than boys
- LGBTQ+ populations are at higher risk for vaping







#### Trends

- Although it feels as though substance use rates are at an all time high,
   they are actually decreasing according to the YRBS
  - Alcohol: 39% in 2011, 23% in 2021
  - Marijuana: 23% in 2011, 16% in 2021
  - Vaping Products: 24% in 2015, 33% in 2019, 18% in 2021
- The way kids are using drugs and tobacco products is changing and often is not easily measured
- Accessibility is an important consideration when making attempts to prevent substance abuse

## Know the Signs of Substance Abuse

- Eyes redness, pupils dilating/constricting, use of eye drops
- Frequent use of cologne, perfume, or incense
- Withdrawn
- Odd smells
- Change in peer groups, not wanting parents to know peers or their parents
- Secretiveness
- Appetite and sleep changes
- Change in motivation
- Pay attention to any sudden behavioral changes



### Reducing Risk for Substance Use/Abuse

- Parents should model healthy behaviors and attitudes
- Foster healthy interests through conversations and prosocial activities
- Know where your child is (who, what, where, when, how are you getting home)
- Know your child's friends AND their parents
- Set clear rules
- Maintain a safe home
- Delay first use

#### Common Mental Health Diagnoses in Youth

#### Internalizing Conditions

- Depression
- Anxiety
- Post-Traumatic
   Stress Disorder

#### Externalizing Conditions

- Oppositional Defiant Disorder
- Conduct Disorder
- Attention-Deficit/Hyperactivity Disorder

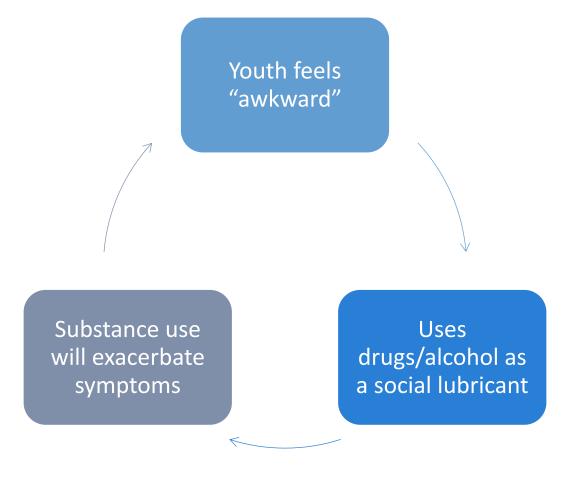
#### Other

- Bipolar Disorder
- Psychotic Disorders

#### Internalizing Conditions

- More common in girls
- Depression, Anxiety, Post-Traumatic Stress Disorder
- These present as more of an internal battle and supports will have a more difficult time picking up on these conditions
- These conditions also have the highest likelihood of obtaining treatment
- For some, these conditions can actually protect a youth from engaging in substance use

#### Internalizing Conditions and Substance Use



 When a youth with an internalizing condition uses substances, it often is more of a coping mechanism

#### **Externalizing Conditions**

- More common in boys
- Oppositional Defiant Disorder, Conduct Disorder, Attention-Deficit/Hyperactivity Disorder
- These are conditions where symptoms have an outward presentation, typically are more disruptive
- There is a stronger correlation between externalizing conditions and substance use

#### These youth:

- Tend to struggle with social skills
- Tend to be slightly immature for their age group (but also perceive themselves as more mature)
- Are more likely to connect with people who also perceive themselves to be rejected
- Are less likely to receive treatment
- Are at higher risk for missing school, dropping out, out of home placement, and incarceration

Externalizing Conditions and Substance Use

#### Treatment Rates

- For youth ages 3-17:
  - 8 out of 10 diagnosed with depression received treatment
  - 6 out of 10 diagnosed with anxiety received treatment
  - 5 out of 10 with a behavioral disorder received treatment
- Youth with internalizing conditions are typically seen as 'sad kids,' versus youth with externalizing conditions are typically seen as 'bad kids'

#### Other Conditions

- Bipolar Disorder
  - Can occur in younger children
  - When appropriately diagnosed, this condition is quite rare
  - Substance use can mimic or trigger symptoms
- Psychotic Disorders
  - There is an array of psychotic disorders
  - Schizophrenia tends to be the most widely known
  - Age of onset is typically between 16-24
- These conditions tend to be the rarest but have the most severe consequences if not caught and treated early

#### Comorbid Conditions

- Co-occurring Substance Use Disorders are far more common in disruptive, impulsecontrol disorders
  - Attention Deficit/Hyperactivity Disorder
  - Oppositional Defiant Disorder
  - Conduct Disorder
- Lower for those with anxiety disorders
- More common with males than females

# Which came first, the chicken or the egg?

- Mental health and substance use disorders have many shared risk factors:
  - Family history
  - Family engagement
  - Trauma
  - Individual factors
  - Social skills
  - Environmental factors
  - Academic difficulties

#### Screening Tools

- Substance Abuse Screening Tools <u>National Institute of Drug Abuse</u>
- ADHD Screening Tool <u>NICQH Vanderbilt</u>
- Depression Screening Tool <u>PHQ-9</u>
- Anxiety Screening Tool GAD-7
- PTSD Screening Tool <u>CATSS Self Report</u>, <u>CATSS Caregiver Report</u>
- Disruptive, Impulse-Control, and Conduct Disorders have a stronger behavioral presentation

#### Treatment Approaches

- For conduct/behavioral disorders, they tend to respond best to reward-driven intervention rather than sanctions
- Family engagement improves outcomes
- Evidence-Based Treatment Approaches:
  - Brief-Strategic Family Therapy
  - Multisystemic Therapy
  - First-Episode Psychosis
  - Contingency Management
  - Cognitive-Behavioral Therapy

#### Barriers to Treatment

- These youth frequently have families that are struggling with mental health and/or substance use
- Follow through tends to be lower with this population
- They often face the most barriers to engaging in services:
  - Transportation
  - Finances/Insurance
  - Lack of providers comfortable treating cooccurring conditions

#### Helpful Resources

https://www.attcnetwork.org

https://parentslead.org

https://www.samhsa.gov







#### Questions?

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#### Case Study

Julie presents to your office with her 15-year-old adopted son, Brady, due to behavioral concerns. Brady has been spending a significant amount of time in his room, declining to participate in family activities, and will sleep until noon or later almost daily. Julie has a close, loving relationship with Brady, and he will typically seek emotional support from her, however, there is significant conflict between Brady and his father who struggles with alcohol abuse.

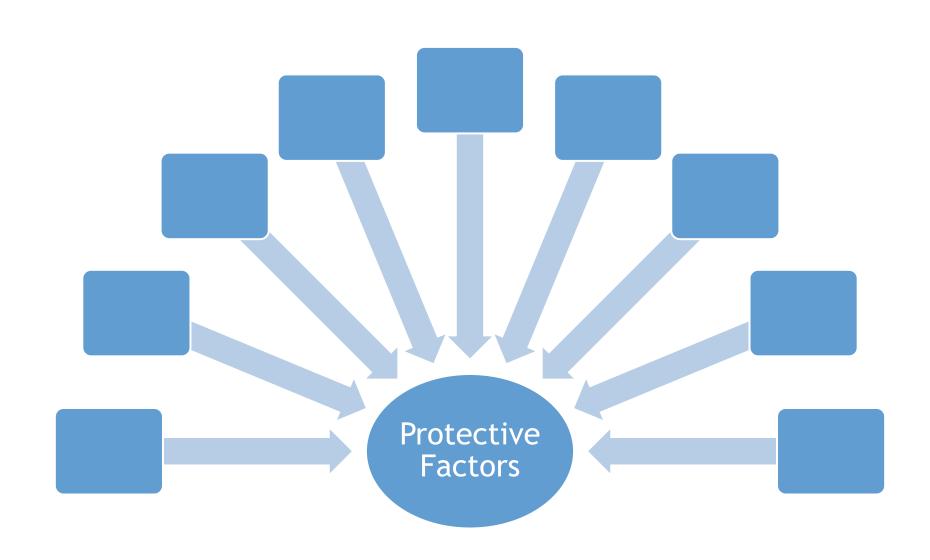
Brady has always struggled academically but in the last six months has refused to attend school altogether. In the past, Brady had participated in cheer and had a lot of friends at school but denies seeing them in some time. Lately, Brady has been leaving the house without telling his parents where he is going and has been gone overnight.

#### Case Study (cont.)

It should be noted that Brady identifies as female, and at times will sign papers with the name Breanna but continues to use he/him pronouns and prefers to be called Brady. Julie speaks to Brady about this openly and is accepting of Brady's gender identity. Brady's father, John, says that he is accepting of Brady's gender identity but at times will make comments of disappointment when he is intoxicated. Brady is also half African American and has expressed that because of this he has felt different from his family and community.

Both parents work full-time jobs but have substantial debt. Julie will pick up overtime sometimes to keep up with bills. John will frequently drink at various bars to avoid arguments with Julie. Both parents love Brady dearly and want to see him thrive once again.





What areas would you want to focus on with this youth?

#### References

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## Behavioral Intervention for Adolescent Co-Occurring Disorders

#### Emily Althoff, LPCC, LMAC THANK YOU!



