



Depressed and addicted VCU's clinic among programs addressing teens' dual disorders

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It is difficult enough when a child suffers from severe depression or has a drug problem -- but what do you do when they have both problems?

When the good friend of one 17-year-old died from abusing over-the-counter cold medicine, the teen said he became depressed.

He had used marijuana before, but after his friend's death last year, he tried other drugs.

"I started doing a lot of the other stuff, like some of the hard drugs . . . for a while. Heroin a couple of times," he said.

His mother, who asked that their names not be used, said she frantically searched for help, but there were not a lot of programs that could treat his depression and drug use.

Parents trying to find assistance for children with mental-health and substance-abuse problems often try to patch together services because many programs don't address both problems.

Research suggests teens with dual mental-health and substance-abuse disorders are at greater risk of suicide, don't do as well in treatment and have higher rates of relapse after treatment.

"Our whole field was missing the boat," said Brian Meyer, a child psychologist and executive director of the Virginia Treatment Center for Children at VCU Medical Center.

It's only been within the past decade or so that researchers have begun to study dual diagnoses in adolescents and teens, he said. Even so, there still is not much guidance on methods that work best.

"There is a lot of information identifying the characteristics of substance-abusing youth," said Dave Tiller, executive director of the Recovery Center of Richmond, an outpatient facility affiliated with Poplar Springs Hospital in Petersburg. But in terms of having good models for treatment, there really aren't any, he said.

However, better data are emerging on how prevalent the problem is. A federal analysis of 78,000 adolescent admissions to treatment programs suggested that about 21 percent had a psychiatric problem in addition to an alcohol or drug problem. By comparison, an estimated 19 percent of adult admissions have

co-occurring disorders.

Meyer said as many as 50 percent of teens with mental-health disorders also have a substance-abuse disorder, and about 60 percent of youths with substance-abuse disorders have a co-occurring mental health disorder.

It is not always clear which came first.

But evidence suggests that some mental-health disorders -- specifically behavioral disorders -- are more likely than others to lead to substance abuse, according to reports from the federal Substance Abuse and Mental Health Services Administration. Those behavioral disorders include attention deficit hyperactivity disorder and conduct disorders in which youngsters constantly act out.

One complicating factor is that adolescents are still developing, so there is some reluctance to label them with some psychiatric diagnoses, including bipolar and personality disorders.

"The problem with youth . . . is determining if this is just a transient situation where they are showing a lot of angst and irritability and inability to make appropriate attachments to other people. Those just come with being a teenager," Tiller said.

Dr. George Bright, a physician whose Midlothian-based practice is focused on treating adolescents and others with substance-abuse disorders, said many of the young people he works with have undiagnosed ADHD in addition to drug addiction.

As a result of the ADHD, from elementary school on they perform at less than their potential and don't develop a good sense of self.

"One of the major issues these young people have is self-medicating their own social insecurity and social anxiety," Bright said.

"When they enter middle school, the number one concern of all adolescents is peer acceptance," Bright said. Many adolescents look for a "social lubricant" such as alcohol and/or marijuana to cope with insecurity and frustration, he said.

"What we have done is to medically withdraw them from alcohol and or opiates, and then if they are truly ADHD, we treat them with the appropriate medication," Bright said. He said that when the drug addiction and co-occurring disorder are treated simultaneously, the chances of a relapse are reduced.

Bright said, "It is very common to find chronic depression in this population. . . . I think the real key is there has to be a dual approach."

Recovery Center of Richmond takes a similar approach in treating young patients.

"Typically, we need to have the individual to remain abstinent from any mood-altering substance for a period of time," Tiller said. That allows the counselors to make sure drug-withdrawal symptoms are not misidentified as mental-health issues.

The Virginia Treatment Center for Children this year launched the Youth Co-Occurring Disorders Clinic for treating adolescents. It combines several methods, including cognitive behavioral psychotherapy, which focuses on changing faulty, negative thought patterns, motivational interviewing, skills training and medication, when necessary.

The program, Meyer said, is modeled after the program created by a Colorado researcher, Dr. Paula Riggs, whose work focuses on youths with

co-occurring disorders.

"It's not a therapy where people go and uncover all the painful events in their history," Meyer said. "This is a treatment where you say to kids, 'What are your goals and how can we help you get there?' We customize it to every kid."

All youths go through sessions focused on identifying their triggers for substance abuse, coping with cravings and their personal history of substance-abuse and mental-health problems.

"The intent is to leave them feeling hopeful and positive about their ability to change," Meyer said.

The 17-year-old who turned to harder drugs after his best friend died went through the VCU program last fall. He says he is doing well, getting interim grades of all A's and one B. He still goes to therapy and has an occasional drug test.

Meyer said the treatment center is applying for additional grants to continue the program past July. Among those who have been through the program, he said the things that stand out are how many have used marijuana and the number who have experienced some kind of trauma, mainly physical or sexual abuse or neglect.

"If we're looking for a single common factor, something that underlies the fact that kids will end up with both problems, for most of them we are talking about some sort of traumatic experience. They develop mental-health problems," Meyer said. "One of the ways they cope is by abusing substances. Trauma seems to be a way to end up in both places at the same time."

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