

**ADHD, Mood Disorders and
Substance Abuse in Schools:
Assessment & Interventions**

Cleveland School Psychologist
Association Annual Meeting
September 21, 2007

Objectives

- Propose a developmental-dimensional perspective
- Describe a vector from ADHD to Mood Disorders to SUD
- Highlight phenomenological features this vector
- Identify markers along this developmental vector useful for assessment and intervention design

Introduction

- Practice – science schism
- Prejudice & misinformation
- Reflect on our practice & experience
- Passing it on

Back to Basics

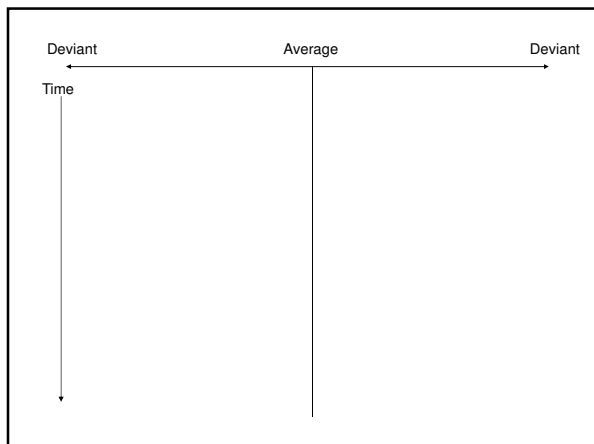
- Assessment as an act of distinction
- Exclusionary logic
- Consensual practices
- Purpose?

Diagnosis

- An act of classification
- Based on consensus
- Not prescriptive
- Assumes homogeneity
- Categorical Structure

Dimensional Developmental Diagnosis

- Compliments formal diagnosis
- Considers developmental expression
- Appreciates dimensional nature of disorders



Acorns & Oaks

- Unlike each other
- One becomes the other
- Unfolding
- Against environmental constraints

Risk Markers

- The state of our knowledge warrants identifying some childhood disorders as risk markers.
- Research is showing that treating childhood disorders prevents the later emergence of S.U.D.

S.U.D. And Adolescent Psychopathology

- Childhood psychopathology is associated with an earlier onset of S.U.D.
- Oppositional Defiant Disorder, Conduct Disorder and Dysthymia are common antecedents to S.U.D.

Comorbidity Is Common

- High rates of SUD and other psychiatric disorders in adolescents (Glantz, 2002)
- Approximately 60% of adolescents with a SUD have a comorbid psychiatric condition (Armstrong and Costello, 2002)

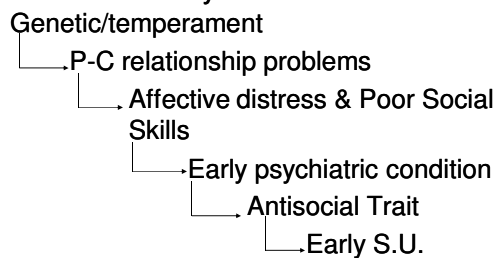
Early Precursors

- Genetic loading, male gender
- Strained parent-child relationship during infancy and preschool

Developmental Paths

- Multiple but finite paths lead to comorbidity
- Common underlying precursors.
- Traceable from early childhood (Shedler, Block and Block, 1991)

Pathway and Risk Markers



Childhood Precursors

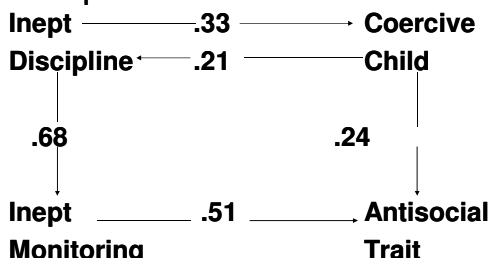
- Disruptive behaviors early in life.
- Untreated or under-treated AD/HD.
- Emotional dysregulation

Conduct Problems

- Inept discipline and supervision promote coercive behaviors in children.
- Coercion underlies Oppositional Defiant Disorder and Conduct Disorder.

(Barkley, Edwards, and Robin, 1999).

Discipline & Conduct Disorder



(Patterson & Bank, 1986)

AD/HD & S.U.D.

To Dose or not To Dose?

- Long-standing concern about the use of psychostimulants priming S.U.D.
- Meta-analytic studies are beginning to shed light on the issue (Wilens, Faraone, Biederman, Gunawardene. 2003) .

Meta-analytic Results

- Treated subjects had 1.9 pooled Odds-Ratio of not developing SUD than untreated subjects (sig.@95% C.I. 1.1-3.6)
- The risk for SUD in treated youth is similar to that found in non-ADHD controls

Meta-analytic Results (cont.)

- Inverse relationship between length of MP/AM treatment and risk for SUD in mid-adolescence.
- Similar relationship found between treatment and risk for chronic tobacco use.

Assessment Considerations

- Nature of parent-child relationship since infancy
- Presence of chronic affective distress evident since preschool age
- Difficulties with peers/alienation from mainstream peers

Parental Functioning

- Psychopathology?
- Single
- Nature & Hx of relationship
- Effective constraints

Assessment (continued)

- Ineffective supervision/ coercive parent-child relationship
- Early psychiatric diagnosis of mood or externalizing disorder
- Untreated ADHD

Assessment (continued)

- Availability of substance using models
- Early experimentation with tobacco and/or alcohol
- Deterioration in academic, social, family, and emotional functioning
- Association with delinquent peers

Assessment (continued)

- Possession of substance-use related instruments
- Involvement with legal system
- Positive tox. screen after being adjudicated
- Prior treatment involvement

Interventions

- Evaluate parent-child relationship for recurrent coercion, noncompliance and ineffective parental monitoring
- Recommend specialized parenting skills training
- Evaluate and treat parental psychopathology

**Developmentally Tailored Interventions:
Elementary School**

- Address instances of recurrent affective distress
- Reinforce child's social/academic involvement and achievement
- Pharmacotherapy and CBT combinations to address nascent mood and attention problems

**Developmentally Tailored Interventions:
Middle School**

- Intervene on early experimentation with tobacco and alcohol
- Intervene on deviant behavior and prevent legal involvement
- Consider multi-systemic family therapy & I.O.P. if C.D. and S.U.D. present
- Pharmacotherapy & CBT if warranted

**Developmentally Tailored Interventions:
High School**

- Determine presence and severity of C.D and coexistence of S.U. disorder
- Determine integrity and quality of parent-teen relationship
- Establish risk level and set thresholds for inpatient treatment
- Expect treatment to be lengthy and to require multiple, coordinated interventions

Summary

- Substance use disorders seem to have clear developmental precursors
- Each precursor is both an index and an intervention target
- Assessment becomes more prescriptive when it considers the dimensional nature and developmental sensitivity of disorders
