

# Mental Health

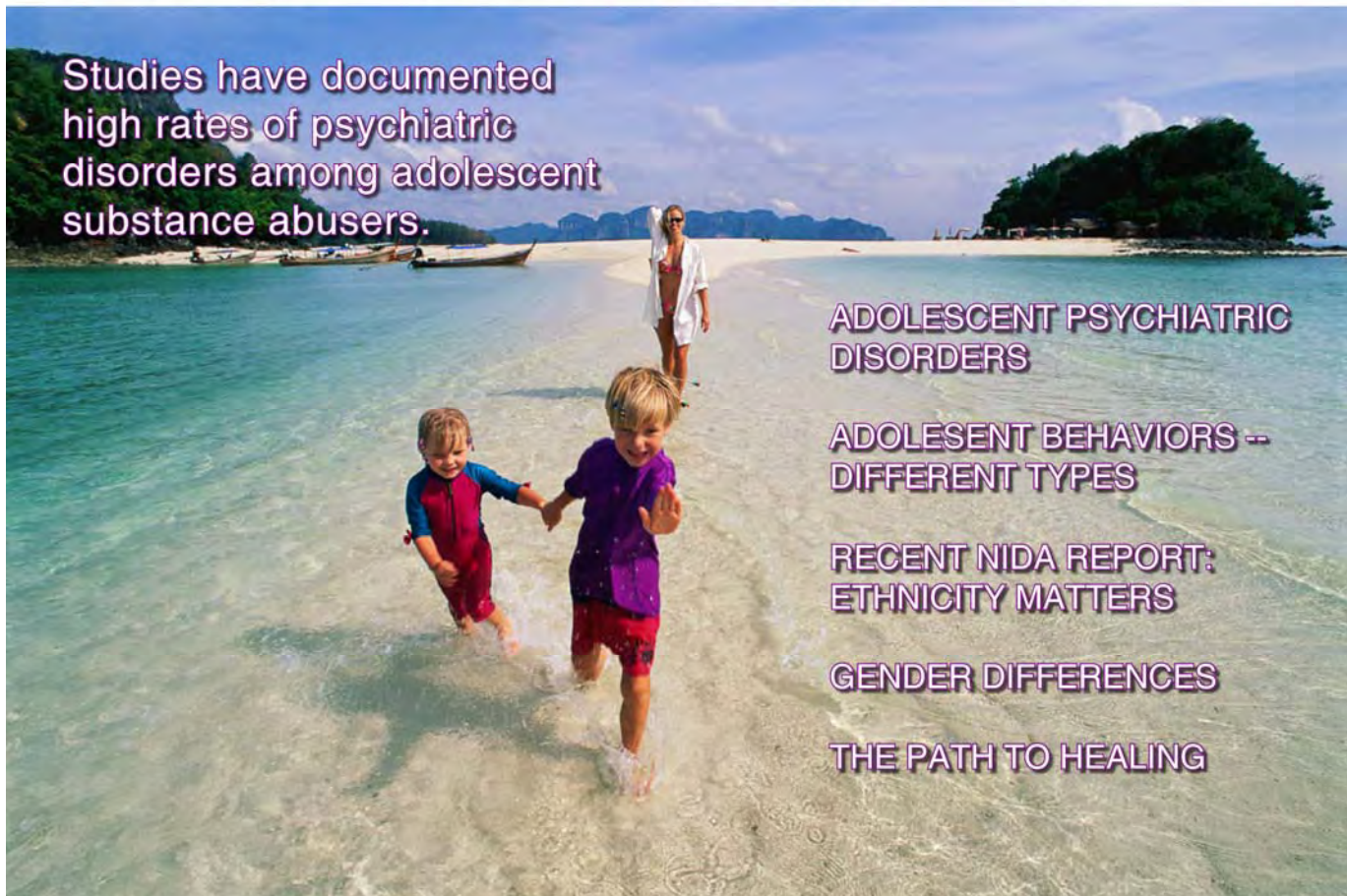
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## Fact Sheet

Rimrock  
Foundation

Mental Health Services

## Adolescents and Co-Occurring Disorders



### ADOLESCENT PSYCHIATRIC DISORDERS

According to National Institute on Drug Abuse (NIDA) researchers, new studies are showing high rates of psychiatric disorders among adolescent substance abusers. Co-occurring disorders are often associated with certain treatment outcomes.

Mental illness, including depression and attention-deficit/hyperactivity disorder (ADHD) are thought to contribute to early dropout and poor treatment outcomes. According to Mona Sumner, Chief Operations Officer of Rimrock Foundation, "As it stands right now, treating substance abuse alone is sometimes not enough".

Hopefully, this information will be effectively used by clinicians to be particularly alert to symptoms of psychiatric disorders when assessing patients. Eventually, it should aid in the development of more tailored screening, assessment, and treatment interventions for different adolescent groups.

## ADOLESCENT BEHAVIORS — DIFFERENT TYPES

Studies have distinguished two types of disorders, one which are **externalizing disorders** are characterized by lack of self-control and acting-out behaviors. These are identified by recurring patterns of aggression, and behaviors that prevent the development and maintenance of relationships. The second type are **internalizing disorders** which are typified by sadness, withdrawal, avoidance of interaction with others, and loss of interest in activities.

### Typical Behaviors in Adolescent Psychiatric Disorders

#### Externalizing Behaviors

- Recurring patterns of aggression
- Excessive arguing
- Use of physical or verbal coercion
- Noncompliance with reasonable requests
- Persistent pattern of tantrums
- Persistent pattern of lying or stealing
- Lack of self-control, acting-out behavior
- Behaviors that prevent development or maintenance of relationships

#### Internalizing Behaviors

- Sad affect, depression, feelings of worthlessness
- Auditory or visual hallucinations
- Constant repetition of certain thoughts, ideas, or situations
- Severe headaches or other somatic problems
- Talk of suicide
- Decreased interest in outside activities
- Withdrawal, avoidance of interactions, lack of personal care

## RECENT NIDA REPORT: ETHNICITY MATTERS

In a recent NIDA study, researchers recruited a total of 167 minority youth, 12 to 17 years old, referred for outpatient substance abuse treatment between October 1997 and March 2000. Participants' substance use was assessed before treatment with the Adolescent Drug Abuse Diagnosis Test. This is a standard assessment tool that provides information on the frequency of use of alcohol, marijuana, cocaine, and other drugs during the preceding month. The youths also completed the Diagnostic Interview Schedule for Children Predictive Scales, a questionnaire that screens for nine psychiatric disorders, including social phobias, panic, anxiety, major depression, ADHD, oppositional defiant disorder (ODD), and conduct disorders (CD).

**In the same study, more than 80 percent of the participants reported using marijuana, with about 17 percent and 35 percent reported using cocaine and alcohol, respectively.**

Overall, 87 percent of the minority youths reported symptoms of at least one co-occurring psychiatric disorder. **More than 54 percent of the youth reported as having symptoms of three or more disorders.** Hispanic youths had significantly more symptoms of externalizing psychiatric disorders, such as ADHD and ODD, than did African-American youths.



However, about twice as many African-American adolescents reported symptoms for agoraphobia. This is an internalizing psychiatric disorder that finds the sufferer severely anxious about going outside the home. These high rates of symptoms associated with agoraphobia may well reflect legitimate fears about being in very dangerous public settings.

Findings suggest that substance abuse among Hispanic youths may occur more often within a larger context of problem behaviors. **This research suggests interventions need to address children’s problems with their families, schools, peer group, and other areas where co-occurring externalizing behaviors often have severe and profound consequences.**

<b>Co-Occurring Psychiatric Disorders Vary by Ethnicity and Gender</b>				
<u>Psychiatric Disorder</u>	<u>African-American</u>	<u>Hispanic</u>	<u>Female</u>	<u>Male</u>
<b><u>Externalizing Behaviors</u></b>				
Attention-deficit/hyperactivity disorder	20.8%	41.4%	23.5%	45.5%
Oppositional defiant disorder	41.6	60.5	26.5	18.8
Conduct disorder	53.6	56.6	47.1	72.3
Any disruptive behavior disorder	NA	NA	76.5	84.1
<b><u>Internalizing Behaviors</u></b>				
Agoraphobia	40.3	19.5	NA	NA
Major depressive disorder	26.0	33.3	44.1	16.8
Any mood disorder	NA	NA	50.0	36.6

*Among substance-abusing youths referred for outpatient substance abuse treatment, Hispanics reported higher rates of externalizing disorders than did African Americans. In a separate study, boys were more likely to be diagnosed with externalizing disorders, while young women were more likely to be diagnosed with depression, an internalizing disorder.*

## **GENDER DIFFERENCES**

**G**ender differences in rates of co-occurring psychiatric disorders in substance-abusing adolescents found that more male teenage substance abusers also had disruptive disorders, whereas females had higher rates of depression. **Gender may be useful in helping clinicians who assess youths referred to drug treatment by signaling the likely presence of certain psychiatric disorders for males and females.**

**Clinicians should not rule out the possibility of a disorder based on the patient's gender," advised Mona Sumner.** "For example, although co-occurring disruptive disorders are more common among males than females, this shouldn't obscure the equally important finding that high rates of these disorders are also present among substance-abusing females. "

The patterns of single-substance versus polysubstance use also varied with gender. Girls were more likely to be diagnosed with abuse or dependence on only one drug, while boys were more likely to be diagnosed with simultaneous abuse or dependence on more than one drug. Both genders had similar rates of mild depression (dysthymia), chronic depression with episodes of major depression, and bipolar disorders.

## THE PATH TO HEALING

**A** ccording to Mona Sumner, Chief Operations Officer at Rimrock Foundation, “drug abuse and psychiatric disorders co-occur at extremely high rates in adolescents”. She suggests treatment programs will be more effective if strategies address co-occurring disorders. Those geared toward adolescent boys may benefit by incorporating strategies that address psychiatric problems related to behavioral dysfunctions. Those intended for adolescent girls will need to include therapies that address major depression.

**When a group of patients shares a characteristic, such as age or gender, it seems reasonable to expect that they most often require a treatment sensitive to that set of characteristics. To be most effective, behavioral treatments must appropriately attend to both gender, racial and ethnic differences among adolescent substance abusers.**

**With effective treatment, up to 80% of those adolescents suffering with depression have shown dramatic improvement, usually in a matter of weeks.**



Treatment of depression can improve a patient’s overall quality of life in several ways. It can enhance the ability to follow the treatment regimen for a co-occurring medical condition by decreasing complications and improving the eventual outcome.

In addition, effective management of depression can lessen the degree to which the patient is irritable, demanding, or experiences overall problems in functioning. Any of these issues may contribute to slower or more difficult recovery and greater stress and disability from the medical condition. Controlling the depression will often improve the cognitive symptoms that are a part of some illnesses.

**“As with many other illnesses, the earlier treatment begins, the more effective it is likely to be with the greater the likelihood of preventing serious recurrences.** Treatment providers should be addressing the constellation of emotional and behavioral problems presented by each individual”, explains Mona Sumner.

**For further information on Rimrock Foundation’s treatment of Co-Occurring Disorders, visit our website at [www.rimrock.org](http://www.rimrock.org). For more educational information on Co-Occurring Disorders, contact the Rimrock Foundation Library at 1-800-227-3953 or 1-406-248-3175.**

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