Youth with Co-Occurring Disorders

Prevalence, Screening, and Assessment
Part 1 of a 3 part series on Youth with Co-occurring Disorders

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Center for Innovative Practices

• CIP is a statewide Center of Excellence located at Case Western Reserve University and part of the Begun Center for Violence Prevention

• Our mission is to assist communities, providers, funders and other stakeholders in identifying and implementing evidence based and promising practices for multi-need, multi-system youth and their families

• Our focus is on intensive in-home community based services

• [http://www.begun.case.edu/cip](http://www.begun.case.edu/cip)
Youth: Drug and Alcohol Use, Mental Health Disorders and Co-Occurring Disorders

• Prevalence and trends
• Screening and Assessment

Youth: primarily referring to 13 to 18 years
  – Mental health disorders and substance use – and their co-occurrence - can/do certainly begin prior to 13
  – Brain development continues well after the ‘magic’ line of 18 years: much also applies to transition age
Developmental Considerations

- Erikson: Identity v. Role Confusion
- Piaget: Cognitive Development
- Family and Genetics
- Sexual Maturation and Pressures
- Prefrontal Cortex Development

Teenager
Developmental Considerations

Triadic Model
Ersnt, Romeo and Andersen (2009)

Implications for risk-taking

- Prefrontal Cortex: self-monitoring and inhibitory
- Amygdala: conditioned fear and avoidance
- Striatum (includes nucleus accumbens): motivation and incentive

Adolescents appear to weigh risk more heavily toward reward and discount loss – riskier choices
Prevalence, Statistics and Trends

Numbers can be tedious and become overwhelming – why are they important for us to grasp?

- Only about 10% of adolescents who need treatment for substance use receive it.
- Only about 20% of adolescents who need treatment for mental health disorders receive it.
- Only about 2% of people who need treatment for co-occurring disorders actually receive evidenced-based, integrated treatment.
Prevalence: Sources for Drug and Alcohol Use

Monitoring the Future (MTF)

• Conducted yearly: sponsored by The National Institute on Drug Abuse
• Measures drug, alcohol and tobacco use among 8th, 10th and 12th grade students
• Asks about usage levels, perceived risk, disapproval and perceived availability of drugs, alcohol and tobacco
Prevalence: Sources for Drug and Alcohol Use

Youth Risk Behavior Surveillance (YRBS)

- Conducted by the Centers for Disease Control and Prevention
- National, state, and local surveys are conducted every 2 years among high school students throughout the United States (grades 9-12)
- Monitor priority health risk behaviors including unintentional injuries and violence; tobacco, alcohol, and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; unhealthy dietary behaviors; and physical inactivity.
Prevalence: Sources for Drug and Alcohol Use

National Survey on Drug Use and Health (NSDUH)

• Conducted by the Substance Abuse and Mental Health Services Administration in an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older

• Interviews are conducted in the home

• Provides national and state-level estimates on the use of tobacco products, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States
Prevalence: Drug and Alcohol Use Reported by Adolescents

Trends of Any Illicit Drug Use*
Having ever tried an illicit drug by their senior year:
1981: 66% (high point)
1992: 41% (low point)
2013: 50% (current)
*does not include alcohol, tobacco or inhalants
Prevalence: Any Illicit Drug

In the previous year:
• 40% of HS Seniors reported use
• 28% of all 8th, 10th and 12th graders reported use

In the previous 30 days:
• 26% of HS Seniors reported use
• 10% of all HS Students reported use
Inhalants

Inhalant use carries all the same concerns as the others substances, plus this type of use can *kill brain cells*

- Inhalant abuse has been decreasing for years, but remains a significant concern – especially for younger adolescents
- Nearly 9% of all high school students reported trying an inhalant at least once in their lifetime
- Just over 5% of 8th graders reported using an inhalant in 2013 (compared to 2 ½% of HS seniors during the same period)
Prevalence: Alcohol and Youth

Alcohol use by adolescents has been declining for years – and is currently at historically low levels.

Despite this – alcohol is the most commonly used substance by adolescents

• In their lifetime, between 44 and 66% of youth report having tried alcohol at least once
Alcohol

• During the last 30 days
  – 24-35% of youth reported drinking alcohol
  – 20% of all HS students reported *binge drinking*
    • Drinking 5 or more drinks on a single occasion
  – 6% of all HS students reported *extreme binge drinking*
    • Drinking 10 or more drinks on a single occasion
Prevalence: Marijuana

Marijuana (cannabis) use has been increasing for several years – being the primary driver of the measured increase in overall drug use.

Recent reported increases in marijuana use have been matched by decreased perception of risk regarding marijuana.

45% of students reported trying marijuana at least once by their senior year of HS.
Marijuana

Daily Marijuana Use vs. Perceived Risk of Regular Marijuana Use among 12th Graders, 1975-2013

Source: University of Michigan, 2013 Monitoring the Future Study

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Marijuana

In the last year
• 26% of youth reported use at least once

In the last 30 days
• Over 1 in 5 reported use at least once

Daily
• 6% of HS Seniors reported daily use
Marijuana
Prevalence: Rx Drugs

Prescription drugs – and OTC drugs – can be misused in several ways and there can be the misperception that these types of drugs are ‘safer’

In the last year
15% of HS Seniors reported misuse of a Rx drug

In the last 30 days
2% of all students reported Rx misuse

7% of HS Seniors reported Rx misuse
Rx Drugs

Top Drugs among 8th and 12th Graders, Past Year Use

8th Graders

<table>
<thead>
<tr>
<th>Drug</th>
<th>Illicit drugs</th>
<th>Pharmaceutical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Hashish</td>
<td>12.7%</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>4.0%</td>
<td></td>
</tr>
<tr>
<td>Cough Medicine</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Adderall</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>OxyContin</td>
<td>2.0%</td>
<td></td>
</tr>
<tr>
<td>Salvia</td>
<td>1.2%</td>
<td></td>
</tr>
<tr>
<td>Vicodin</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>Cocaine (any form)</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>Ritalin</td>
<td>1.1%</td>
<td></td>
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12th Graders

<table>
<thead>
<tr>
<th>Drug</th>
<th>Illicit drugs</th>
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<tbody>
<tr>
<td>Marijuana/Hashish</td>
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<td>Tranquilizers</td>
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<tr>
<td>Hallucinogens</td>
<td>4.8%</td>
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<tr>
<td>Sedatives*</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>Salvia</td>
<td>3.4%</td>
<td>3.6%</td>
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<tr>
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<td>2.3%</td>
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* Only 12th graders surveyed about sedatives use

Source: University of Michigan, 2013 Monitoring the Future Study

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Rx Drugs

Source of Prescription Narcotics among Past Year Non-medical Users, 12th Grade

% Categories are not mutually exclusive

Source: University of Michigan, 2013 Monitoring the Future Study
Adolescent Mental Health

• A large study supported by NIMH (2005) regarding prevalence and severity of mental illnesses noted:

Unlike most disabling physical diseases, mental illness begins very early in life. Half of all lifetime cases begin by age 14; three quarters have begun by age 24. Thus, mental disorders are really the chronic diseases of the young. For example, anxiety disorders often begin in late childhood, mood disorders in late adolescence, and substance abuse in the early 20's. Unlike heart disease or most cancers, young people with mental disorders suffer disability when they are in the prime of life, when they would normally be the most productive.
Adolescent Mental Health

• In October of 2010, the Journal of the American Academy of Child & Adolescent Psychiatry published the analyzed data from the National Comorbidity Study – Adolescent Supplement (NCS-A): a survey of more than 10,000 youths ranging in age from 13 to 18 years.
  – This survey was supported by NIMH
49.5% met criteria for some level of disorder

- Of this...

Nearly half (22.2%) met criteria for a mental disorder to an extent that they had difficulty functioning (Severe Impairment)
Adolescent Mental Health
NCS-A

- Major Depressive Disorder and Dysthymia
  11.7% overall
  8.7% severe impairment

- Anxiety Disorders
  31.9% overall
  8.3% severe impairment

- ADHD
  8.7% overall
  4.2% severe impairment
  (3X as many males)

- Other Behavior Disorder
  ODD – 12.6%/6.5%
  CD – 6.8%/2.2%

- Substance Use Disorders
  Alcohol – 6.4% overall
  Drug – 8.9%
  Total – 11.4%

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Adolescent Mental Health

• 67% of youth in Center for Substance Abuse Treatment funded programs reported experiencing victimization in their lifetime
• 13% of youth reported creating a plan for suicide in the last year
• 8% of youth reported attempting suicide in the last year.
Co-Occurring Disorders in Youth

When a mental health disorder and a substance use disorder are identified independently of each other and are not symptoms resulting from a single disorder: neither is to be considered ‘primary’

- 70% of youth entering substance use treatment were identified as having a co-occurring mental health disorder
- 43% of youth receiving mental health treatment were identified as having a co-occurring substance use disorder
Youth Juvenile Justice

Juvenile Justice involvement increases risks in many areas, including: school failure, current and later unemployment, adult arrests, family problems and the likelihood of both mental health and substance use disorders.

• Of juveniles in any detainment
  – 70% have at least one MH diagnosis
  – 40% have substance use disorder
  – 60% have co-occurring disorder
Screening and Assessment

• Adolescents are quite difficult to accurately diagnose. They are not yet adults, but they are no longer children, either.
• Adolescence is the frequent starting period for both mental health and substance use disorders.
  – And we know that the presence of either a mental health or substance use disorder predicts the increased likelihood of a co-occurring disorder.
Screening and Assessment

With mental health disorders and substance use disorders are so often first manifest during adolescence – it can be thought they are ‘growing into the disorders’

• Symptom and problem areas can be
  – Unrecognized
  – Hidden
  – Periodic or situational

Therefore, screenings (and identified areas for assessment) are best incorporated periodically throughout adolescent treatment
Expect and Screen

“In mental health services, substance use screening not only should be required during diagnostic evaluation but also should be done periodically thereafter, especially if a youth’s treatment progress is slow or inconsistent.”
Screening

- Screening is a brief and formal process that is intended to identify signs and symptoms that indicate a need for a more in-depth assessment.

- This is often the first face-to-face contact with the client and represents the prime opportunity to increase the likelihood of long(er) term retention.
Screening Tools

- Tools should be short and brief
- Wording should be easy for the client population to understand
- Should be easy to administer by a wide range of staff – not just clinicians
- Cheap or free is nice too

Adapted from Minnesota DHS Chemical and Mental Health Services Administration report from July 2009
Assessment

• A formal and comprehensive process to provide specific diagnostic information about the youth.
  – Requires administration and interpretation by a licensed and trained professional.
Assessment

• An Assessment should:
  – (help) Establish a formal diagnosis
  – Evaluate the current level of need
  – Determine readiness to change
  – Aid in decisions about appropriate level of care

All of these are complicated and expanded when considering an Integrated Assessment – which considers both mental health and substance use each in the context of the other disorder
Screening vs Assessment

The line between Screening and Assessment is often blurred: it can be difficult to understand the differences from the descriptions (even from sources like TIP 42!) if an instrument is for screening or for assessing.
Screening vs Assessment

Screening instruments are brief and easy: often do not require any training. They are intended to identify a need for more comprehensive investigation.

Assessment instruments are comprehensive and provide more specific diagnostic information. They require interpretation by trained or licensed professionals.
Screening Tools

Two examples of Screening Tools will be presented. This is not an endorsement of the tools – they are presented due to their wide use, recognition and acceptance.
Global Appraisal of Individual Needs-Short Screener (GAIN-SS)

23 scored items, divided into four subscales – measuring:
• Internalizing disorders
• Externalizing disorders
• Substance use
• Crime/violence

Takes about 5 minutes – can be self or staff-administered; paper and pencil, computer or web versions.

English and Spanish versions available
Can be used as a periodic measure of change
Little to no training required, but licensing is needed
Normed on adults and adolescents
<table>
<thead>
<tr>
<th>CRAFFT</th>
<th>Have you ever ridden in a car driven by someone — including yourself — who was high?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designed specifically for use with adolescents to identify risky drug and alcohol use behaviors.</td>
<td>Relax</td>
</tr>
<tr>
<td>Self or clinician administered</td>
<td>Alone</td>
</tr>
<tr>
<td>Multiple language formats</td>
<td>Forget</td>
</tr>
<tr>
<td>Free: public domain</td>
<td>Trouble</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Assessment Tools

Two examples of Assessment Tools will also be presented.

Again, this is not an endorsement of the tools – they are presented due to their wide use, recognition and acceptance.
Teen Addiction Severity Index (T-ASI)

A multidimensional and semi-structured interview targeting adolescent:
• Substance use disorders
• Psychiatric disorders
• Co-occurring disorders

Subscales measure chemical use, school status, employment/support, family relationships, peer and social relationships, juvenile justice involvement and psychiatric status.

Available in English, Spanish and Portuguese formats currently: more are in development

Not in the public domain – but it is available for research purposes

Begun Center/CIP
Comprehensive Adolescent Severity Inventory (CASI)

- A comprehensive, semi-structured assessment and outcomes measure comprised of 10 independent modules, the CASI can be administered in 45 to 90 minutes by a trained clinician.
- Modules include: health, family, stressful life events, legal status, sexual behavior, drug and alcohol use, mental health functioning, peer relationships, education and use of free time.
- Strength-based questions included.
- Copyrighted: 2-day training required.
References


References


