



**Addiction Solutions**  
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## **ADOLESCENT CO-OCCURRING DISORDERS FREQUENTLY ASKED QUESTIONS**

**1. What are the most difficult aspects of working with an adolescent with co-occurring disorder?**

The most challenging aspect is coordinating a system of care in working with the adolescent and family by utilizing a unified treatment plan that is inclusive of all needs. Agencies and professionals tend to be constrained by different requirements which can delay needed services. Funding and system requirements can delay more intensive services. Finding the common ground and working on ways to improve communications from an interagency standpoint is crucial. It is very difficult to move major systems toward new ways of doing business. I have seen this done well in numerous states and the result has been actually extensive and improved services for everyone.

**2. Do you find that most adolescents who are cannabis users are also nicotine users?**

While a significant number of adolescents who use cannabis also use nicotine, there are those who state they don't like smoking nicotine. Generally the cannabis is used because they want to change their mood and feelings in some way. We know that nicotine is a very addictive substance and one of the leading causes of death and illness worldwide. Programs that provide information regarding the effects of all substances is beneficial as teens learn to make appropriate decisions.

**3. How can mental health professionals shift to teaching life skills, which is an approach generally supported in a substance abuse philosophy of recovery?**

In my opinion, this issue needs a shift in several areas. Adolescents with severe mental illness have traditionally been viewed as not being able to perform certain tasks. Those working with adolescents must look at the teenager as a whole person, considering abilities in all aspects of life, and provide services which will not only enhance strengths but also teach skills to help teens cope with issues they find challenging. Frustration is a catalyst for relapse, not only for medication non-compliance but also for relapse back to substance use. Coping skills, communication skills, and life skills are a must in working with adolescents, and as important as addressing clinical concerns for those with severe mental illness. Objectives for teaching and coaching life skills should be added to the treatment plans for adolescents with co-occurring disorders.

**4. What are the resources for clinicians/staff for better understanding both the behavior of adolescents using substances and adolescents who have developed a mental illness?**

Fortunately, the fields of addiction and mental health offer numerous resources in providing additional information and training. In addition to the developed resource toolkit, the National Institute of Drug Abuse (NIDA) and the Substance Abuse & Mental Health Services Administration (SAMHSA) offer publications referred to as TIPS (Treatment Improvements Protocols) to provide detailed information on treatment. These publications cover all aspects of addiction and mental health treatment which includes adolescents and families. These are great resources and can be ordered free from NIDA and SAMHSA.

**5. New technology working with clients utilizes brain scans and mapping. Will this be available for clients with lower income levels and who are non-insured?**

Currently the cost of these types of interventions are expensive and providers usually only take cash fee as reimbursement unless they are participating in a research project. However as the system changes and healthcare reform becomes more defined we may see more access to these types of services for everyone. Increased parity for mental health and substance use will also provide more advanced treatments and access.

**6. How long should the course of treatment be for an adolescent with co-occurring issues?**

The treatment plan should always address strengths and deficits with all issues. The goals need to define short-term issues and long-term issues and include the family in the process. Each adolescent and family will be different and unfortunately funding often determines the length of services. With that being said, services provided should begin at intake to include a comprehensive on-going plan to bring in supports, family, services, and all needed resources to address the needs even after formal treatment has ceased. A

**7. If I refer an adolescent for services how can I know the clinician is qualified to work with adolescents who have a co-occurring disorder?**

The best way to find out information on qualification is to ask a lot of questions. Specifically, is the clinician licensed as a mental health professional or certified as an addiction professional, or, more specifically, certified in co-occurring disorders? Then ask additional questions such as specific experience, training, education in working with co-occurring populations. These professionals, either licensed mental health professionals or certified addiction professionals, will have demonstrated their training, experience, education and special skills specifically related to co-occurring disorders through application to the Alcohol and Drug Certification Board of Georgia and/or the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. Upon review of these criteria and a testing process, these professionals have demonstrated the expertise needed in providing integrated co-occurring services.

**8. My agency is still doing business as it did many years ago and does not seem to want to let go of older treatment models. How can I help move an agency to new evidence-based practices?**

Many agencies get used to providing services as they have always done, as it is just easier. Many do not want to learn new skills. The use of evidence-based practices actually enhances and eases some of the stress of clinical work. An evidence-based model has been found to be effective and helps the counselor guide and direct services with approaches and treatment plans that increase retention and positive outcomes. If you learn more about evidence-based practices and begin implementation, your successful efforts will certainly be recognized with positive outcomes and others will want to follow and learn more as a result.

**9. How do we obtain information about the services offered in our community?**

Many communities offer a resource listing of all the agencies in the area providing services. Some of these publications are offered through the local area Chamber of Commerce or local hospitals. Other publications are completed by state agencies such as the Department of Behavioral Health & Developmental Disabilities, or the Department of Family and Children Services. Find some of those publications for your area. They are usually updated yearly and have contact information for each of the agencies and private resources. Attendance at local collaborative meetings is also a good way to find out about new services and resources. [Note: Each county has, by Georgia law, an active Local Interagency Planning Team, or LIPT, that is charged with providing an integrated system of care and access to resources for the local area. You can find out about the LIPT in your area by contacting your Regional Office of the Department of Behavioral Health & Developmental Disabilities.]

**10. I have just completed my degree and I'm trying to get work in the area of behavioral health. What is a good way to start work and receive my certification in addiction?**

Many organizations offer entry level positions in working with substance use and mental health disorders. An entry-level position will allow you to gain the experience, supervision, training and further education to sit for the certification exam. If you are having problems finding paid employment some agencies offer volunteer work that will help to get you started and begin to network with agencies who will hire paid staff. Also, networking is important. Attending trainings and meetings regarding behavioral health is a good way to meet those professionals already in the field who can help in making referrals to open positions.