

Co-occurring Mental Illness and Substance Abuse in Children Survey

144 responses received

- What is your service area:
 - Outpatient: 31.3%
 - Intensive Outpatient: 0.7%
 - Home-based: 23.6%
 - Juvenile Justice: 18.1%
 - Counselor: 17.1% (n=36)
 - Other: 26.4%
 - E.g. crisis, early childhood education, school, Head Start, developmentally disabled, foster care, forensic interviewing
- Do you hold a certification from the Michigan Certification Board for Addiction Professionals (MCBAP)?:
 - Yes: 11.1%
 - No: 88.9%
- Do you have a Developmental Play with MCBAP?
 - Yes: 5.6%
 - No: 94.4%
- How many of these types of co-occurring cases do you currently have?
 - Response average: 4.16
- How many of these cases have you had in the last year?
 - Response average: 10.33
- How many referrals to substance use providers have you made in the last year?
 - Response average: 5.49

Table 1

	Not Comfortable At All	Not Very Comfortable	Neutral	Somewhat Comfortable	Very Comfortable
1. How comfortable do you feel in capably serving co-occurring mental illness and substance abuse children, age 7-17 years?	2.8%	11.1%	20.8%	30.6%	34.7%

2. How comfortable do you feel you are in capably performing motivational interviewing with co-occurring mental illness and substance abuse children, age 7-17 years?	4.2%	9.7%	19.4%	43.1%	23.6%
3. How comfortable do you feel you are with stages of change in using the correct stage of change with the correct intervention with co-occurring mental illness and substance abuse children, age 7-17 years?	4.9%	15.3%	25.0%	34.7%	20.1%
4. How comfortable do you feel in competently matching interventions based on stages of change?	4.2%	18.8%	22.2%	33.3%	21.5%
5. How comfortable do you feel in competently diagnosing Substance Use Disorder (SUD)?	9.0%	13.2%	18.1%	34.0%	25.7%
	Not At All Knowledgeable	Not Very Knowledgeable	Neutral	Somewhat Knowledgeable	Very Knowledgeable
1. How knowledgeable are you of evidence-based practice/intervention for co-occurring mental health and SUD diagnosis?	7.6%	26.4%	22.2%	30.6%	13.2%

	Not At All Confident	Not Very Confident	Neutral	Somewhat Confident	Very Confident
1. How would you rate your confidence level in understanding the legal implications in working with children as opposed to adults with regard to Child Protective Services?	4.9%	11.1%	22.9%	33.3%	27.8%

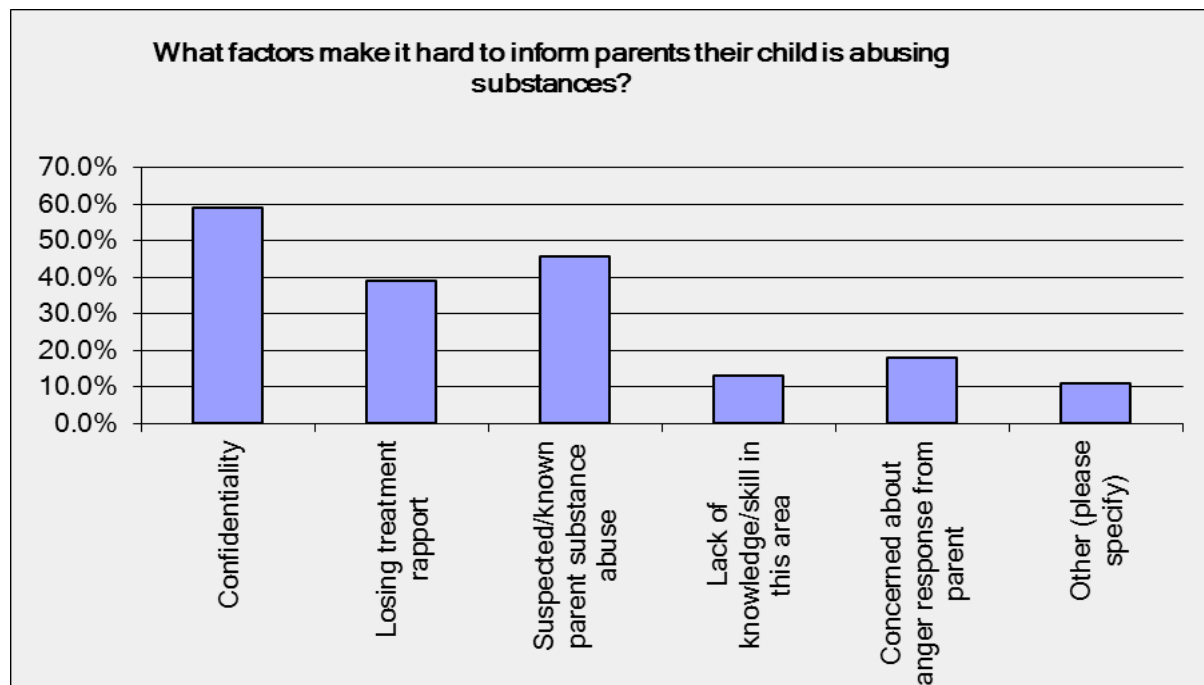
- With regard to your child clients using substances, what percent are using:

	None	1-20%	21-40%	41-60%	61-80%	81-100%
Marijuana	23.6% (34)	22.9% (33)	6.9% (10)	12.5% (18)	18.1% (26)	16.0% (23)
Inhalants	69.3% (95)	20.4% (28)	5.8% (8)	2.2% (3)	2.2% (3)	0.0% (0)
Designer Drugs (including synthetic marijuana, bath salts, ecstasy)	54.7% (76)	25.9% (36)	7.9% (11)	5.8% (8)	4.3% (6)	1.4% (2)
Other Illicit Drugs	55.5% (76)	25.5% (35)	5.8% (8)	5.8% (8)	3.6% (5)	3.6% (5)
Alcohol	27.5% (38)	16.7% (23)	17.4% (24)	15.9% (22)	11.6% (16)	10.9% (15)
Prescription Drugs	42.3% (58)	23.4% (32)	10.2% (14)	10.2% (14)	10.9% (15)	2.9% (4)
Heroin/opiates	71.0% (98)	18.8% (26)	4.3% (6)	3.6% (5)	1.4% (2)	0.7% (1)

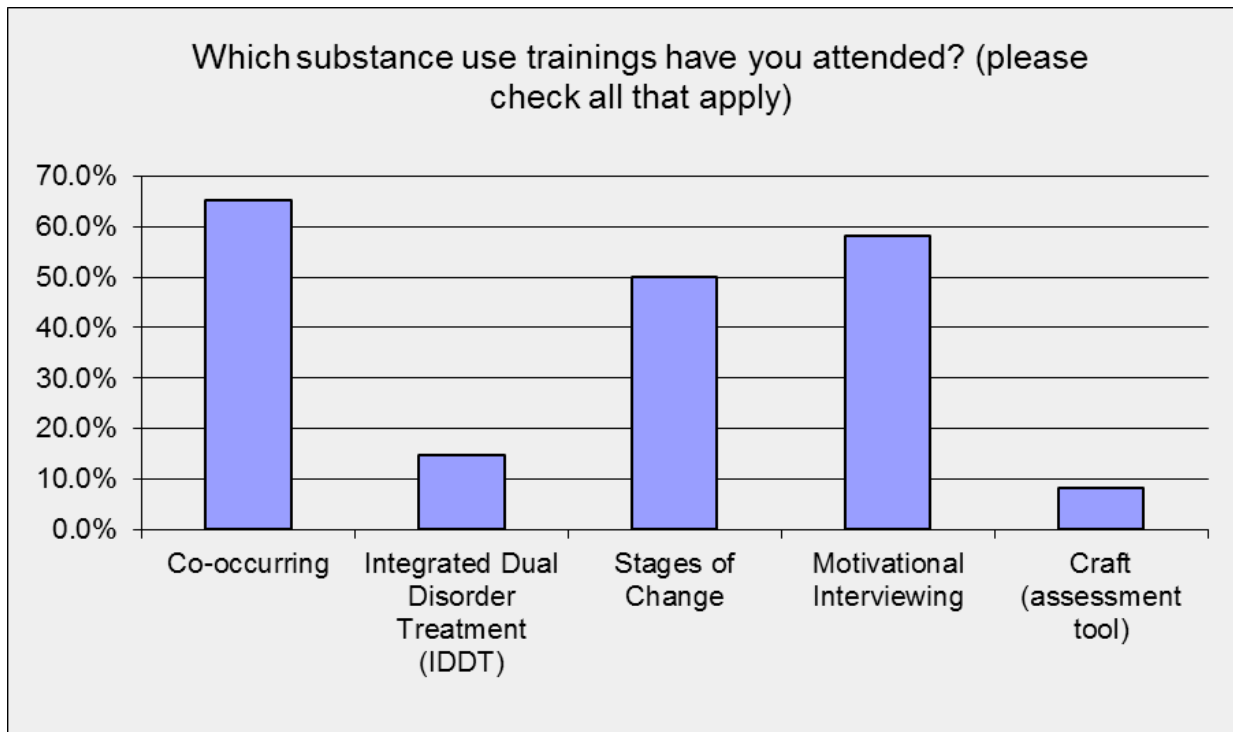
- What is the percentage (that you know of) of your child co-occurring clients whose parents/guardians are also abusing substances?

None	1-20%	21-40%	41-60%	61-80%	81-100%
24.3% (35)	27.1% (39)	16.7% (24)	13.9% (20)	13.9% (20)	4.2% (6)

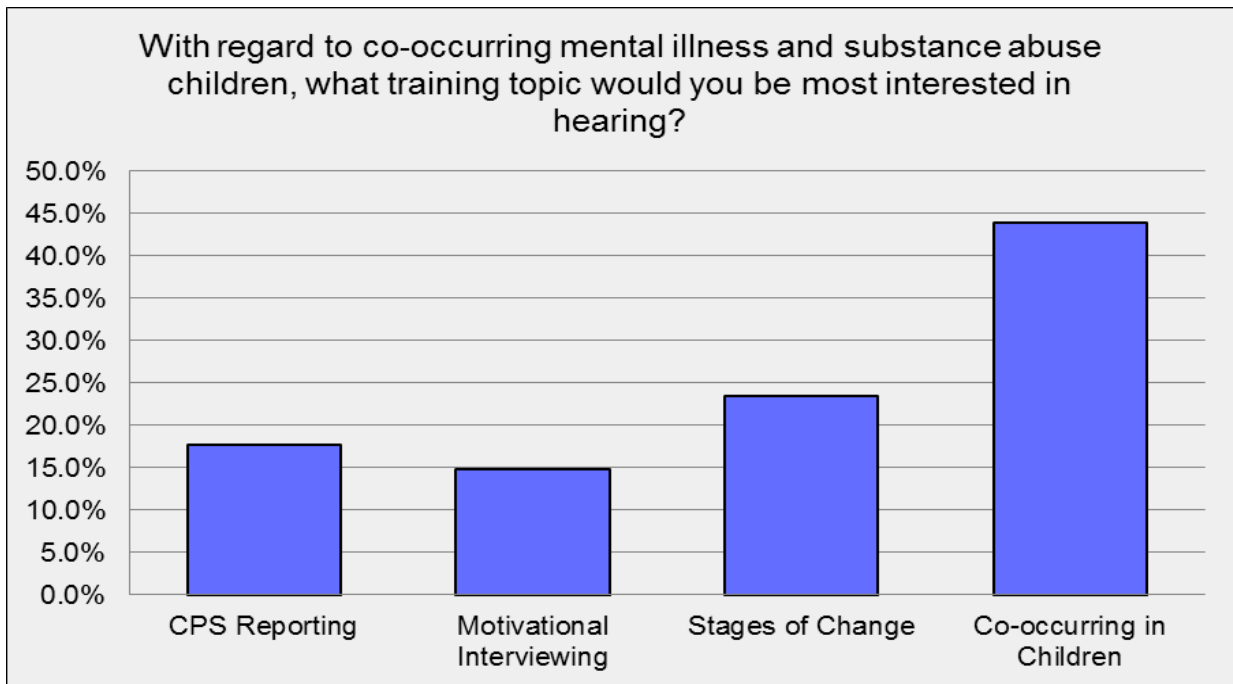
- What factors make it hard to inform parents their child is abusing substances?



- Which substance use trainings have you attended?



- With regard to co-occurring mental illness and substance abuse children, what training topic would you be most interested in hearing?



Qualitative Responses

Co-occurring in children training topics suggested by the participants included: integrated treatment; advanced motivational interviewing; play therapy; education on medications; mental health diagnosis; effective interventions; parent management training; DBT; realistic relapse prevention; grief-stricken children and adults abusing drugs as a coping mechanism; conducting functional assessments/analysis of substance abuse; systems theory of youth and antisocial behavior; IDDT; developmental stages; providing service options for children; family dynamics of substance abuse; how misdiagnoses occur; stage of change with the associated therapist interventions; how to obtain residential treatment.

When asked what else the respondents thought would help to improve their ability to work with children with co-occurring disorders, they responded with: legalities – don't want to break HIPAA laws by wrongfully informing; more trainings; literature; more real-life exposure; research and evidence-based studies related to co-occurring disorders; peer groups; practicum experience.