

Current Challenges in Adolescent Care for Co-occurring Disorders: Vision for the Future.

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Disclosure Information (Required)

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April 27, 2025, 10:15 AM – 11:30 AM

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- ☀ I do not have any relationships with ineligible companies to disclose.



Learning Objectives

- Describe the prevalence and impact of co-occurring disorders (CODs) in adolescents and young adults.
- Identify key challenges in treatment engagement and retention.
- Consider best practices, including integrated care models, trauma-informed approaches, and standardized assessment tools.
- Discuss the use of ASAM criteria and CALOCUS/CASII in level-of-care and treatment intensity determinations for youth with co-occurring disorders.

Defining Co-Occurring Disorders

- Over 50% of young adults with Substance Use Disorders (SUDs) have a co-occurring psychiatric disorder.
- Common co-occurring conditions: Depression, anxiety, PTSD, ADHD, bipolar disorder.
- Impact: Increased severity of symptoms, treatment resistance, higher SUD persistence and relapse rates, greater risk of suicide.

Principles of Care

1. Integrated mental health and addiction treatment across settings.
2. Trauma-responsive care for youth with Adverse Childhood Experiences (ACEs).
3. Regular reassessment of evolving mental health needs and treatment goals over time.

The Systems of Care approach

- ✱ Emphasizes the importance of coordination across the diverse systems that may support a patient's treatment and recovery support needs.
- ✱ Includes schools, healthcare providers, juvenile justice systems, child protective service and foster care systems, and systems providing services to youth with intellectual or developmental disabilities.
- ✱ Patients' needs across these diverse areas should be coordinated in a team-based, family-driven, youth-guided approach across agencies.



AACAP Committee on Community-Based Systems of Care and AACAP Committee on Quality Issues (2023).

Integrated Care Models

- Collaborative Care Model (CCM): Multidisciplinary teams coordinate care.
- Patient-Centered Medical Home (PCMH): Primary care as the hub for integrated services.
- Dual Diagnosis Treatment: Mental health and addiction specialists working together.



American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Community-Based Systems of Care and AACAP Committee on Quality Issues (2023).

Co-occurring services

☀ Strengths

- Integrated care models improve outcomes.
- Family involvement enhances engagement.
- Developmentally tailored approaches (youth-friendly).
- Evidence-based treatments (CBT, DBT, MST) adapted for COD.
- School-based services increase access.
- Peer support programs foster connection.

☀ Limitations

- Limited access to integrated programs for youth.
- Shortage of trained COD providers.
- Stigma and reluctance to seek help.
- Fragmented care between mental health & SUD services and transitions in services.
- Limited research focused on adolescent and transitional age COD treatment.
- Cultural mismatch in traditional programs/ disparities.

Treatment level and intensity

- **Level of care:** A patient might be in an "inpatient" level of care, which is a high level, but receive relatively low treatment intensity if their therapy sessions are infrequent.
- **Treatment intensity:** A patient in an "outpatient" level of care (lower level) might have a high treatment intensity if they attend frequent therapy sessions and participate in intensive group activities

ASAM Criteria for Level of Care Determination

☀ Six dimensions:

1. Acute intoxication/withdrawal potential.
2. Biomedical conditions/complications.
3. Emotional, behavioral, cognitive conditions.
4. Readiness to change.
5. Relapse, continued use, or continued problem potential.
6. Recovery/living environment.

CALOCUS/CASII: *Child and adolescent level of care/utilization system*

- Standardized assessment tools for youth mental health and substance use needs.
- Guides treatment intensity recommendations.
- Considerations for developmental stage and functional impairment.

CALOCUS WORKSHEET

Rater Name: _____

Date: _____

Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of care using either the Placement Grid or the Decision Tree.

<p>I. Risk of Harm</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Low Potential for Risk of Harm <input type="checkbox"/> 2. Some Potential for Risk of Harm <input type="checkbox"/> 3. Significant Potential for Risk of Harm <input type="checkbox"/> 4. Serious Potential for Risk of Harm <input type="checkbox"/> 5. Extreme Potential for Risk of Harm <p style="text-align: right;">Score_____</p>	<p>IV. B. Recovery Environment – Level of Support</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Highly Supportive Environment <input type="checkbox"/> 2. Supportive Environment <input type="checkbox"/> 3. Limited Support in Environment <input type="checkbox"/> 4. Minimal Support in Environment <input type="checkbox"/> 5. No Support in Environment <p style="text-align: right;">Score_____</p>
<p>II. Functional Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Minimal Impairment <input type="checkbox"/> 2. Mild Impairment <input type="checkbox"/> 3. Moderate Impairment <input type="checkbox"/> 4. Serious Impairment <input type="checkbox"/> 5. Severe Impairment <p style="text-align: right;">Score_____</p>	<p>V. Resiliency and Treatment History</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Full Response to Treatment <input type="checkbox"/> 2. Significantly Resilient and/or Response to Treatment <input type="checkbox"/> 3. Moderate or Equivocal Response to Treatment and Recovery Management <input type="checkbox"/> 4. Poor Response to Treatment and Recovery Management <input type="checkbox"/> 5. Negligible Response to Treatment <p style="text-align: right;">Score_____</p>
<p>III. Co-Morbidity</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. No Co-Morbidity <input type="checkbox"/> 2. Minor Co-Morbidity <input type="checkbox"/> 3. Significant Co-Morbidity <input type="checkbox"/> 4. Major Co-Morbidity <input type="checkbox"/> 5. Severe Co-Morbidity <p style="text-align: right;">Score_____</p>	<p>VI. A. Acceptance and Engagement – Child/Adolescent</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Optimal <input type="checkbox"/> 2. Constructive <input type="checkbox"/> 3. Obstructive <input type="checkbox"/> 4. Destructive <input type="checkbox"/> 5. Inaccessible <p style="text-align: right;">Score_____</p>
<p>IV. A. Recovery Environment – Level of Stress</p>	<p>VI. B. Acceptance and Engagement – Parent/Primary</p>

<ul style="list-style-type: none"> 1. Minimal Impairment 2. Mild Impairment 3. Moderate Impairment 4. Serious Impairment 5. Severe Impairment <p style="text-align: right;">Score_____</p>	<ul style="list-style-type: none"> 1. Full Response to Treatment 2. Significantly Resilient and/or Response to Treatment 3. Moderate or Equivocal Response to Treatment and Recovery Management 4. Poor Response to Treatment and Recovery Management 5. Negligible Response to Treatment <p style="text-align: right;">Score_____</p>
<p>III. Co-Morbidity</p> <ul style="list-style-type: none"> 1. No Co-Morbidity 2. Minor Co-Morbidity 3. Significant Co-Morbidity 4. Major Co-Morbidity 5. Severe Co-Morbidity <p style="text-align: right;">Score_____</p>	<p>VI. A. Acceptance and Engagement – Child/Adolescent</p> <ul style="list-style-type: none"> 1. Optimal 2. Constructive 3. Obstructive 4. Destructive 5. Inaccessible <p style="text-align: right;">Score_____</p>
<p>IV. A. Recovery Environment – Level of Stress</p> <ul style="list-style-type: none"> 1. Minimally Stressful Environment 2. Mildly Stressful Environment 3. Moderately Stressful Environment 4. Highly Stressful Environment 5. Extremely Stressful Environment <p style="text-align: right;">Score_____</p>	<p>VI. B. Acceptance and Engagement – Parent/Primary Caretaker</p> <ul style="list-style-type: none"> 1. Optimal 2. Constructive 3. Obstructive 4. Destructive 5. Inaccessible <p style="text-align: right;">Score_____</p>
<p>Composite Score</p> <div style="border: 1px solid black; width: 120px; height: 20px; margin-left: 280px;"></div>	<p>Level of Care Recommendation</p> <div style="border: 1px solid black; width: 120px; height: 20px; margin-left: 280px;"></div>

Trauma-Informed and Trauma-Specific Approaches

- Trauma-Informed Care:
 - Assumes trauma exposure is common.
 - Creates safe, supportive environments.
- Trauma-Specific Interventions:
 - Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), Seeking Safety.
 - Integrated treatment models for PTSD and SUDs.

Motivational Approaches for Youth Engagement

- Shared Decision-Making
- Family and Youth Centered:
 - Collaborative treatment planning with youth and families.
 - Focus on autonomy and readiness for change.
 - Culturally responsive
 - Structural inequities



Spencer, et al., 2021

Case Summary: Alex

Alex, a 19-year-old, presents with escalating alcohol use and depressive symptoms following childhood trauma exposure. Alex reports drinking to manage overwhelming emotions, trouble sleeping, and frequent flashbacks of past trauma. Alex has never been in formal treatment but expresses some willingness to engage if family isn't involved right away.

ASAM Criteria Assessment for Alex

Dimension	Assessment for Alex	Implication
1. Acute Intoxication/Withdrawal	Escalating alcohol use, unclear withdrawal history.	Outpatient withdrawal management or monitoring needed.
2. Biomedical Conditions	No known issues, but alcohol use may impact health.	Likely low-moderate concern.
3. Emotional/Behavioral Conditions	Depression, trauma history (PTSD likely).	Requires integrated co-occurring disorder (COD) treatment.
4. Readiness to Change	Escalating use, seeking help but motivation unclear.	May need motivational enhancement therapy.
5. Relapse/Continued Use	High risk due to trauma & coping through alcohol.	Higher-intensity care recommended.
6. Recovery Environment	Unclear family support, trauma history likely impacts stability.	Supportive housing, peer support may be helpful.

CALOCUS-CASII Assessment for Alex

Domain	Assessment for Alex	Scoring Consideration
Risk of Harm	Moderate – Alcohol use and depressive symptoms.	Moderate risk.
Functional Status	Likely impaired in work, school, and social functioning.	Moderate impairment.
Co-occurrence Complexity	Significant – trauma, depression, and SUD intertwined.	High complexity.
Recovery Environment	Potential instability, trauma history impacts support.	Moderate concerns.
Resiliency and Strengths	Some strengths (seeking help), but poor coping.	Moderate strengths, needs skill-building.
Engagement/Recovery Status	Ambivalent about alcohol use, wants help for trauma.	Requires motivational enhancement.

Treatment Recommendations for Alex

- ☀ ASAM Level of Care: Level 2.5 – Partial Hospitalization (PHP)
- ☀ CALOCUS-CASII Intensity: Level 5 – Medically Monitored Community-Based Program
- ☀ Key Services:
 - Trauma-focused therapy (TF-CBT, EMDR)
 - Co-occurring disorder treatment (integrated SUD & MH)
 - Psychiatric evaluation (depression, trauma)
 - Family therapy (if appropriate)
 - Peer and recovery support
 - Skills-building (DBT elements for emotional regulation)

Family and Community Engagement

- Family involvement improves outcomes.
- Addressing social determinants (housing, education, employment).
- Peer support and community-based interventions.



Policy and System-Level Considerations

- Need for youth-focused services, funding and research.
- Expanding workforce training in treatment for co-occurring disorders.
- Enhancing reimbursement for integrated services. and community-based programming

Final Takeaways/Summary

- ☀ Adolescents and young adults should receive integrated mental health and addiction care across treatment settings
- ☀ Care should be responsive to the needs of young adults exposed to trauma and adversity
- ☀ Regularly assess and respond to the evolving mental health needs, motivations, and treatment goals of young adults with co-occurring disorder
- ☀ Attention to treatment intensity needs in addition to level of care needs can help with planning and access.

References (Required)

1. Welty, L. J., Luna, M. J., Aaby, D. A., Harrison, A. J., Potthoff, L. M., Abram, K. M., & Teplin, L. A. (2025). Do Substances Used in Adolescence Predict the Persistence of Substance Use Disorders in Adulthood? A 15-Year Study of Youth After Detention. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 76(2), 210–219.
2. Spencer, A. E., Valentine, S. E., Sikov, J., Yule, A. M., Hsu, H., Hallett, E., Xuan, Z., Silverstein, M., & Fortuna, L. (2021). Principles of Care for Young Adults With Co-Occurring Psychiatric and Substance Use Disorders. *Pediatrics*, 147(Suppl 2), 229–239.
3. American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Community-Based Systems of Care and AACAP Committee on Quality Issues. Electronic address: clinical@aacap.org, & American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Community-Based Systems of Care and AACAP Committee on Quality Issues (2023). Clinical Update: Child and Adolescent Behavioral Health Care in Community Systems of Care. *Journal of the American Academy of Child and Adolescent Psychiatry*, 62(4), 367–384. <https://doi.org/10.1016/j.jaac.2022.06.001>
4. American Academy of Child and Adolescent Psychiatry & American Association for Community Psychiatry. (2022). *CALOCUS-CASII: Child and adolescent level of care/utilization system: Child and adolescent service intensity instrument*. American Academy of Child and Adolescent Psychiatry.
5. Stallvik, M., & Nordahl, H. M. (2014). Convergent validity of the ASAM criteria in co-occurring disorders. *Journal of dual diagnosis*, 10(2), 68–78.
6. American Society of Addiction Medicine. (in preparation). *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions: Adolescent edition*. American Society of Addiction Medicine.