

**2008 WA COD Conference Workshop IV:  
Treatment & Management of Common Co-  
Occurring Disorders in Adolescents**



**Ray Hsiao, MD**  
Co-Director, Adolescent Substance Abuse  
Program  
Seattle Children's Hospital



## Overview

- Learning objectives
- Practice Parameters on Substance Use Disorders (SUDs): American Academy of Child and Adolescent Psychiatry (AACAP, Bukstein et al., 2005)
- Brief Literature Review of treatments for SUDs & common CODs
- Practical Tips & Case Studies
- Questions

## SUD Treatment

- Family-based psychotherapies
- Behavioral Therapy
- Cognitive Behavioral Therapy (CBT)
- Motivational approaches
- 12-Step approaches: Minnesota Model
- Contingency Management
- Integrative approaches
- Medications (emerging but limited)

## SUD Treatment factors

- Treatment > none & Longer better
- Pretreatment
  - Non-white, high severity, criminality, lower educational status = poorer outcome
- Intreatment
  - Time, family, skills, scope of services
- Posttreatment
  - Peers, activities
- Positive factors
  - Treatment completion, low pretreatment use, peer & parent social support

## COD Treatment

- DBD
  - Family-based & CBT
- Depressive & other mood disorders
  - Medications & Psychotherapies
- Anxiety Disorders
  - Medications & Psychotherapies
- ADHD
  - Medications & Psychotherapies

## Integrated Treatment

- Riggs et al., 2007: Landmark study
  - 126 adolescents 13-19
  - 16-week individual CBT+Fluoxetine vs. CBT+Placebo for SUD+MDD+CD
  - MDD remission: Fluox > Placebo on CDRS-R
  - SUD: reduce use in both groups
    - Remitters > non-remit
  - Conduct: reduced in both groups
    - Remitters > non-remit
- Riggs et al., 2007: Follow-up
  - CBT retained gains at one year follow-up

## ADHD issues

- ADHD vs. no ADHD: no SUD difference
  - Biederman et al., 1997
  - Increase with Conduct or Bipolar
- ADHD stimulant vs. no treatment
  - Wilens et al, 2003 meta-analysis
    - ADHD treatment: no increase in SUD
    - No ADHD treatment: increased SUD
  - Manuzza et al., 2008: Early initiation not a risk
  - Biederman et al., 2008: no change in risk

## Treatment Guidelines

- Integrated or target both SUD & COD
- Abstinence as long-term goal with harm-reduction as needed interim goal
- Address all domains in treatment plan
  - Motivation
  - Family
  - Skills
  - COD symptoms
  - Social ecology
  - Adequate treatment in least restrictive setting

## Management Issues

- DSM & Survey limitations
- Dropout & non-compliance
  - Internalizing more treatment complete >
  - Externalizing less complete and quicker relapse >
  - Mixed
- Aftercare
- Benzodiazepines for anxiety
- Suicidality
- Family & Social
- NOT ONE-SIZE FITS ALL: SYSTEMS ISSUES