WORKING WITH SUBSTANCE DEPENDENT ADOLESCENTS WITH CO-OCCURRING CONDUCT DISORDER

By

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More and more substance abuse counselors, mental health professionals, juvenile justice workers, and school personnel are questioning the interfacing and interrelatedness between conduct disorders and substance abuse in adolescents. Conduct disorder is one of the most common forms of psychopathology and also one of the most costly in terms of personal loss to patients, families, and society (Gureje, et al., 1994). It is also one of the most difficult conditions to treat, because the disorder is complex and pervasive. The complexity is further complicated by the lack of resources in the families and communities in which conduct disorder develops (Adam, et al., 1991; Blaske, et al., 1989; Chiland & Young, 1994; Christ, et al., 1990; Cantwell, 1972; Aronowit, et al., 1994).

Treatment is also complicated by the tendency of the juvenile justice and school systems to delay bringing children with conduct disorder to the attention of psychiatric professionals. Instead, these youth often are hardened by the probation and parole systems, delaying treatment and making intervention more difficult as the disorder becomes chronic. The essential feature of conduct disorder is a repetitive and persistent disorder in which the basic rights of others or other major age-appropriate societal norms or rules are violated. Symptoms do not occur spontaneously but endure over time, until there is a consistent pattern of aggression toward people and animals, destruction of property, deceitfulness and violation of
rules. Many of these youths fail to develop social attachments and tend to have poor peer relationships. This may lead to further withdrawal and self-isolation. The development of conduct disorder has been associated with negative parental attitudes and chaotic home environments. Parental psychopathology and criminality, as well as child abuse and neglect, have also been shown to have an association with the development of symptoms. How then should those working with adolescents understand the issue of the co-occurring disorders of substance abuse and conduct disorder? Research supports that one of the most consistent findings in childhood and adolescent psychopathology is the high rate of co-occurrence of disorders. As reported by Anderson, et al (1987), 55% of children with a diagnosable condition have two or more additional disorders. With respect to conduct disorders, co-morbidity is the rule rather than the exception. Substance use disorders frequently co-occur with conduct disorder/oppositional defiant disorder (CD/ODD) (Arredondo & Butler, 1994; Feehan, et al., 1994). The association between substance use disorders and conduct disorder has often been explained using the Jessor and Jessor’s (1997) problem behavior therapy. Within this framework, different problem behaviors are viewed as part of a broader deviance pattern that reflects a single underlying syndrome and induces various types of norm-violating behaviors. Catalano, et al. (1992) provides an excellent listing and description of the risk factors for adolescent substance abuse, which is sectioned off into macro, exo, meso, and micro.
1. Laws and norms favorable toward behavior
2. Availability of drugs
3. Extreme economic deprivation
4. Neighborhood disorganization
5. Physiologic factors
6. Family alcohol and drug behavior and attitudes
7. Poor and inconsistent family management practices
8. Family conflict
9. Low bonding to family
10. Early and persistent problem behaviors
11. Academic failure
12. Low degree of commitment to school
13. Peer rejection in elementary grades
14. Association with drug-using peers
15. Alienation and rebelliousness
16. Attitudes favorable to drug use
17. Early onset of drug use

Interestingly, the aforementioned risk factors also apply to delinquency, school refusal behaviors, teenage pregnancy, violence, and mental illness.

Although not all youth who use substances have a history of conduct disorder, from research, clinical practice, and general observation, pre-existing conduct disorder constitutes a significant risk factor for substance use (Catalano & Miller, 1992), particularly in girls (Loeber & Keenan, 1994). In addition, concurrent
substance use may increase the risk of more serious delinquent behavior (Loeber & Keenan, 1994).

**Integrated Treatment for Adolescents with Substance Use Disorders and Conduct Disorders**

One area that has received strikingly little research with adolescents is the integration of substance use and other mental health services that can treat adolescents with both kinds of disorders. Historically, there has been a divide between treatment systems for substance abuse and mental health disorders. Some substance abuse counselors often have little or no training in mental health issues and programs often ignore co-occurring problems or refer patients to other systems during (parallel) or after (sequential) substance abuse treatment. There is consensus that lack of integration leads to poor coordination of services, miscommunication, and funding conflicts, all of which contribute to attrition and poor outcomes for patients (Osher & Drake, 1996). According to Paula D. Riggs, M.D. (2003) the following psychopharmacological principles are important in treating adolescents with substance abuse and conduct disorders:

- Medication is not a first-line treatment for ODD/CD, the most common co-morbid diagnoses with substance use disorders (SUD) (Riggs & Whitmore, 1999).

- Behavior and family-based interventions are used most effectively with these disorders.
• Practitioners should avoid treating CD with medication, although there may be social, educational and family pressures to employ pharmacological practices first.

• Behavioral approaches linked with urine testing should show some outcomes for monitoring youth with CD and SUD.

• Cognitive behavioral therapy – gives the adolescent skills to mediate impulsivity, aggression, and anxiety, which are symptomatic of conduct disorder. This approach combines behavioral expectations with building skills in coping, pro-social communication, and problem solving.

Bukstein (1995), in one of the first useful books targeted to the spectrum of issues related to adolescent substance use disorders, provides seven specific social skills for adolescents who present with substance abuse and conduct disorder.

  • Drug and alcohol refusal skills
  • Relapse prevention skills
  • Communication skills
  • Problem-solving skills
  • Anger control training
  • Relaxation training
  • Leisure time management

The aforementioned social skills are not useful only for adolescents with substance use and conduct disorder, but are equally efficacious for adolescents with substance use disorders. Additionally, Haggerty, et al (1989) utilizes principles from
the Project Adapt Program targeting four skill areas for intervention for adolescents with substance abuse and conduct disorder.

- Consequential thinking to identify the antecedent and consequences of behaviors.
- Self-control in resisting impulses to use, peer pressure, and to develop refusal skills.
- Avoiding trouble by identifying and avoiding high-risk situations for use and associated problem behaviors.
- Social networks by identifying pro-social activities and new non-using friends.

There are many youth with substance abuse and conduct disorders who also have challenges in social problem solving (Van Hasselt, et al, 1993) in their social problem model, which has shown efficaciousness in both individual and group settings.

- Stop and identify the problem.
- Identify your goals.
- Generate possible solutions and determine the consequences of each solution.
- Choose the most effective solution, evaluate its actual effectiveness, and self reinforce for appropriate adaptive behaviors.

Adolescents with substance abuse and conduct disorders in treatment present with numerous challenges for those working with them (i.e., impulsive, aggression—either hostile or retaliatory, disregard for the rights of others, hurtful
acts upon animals, intimidates others, setting fires, destroying others’ property, uses a weapon, or breaks into someone else’s house. These behaviors have the potential to cause staff burnout and in some instances, staff unprofessionalism, i.e., yelling at youth, adopting a parental role, or being punitive with youth. For the purposes of supplying the most effective treatment and for increasing the chances of better outcomes, the therapist who works with substance abusing/conduct disordered youth in multiple settings might follow a team approach, which appears to reduce such problems as sick/call-in days, staff acting out with youth, and general unprofessionalism among staff.

Adolescents with such intense challenges as substance abuse and conduct disorders need to know that they can recover, improve social and interpersonal relationships, learn new and appropriate ways to get their needs met, complete school, improve family relationships, and lead meaningful lives. They need to see that, if others can do this, so can they.
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