Co-occurring Disorders in AA Adolescents and Racial Disparities in Treatment

Presented to
The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for
The Degree of Master of Arts in
Adlerian Counseling and Psychotherapy

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June 2016
Abstract

Co-occurring disorders in adolescents may go unrecognized until they reach early adulthood (Hawkins, 2009). Without effective intervention, African American youth with co-occurring disorders are at increased risk of serious medical and legal problems: incarceration, suicide, school difficulties, unemployment, and poor interpersonal relationships. Too many stigmas in the African American community present a threat to mental and substance use disorder treatment and interventions; causing a further decline in the community. Treatment disparities have made it difficult for African American people to seek services and increased normalization and minimization beliefs that problems with MHD and SUD exists. The goal of this literature review is to expose stigmas in the African American community by increasing awareness to ecological factors plaguing in the African American community, and to raise awareness to mental health providers concerning resistance to accessing services, and recognize community strengths.

Keywords: African American Adolescents, Co-occurring disorder, substance use disorder, treatment disparities, barriers, strengths, social ecology
Acknowledgements

I would like to start out by giving acknowledgment to my Lord and Savior, Jesus Christ, because without Him as a prevalent part in my life I could not have made it this far in my education and other endeavors in my life. Next, I would like to acknowledge my husband who has been my number one supporter through everything that I have accomplished. He has pushed me to strive for higher education and towards perseverance in hard work. I would also like to acknowledge all of my family members who has supported me in the background and quietly cheered me on to the finish. Lastly but not least, I thank all the professionals at Adler Graduate School for supporting me in my higher education and encouraging me to achieve the education that I sought to achieve.

A special thanks to Rashida Fisher and Tamarah Gehlen whom proudly accepted my proposal to be my chair and reader in the process of writing and completing my Master’s Project. I appreciate all that you do sincerely.

Kimberly Roseman, MA, LADC
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Introduction

Co-occurring Disorder Defined

The term co-occurring disorder (COD) refers to an individual with one or more psychiatric diagnoses, along with one or more substance use disorders, both at the same time. Co-occurring disorders have other names, such as dual diagnosis and co-morbidity. According to The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) co-occurring disorder refers to as a substance use disorder and a mental disorder. According to the TIP 42, “A diagnosis of co-occurring disorders (COD) occurs when at least one disorder of each type can be established independent of the other and is not merely a cluster of symptoms resulting from the one disorder” (TIP 42). People with mental health disorders are more likely to experience an alcohol or substance use disorder than people who do not have a mental disorder. Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity. In many cases, people receive treatment for one disorder while the other disorder remains untreated (Substance Abuse and Mental Services Administration [SAMSHA], 2015).

Mental Disorder Defined

A mental disorder as described according to The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) as “a syndrome characterized by clinically significant disturbance in an individual cognition, emotional regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlining mental functioning.” DSM-5 describes a mental disorder as distress or disability that is linked socially, occupationally, and in other significant areas of an
individual’s life that have diagnosis involving clinical utility (APA, 2013). For adolescents, the mental disorders that are most commonly seen are anxiety disorders, mood disorders, major depressive disorder, disruptive mood dysregulation disorder (DMDD), conduct disorder, oppositional defiant disorder (ODD), Attention deficit hyperactivity disorder (ADHD/ADD), and post-traumatic stress disorder (PTSD).

**Substance Use Disorder Defined**

A substance use disorder is defined in the DSM-5 as having features of a “cluster of cognitive, behavioral, and psychological symptoms indicating that the individual continues to use the substance despite significant substance-related problems.” As noted, substance use disorders apply to all ten classes listed in the DSM-5 except for caffeine. “The characteristics of substance use disorders is an underlying change in the brain circuits that may persist beyond detoxifications, particularly in individuals with severe disorders” (APA, 2013). “Substance use disorders occur when the habitual use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria” (SAMSHA, 2015).

**Adlerian views on Addiction**

Alfred Adler as an emotional disorder described issues of addiction long before it became problematic. Helen Cooley’s (1983) research asserted that Adler spoke of an individual with chemical dependence or addiction issues as one who is feeling inferiority and experiencing a failure in adaptation, marked by shyness, isolation, oversensitivity, impatience and irritable. The failure felt by the individuals reflect as one who is self-centered because they spend much time
thinking about themselves in aspects of how others view them. Research conducted by Abramson (2015) suggested Adler believed that all individuals are born with a sense of inferiority, the feeling of inferiority becomes psychological inferiority through negative connotations in their life. Abramson (2015) stated inferiority feelings coupled with the lack of social interest and low sense of belonging causes prominent deficits in person’s life, neurotic.

There is a combination of factors leading to substance use disorders, namely physiological, psychological, and social. These are factors that cause misconstrue of purpose in life goals in substance users (Sperry & Carlson, 1996). Adlerian theory teaches that the family is the main social system, a social system that influence one another and ideally democratic (Carlson & Robey, 2011). The family system role is to help in the development of connectedness that contributes to the well-being of each within the family unit. When this role is unfulfilled, individuals fall short of their purpose in life goals and begin to seek other ways of escape; alcohol and drugs enhance the feelings of escape. In the family system, addiction is not a problem with an individual, but it affects everyone within the system.

**Adlerian concepts.** According to Carlson and Robey (2011) adult family members, through human community are responsible for the installation of hope in children and adolescents. Instillation of hope builds confident in adolescents, and elevates their purpose of life goals. On the other hand, the child that withdraws from difficulties in life will begin to seek substitutes for satisfactions and become more inclined to resort to other pleasurable means; seek pleasure on the useless side of life. Other Adlerian concepts that are helpful begins at home. Best practice in outcomes of African American adolescents with co-occurring issues includes: promoting positive encouragement and exploring private logic, inferiority feelings, fictional final goals, and safeguarding behaviors; all which will be reviewed in this literature review.
Adler suggested the experience of encouraging increased one’s sense of self-efficacy and led to behaving in a socially conscious, connected and cooperative way (Mosak & Maniacci, 1999). Adler considered encouragement a crucial aspect of human growth and development (Watts & Pietrzak, 2000). Adler viewed each as a constructionist. That is the creator of meaning and value regarding everything one experiences (Mosak & Maniacci, 1999). Thus, no two people will experience the world in the same way, even when belonging to the same family, school, community or racial/ethnic group.

Adler remarked, "Every individual represents a unity of personality and the individual then fashions that unity. The individual is thus both the picture and the artist. Therefore, if one can change one's concept of self, they can change the picture being painted." (Adler, 2002, pg. 181). The Adlerian concept of private logic describes the cognitive process that justifies the self-serving style of life (Mitchell, 2015). Mosak and Maniacci (1999) indicated that behaviors are viewed as solutions; chosen to meet an individual's need and goal. Further, Adler (1956) argued safeguarding behaviors are interpersonal phenomena that work to as a defense mechanism from perceived threats. According to Adler, drug, and alcohol use is a safeguarding behavior. Adler stated that there are three threats that people defend themselves from, physical threats (safety), social threat (belonging), or the fear of loss of self-esteem or not looking good in our own eyes (significance) (Mosak & Maniacci, 1999).

**Overview of Co-Occurring Disorder**

In this literature review, the three terms Co-occurring disorder (COD), mental disorder (MD), and substance use disorder (SUD) are independent, or the terms may be intertwining. The reason for separate use is based on each disorder diagnosed separately. Co-occurring disorder and substance use disorder can be separate entities, and they can both occur at the same
time; however, statistics show that at least 50-75% of people with substance use disorders suffers from a mental health disorder. It is unknown which disorder comes before the other, both adults and adolescents alike can suffer from co-occurring disorders. While there is effective documentation on co-occurring disorder, it is unclear which disorder precedes the other, or if they occur simultaneously (Reedy & Saunders, 2013). According to recent research, COD occurs when a mental health disorder and a substance use disorder is identifiable independently of each other and are not symptoms resulting from a single disorder; neither disorder considered ‘primary.’ Of youth entering addiction treatment, 70% identified as having a co-occurring mental health disorder and 43% of youth receiving mental health treatment identified as having a co-occurring substance use disorder. The focus of this literature review is the co-occurring disorder in African American youth and adolescents (Fox, 2014).

Often the mention of co-occurring disorder and substance use disorder exclude adolescents from the discussion nor are they acknowledged, but the onset of substance disorders can occur at early stages of life and is a major indication that co-occurring disorder is present. For example, childhood anxiety and traumatic experiences can cause youth to become addicted to drugs/substances later in life, and others may never experience anything until they begin indulging in highly addictive drugs and substances, in which could lead to mental health issues. Co-occurring disorders do not have a specific face, color, age, sexual orientation, particular cultural background, nor is a group of people singled out; however, there are expectations that society places on individuals regarding co-occurring disorders, and response to the expectations ranging from living up to them or rebelling against them.

As stated co-occurring disorder and substance use are not discriminative, the view of the disorders is different depending upon ethnic groups. These differences range from race,
socioeconomic status, risky sexual behaviors, systemic barriers and supports (family, school, work, community, and peers), and disparities in treatment. The current study proposes to address epidemiology of co-occurring disorders and substance use among African American adolescents. According to Burlew et al., (2009) substance use has declined amongst youths over the last ten years; however, drug experimentation remains.

Determining the actual prevalence of co-occurring disorders among youth is very difficult for some reasons: underreporting, sample differences, comorbidity defined cross-surveys differently, and epidemiological estimates regarding sample differences (Hawkins, 2013). The determining factors in which adolescents turn to substance differs by context; however, no adolescence is exempt from these factors. The goal of this study is to debunk some of the stereotypical beliefs surrounding substance use and co-occurring disorders among African American adolescents and emphasize some major contributing factors.

There is not a particular treatment modality existence for co-occurring and substance use disorders. The same treatments made available for all ethnicity groups. Although there are researchers that recognize discrimination and racial disparities in health care, thus affecting health care treatment, the need for further research remains. Schmidt, Greenfield & Mulia, (2006) supported the recognition of racial disparities that exist in substance treatment need, as well as access to, and appropriateness and quality of care provided.
Social and Ecological Issues Among African Americans

Research by Durr, Small, and Dunlap (2009) proposed African American women have been faced with many obstacles that hinder their ability to avoid substance use, thus lessening the chances for their children to escape a similar fate. Single parents run many African American homes, namely black females. In many instances, the African American mother has to maintain raising her kids, provide spiritual and emotional care, provide care to her kin and friends, all while in her active role of caretaker-breadwinner (Durr et al., 2009). Ecological factors that African American women faced in their adolescent years has carried over to their adult life. Some ecological conditions include growing up in homes that are stressful, trauma-filled, volatile, instability in marital and partnerships (Durr et al., 2009). In this research Durr et al., (2009) used three models to define stress (Response-Based Perspective, Stimulus-Based Perspective, and Cognitive Transactional Perspectives). Of the three Cognitive Transactional Perspective, define stress as a relationship of person(s) and environment(s) faced with challenges more than their available resource, causing risks of well-being. Cognitive Transactional Perspective considers race, gender, environmental, and structural restraints sharing a direct relationship with active responses to stress, helping to bring awareness to events in the lives of African American about low income and inner city living stressors (Durr et al., 2009).

To date, the limitation of substance prevention and treatment literature for African Americans have stagnated due to lack of substance use risks factors in African American research. One objective of the literature review show differences in treatment among African American adolescents with some comparison to their counterparts, not minimizing the effect of racial disparity in treatment felt throughout all ages in the African American community. Substance use and co-occurring disorder in African American community often normalized and
minimized, not by society alone, but within their community. In this experiential project you will get a view of co-occurring disorders among African American Adolescents population, how it is normalized and minimized (culturally norm), the closed family system when it comes to treating the disorder, thus making assessments of co-occurring disorders difficult, highlights of specific barriers from family, community and individual aspects, assessing co-occurring disorders, and competent treatment.

**Onset of Substance Use Among African-American Youths**

Research by Burlew et al., (2009) suggested that predictor onset of substance use in the African American community connects to two main factors: neighborhood risk factors, and parental supervision. Although these factors play a major role in African American community, not all onset of substance abuse has a direct link to neighborhood risks factors and parental supervision, but a start for bringing about awareness in African American communities.

Research by Doherty, Green, Reisinger, and Ensminger, (2008) suggested the perception that drugs are linked to the inner city, which includes mostly African Americans, is a stereotype that indicates that African American growing up in inner cities are destined to use and/or sell drugs.

**Neighborhood**

Some risks factors for onset involves drug dealing and drug addictions, along with neighborhood deterioration often seen in the inner city. Growing up in predominantly black communities has had its effect on youth, often youth in specific neighborhoods will look to the neighborhood trend setters in their community as role models. With the trend to drive flashy cars and be well dressed in the latest name brand style of clothing, drug dealers are usually first noticed; especially in the inner cities where this lifestyle is their reality; not to mention that selling drugs is a way to keep habits supplied. In a research study by Floyd, Alexandre, Hedden,
Lawson, and Latimer (2010), black male youths were more likely to report selling marijuana and crack associated with personal use. Research using 13,706 White and Black youth ages 12 to 17 shows approximately 3.4% of youths indicated that they sell drugs. Out of these numbers, 4.5% is white males, and 2% white females and 6.4% (2,953) Blacks that used were 13 times more likely to sell marijuana compared to Blacks that did not use marijuana (Floyd et al., 2010).

Reports show that African American living in high-risk neighborhoods such as urban neighborhoods where there are low socioeconomic factors appear to have higher rates of substance use. According to research, African American youths living in high-risk neighborhoods characterized by high unemployment, poverty, crime, and substance use often have poorer outcomes than those living in favorable environments (Burlew et al., 2009). According to research by Copeland (2006), African American children have higher rates of poverty than many other children in the United States have and form a disproportionately large number in vulnerable, high-need populations due to their placement in child welfare and juvenile justice systems.

Although there are factors that plague urban African American neighborhoods and mark the onset of substance use, neighborhood factors may not be the reason for onset for Caucasian adolescents suffering from substance use. Although the neighborhood is a risk factor for early onset in African American adolescents and substance use, the exposure in the risky neighborhood may not be the same for all children living in that community.

**Parental Supervision**

Although the neighborhood is one of the main risk factors indicated in research report articles, the neighborhood does not trump parental supervision as a risk factor for substance use. Adequate parenting factors can increase the likelihood for adolescents of any race to be a success
regardless of the risks factors, however; African Americans parents faced with other challenges such as low SES and housing barriers easily dismiss adequate parental supervision (Burlew et al., 2009). According to research conducted by Moore and McDowell (2014) challenges include issues of historical trauma and unyielding racism, as well as raising children in homes headed by single females; thus causing obstacles that contend with helping their kids to develop secure self-esteem, high social interest and a sense of belonging. Adlerian concept stated children who lack in their sense of belonging, face increased feelings of inferiority as well as the need to strive for superiority. Striving for superiority leads to insecurity, thus, forming fictional goals, ultimately unattainable goals (Abramson, 2015).

Appropriate discipline, open communication, welcomed affection, family involvement, and appropriate rule setting are positive parenting methods to safe guard children from negative factors and the impact broken neighborhoods can have on them. The lack of parental supervision can have an opposite effect on children, for example, when raised in a single family home where the parent has to work all the time to provide for the family can cause major issues and leave unattended youth to turn to the neighborhood for support. Also, children who become a product of their surroundings lead to substance abuse issues as well. For example, Bell (2002) suggested a family history with genetic predispositions to alcohol and other drugs abused can lead to addictions. This is not just the case for African American adolescents. However, other factors such as lack of parental supervision and predispositions can intensify co-occurring disorders substance use.
Other Risk Factors

Other risks factors include but are not limited to experimentation with legal drugs such as alcohol and cigarettes at early stages in life, undiagnosed co-occurring disorders (this will be discussed as family barrier later in the literature review), and risky sexual behaviors.

**Legal drugs.** Research conducted by Vaughn, Wallace, Perron, Copeland, and Howard (2008) on African American youth implies that African American are more likely to use marijuana before ever trying cigarettes, compared to youth in other ethnicities. By the time African American youth reaches their senior year in school, reports indicate that 47% would have used tobacco, 73% would have used alcohol, and 48% would have used illicit drugs. Presumably, alcohol and tobacco, legal drugs, are “gateways” to illicit drugs such as heroin and cocaine (Vaughn et al., 2008). Vaughn et al., (2008) asserts that their research results show the age of onset for marijuana begins at 10.8 to 11.7 years old and even younger for cigarettes.

According to research by Joffe and Yancy (2004), legalizing marijuana is debated for nearly four decades (Joffe & Yancy, 2004). Efforts to legalize marijuana based entirely on adult usage, will ultimately have an effect on adolescents similar to other legal drugs. For example, alcohol use is prohibited for people under 21 years of age, and cigarettes to 18 years, both are legal, but by far are the most psychoactive substances commonly used by adolescents (Joffe & Yancy, 2004). Also changes in legalization status could result in advertisement appealed to adolescents, thus, triggering reactions toward increased use among adolescents.

**Risky sexual behaviors.** Adolescents with substance use disorders are reportedly more likely to engage in risky sexual behaviors, such as prostitution, and pose a high risk of recipients of HIV/AIDS and other sexual transmitted diseases. Since substance use among youths is increasing, also the impaired judgments and lowered restraints. Research by Lee, Cintron, &
Kocher (2014) illustrated that whenever substances are involved there is an increased probability of sexual activity among African American adolescence males 96% and females 85% (Lee, Cintron, & Kocher, 2014). African Americans adolescents have higher levels of substance use than any other group, thus, contributing to the increased risk of sexually transmitted infections and teen pregnancy (Lee et al., 2014).

Some risks factors that are unique to African American adolescents include early initiation of sexual intercourse, inconsistent use of condoms and other contraception’s, and unprotected sexual intercourse (Taylor-Seehafer & Rew, 2000). Nargisco et al. (2016) suggested lack of parental awareness regarding whereabouts of their children and inconsistent rules contributes to risky sexual behaviors in African American adolescents. African American females are likely to engage in risky sexual behaviors when they are under the influence of alcohol and-or drugs. Research by Taylor- Seehafer & Rew (2004) stated that African American female adolescents reported they indulged in substance use at their last sexual intercourse and African Americans females reportedly have had sexual encounters with at least four or more partners. From a socio-ecological perspective, risky sexual behaviors with indirect impact or sexual risks include poverty and social isolation. While direct impact include family stressors, lack in positive peers and role models, along with environmental factors: cultural and cultural beliefs, African American female sexual exposure typically occur within close proximity of their environment (Taylor-Seehafer & Rew, 2000).

**Onset of Mental Health Disorders in African American Adolescents**

The age of onset for African Americans may show up in their behaviors and conduct problems during early years of school; according to the Surgeon General, only a few African American children will receive care. Lindsey et al. (2006) suggested unrecognizable and
untreated mental health disorders are major factors of high substance abuse rates, academic failure (dropout rates), and high arrest and incarceration rates. Substance use in adolescents is common, but some adolescents will develop substance use disorders (Reedy & Sanders, 2012).

Research conducted by Byck et al. (2013), literature on adolescents with mental health disorders and substance use disorders are scarce, and even more limited for generalizable data for specific subgroups: low-income, urban, African-American adolescents. A sample conducted by Byck et al., (2013) indicates that Whites are 3.8 and 1.3 times more likely than African Americans to have a mental health disorder that is diagnosable according to DSM diagnostic criterion; however, African Americans are less likely to seek help or counseling for mental health disorders. There is a study that showed evidence of racial disparities in utilization of mental health services, National Longitudinal Study of Adolescent Health found that regardless of income and parent education, only 8 % of distressed African American adolescents received counseling services, compared to 19 % of non-Hispanic Whites (Byck et al., 2013).

A study that examined trajectories of depressive symptoms across adolescence and young adulthood found that most of the racial and ethnic differences in depressive symptoms are revealed through socioeconomic status and stressful events. Another study found that 22 % of low-income adolescents were depressed compared to 11, 9, and 6 % of adolescents living in the low middle, middle-high, and high SES conditions (Byck et al., 2013). Also in the study by Byck et al., (2013) they reported that female adolescents were more likely than males to have PTSD and externalizing problems, but less likely to have conduct problems. Females reported higher ratings in the area on the research questionnaire related to being mean towards others, and arguing a lot. Boy’s behaviors are more overt and related to rule breaking: “I cut classes”, or “I
think about sex too much”. In other words recognizing that females and males may not have the same reactions to mental health issues does not mean that the issues are none-existent.

**Barriers to Co-occurring Disorders**

**Family.** As mentioned earlier, for many African Americans adolescents with co-occurring disorders the issue usually goes untreated until early adult years and sometimes even later periods in their life. The prevalence of late diagnosis is not due to indications that mental health services not needed as much as it is due to underutilization of mental health services among African Americans (Villatoro & Ameshensel, 2014). The family role is tremendous in the mental health process of African American family members, especially true because of the amount of stigma placed on the family member in need of mental health services. Often family members may normalize or minimize signs and symptoms of mental disorders and delay or oppose treatment (Villatoro and Ameshensel, 2014). Ambivalence in the African American family is evident of systemic stress and support like the family.

Other family barriers to diagnosis and treatment in the African American community stems from the lack of knowledge or understanding of mental health/co-occurring disorders, which lead to avoidance of the issues. The lack of knowledge increases stigma placed on mental health or co-occurring disorder in African American families. The belief that mental illness happens to weak minded, or it is a punishment by God is prevalent in the generational system. Hawkins (2013) suggests stigma along with resistance, and family stressors, coupled with the lack of education about co-occurring disorders and available resources, often results in an underutilization of adolescent treatment services; particularly African American. Not only is these stigmas, but these beliefs are passed down generation to generation.
The use of drugs and alcohol in African American adolescents can often begin within their family. Young people raised by chemically dependent parents face parentification at an early age. A single family home become more complicating in situations like these; thus, creating emotional scars that can last a lifetime leading to co-occurring disorders (Bell, 2002). Although traditional family traits are protective regarding substance use, traditional families present a more reactive effect, thus, becoming more vulnerable to substance use in disorganized communities (Nasim et al., 2011).

Family barriers not recognized as barriers are part of a family belief system. Depending upon the belief system a family’s beliefs can hinder individuals systemically. According to Adlerian concept, beginning at an early age the family is important for helping individuals feel a sense of belonging; “fitting in” (Curlette & Kern, 2010). This sense of belonging can begin with positive encouragement. Encouragement is the foundation to creating positive social interactions and strengthening interpersonal relationships (Moore & McDowell, 2014). Encouragement benefits and prepares African American adolescents for environmental misconceptions.

Individual. According to Bell (2002), there is three determining factors related to addiction amongst African Americans: 1) addictive potential of the drug of choice 2) environmental factors (poverty, the level of education, and family structure) 3) genetic predisposition of abuse-family history of abuse. An individual who comes from a good home where there are no substance use issues and strong support systems may become addicted to a drug when the addiction potential of the drug is high.

Addictive potential of a drug is not common to African Americans alone. However, cultural can affect the pace in which an individual progress towards use (Bell, 2002). Also, the perception of vulnerability to addictions along with the denial of addiction pose as barriers that
influence mental health services and treatment needed for African American adolescents. With many obstacles stemming from individual barriers, the social ecology model (SEM) is influential in promoting change in the characteristics of individuals bound by systemic determining factors. Characteristics influence an individual according to SEM: ‘knowledge, attitude, self-efficacy, developmental history, gender, age, race-ethnicity, sexual orientation, economic status, financial resources, values, goals, expectations, and stigma’ (Centers for Disease Control Prevention, 2015).

**Peer.** One factor that poses as peer barrier stems from a lack in positive peers. The reason to address this barrier is that peers play a prominent role in community, workplace, school, and neighborhoods; significant peer pressure enhances substance use. A study conducted by Scull, Kupersmidt, Parker, Elmore, and Benson (2013) suggests that negative peer pressure and normalization of use among peers contributes to the higher influence of current and future substance use. The questions that were addressed in the survey were ‘‘How often do your friends pressure you to…drink alcohol?’’, ‘‘…smoke cigarettes or use other tobacco products?’’ The response scale ranged from zero (Never) to five (Always), with higher scores indicating more pressure from peers to use alcohol and tobacco (Scull et al., 2013). Reedy and Saunders (2013) suggests that adolescents who use substances more severely may have an increased risk of mental health issues influenced by interactions with deviant peers.

Adolescents spending more time with peers that engage in substance use are more likely to engage in substance use and later develop substance use disorder. Study also showed that adolescents with peers participating in deviant behaviors are more likely to have severe substance use issues, as well as more symptoms of mental health disorders (Reedy & Saunders, 2013). Research showed peer norms are predictors of early use among adolescents (Nargiso et
Research by Li and Wright (2014) stated since adolescents are concerned about their social status, the use of aggressive strategies helps them to promote their status (Li & Wright, 2014).

If African American adolescents are able to feel connected through positive relationships in their family they develop a sense of belonging, thus increased resiliency. The Adlerian concept of belonging is a protective factor that buffers negative effects of stress contributing to adolescents’ development of achievement, motivation, and other successes (Gfroerer et al., 2013). The feeling of connectedness to others fosters healthy functioning in adolescents and is key in early development of their lives (Gfroerer et al., 2014).

**Community.** The barriers for African American adolescence living in inner city urban communities play a prominent role in substance use disorder. Although there is high risk for adolescents living in inner cities to use substances, African American adolescents living in rural areas is not exempt. The community aspect of barriers for African Americans adolescents exceeds far beyond their living environment. Researchers Nasim, Fernandez, Townsend, and Belgrave (2011) suggested comparable rates of substance use between urban and rural adolescents might be a function of behavioral responses to social disorganization factors affecting the communities (Nasim et al., 2011). The reports indicate that 13% of Whites in rural areas live below the poverty line, but Blacks living below the poverty line in rural areas tripled at 34%. Other reports show that African American adolescents in both rural and urban communities are prone to community disorganization such as poverty, economic instability, residential instability, family disruptions and violence (Nasim et al., 2011).

Another factor contributing to community barriers is increased exposure to environmental stress levels of gang violence, safety concerns, and drug activity. These factors are associated
with increased tobacco, alcohol, and marijuana use between 7th – 9th grades (Nasim et al., 2011). Often in African American communities, there are limited resources regarding positive social and structural activities that keep youth engaged consistently.

Lastly, the African American community have negated the idea of togetherness. Togetherness viewed in Adlerian theory is belief of community as a crucial factor in the life of all individuals involved. “A group of people participate in common practices; depend upon one another; make decisions together; identify themselves as part of something larger than the sum of their individual relationships; and commit themselves for the long term of their own, one another, and group’s well-being” (Kopp, 1997).

School. School performances is a barrier for African American adolescents, depending upon the involvement of informal and formal supports, and their perception of these supports. Adequate support for African American adolescence can be helpful in detecting mental disorders and resourceful in addressing and seeking help. Study results conducted by Jin et al., (2008) indicates that African American students with psychiatric disorders have an adverse impact on their school performances, and they experience chronic school failure in disproportionately high numbers. Poor school performances linked to mental disorders leads to low academic engagement, high dropout rates, contributing to subsequent crime and delinquency, and can go under the radar according to specific stigmas.

The importance of a social and emotional boost in the school environment make a difference for African American children and adolescents. Creating significant relationships built upon mutual trust and respect is a way to boost positive social and emotional feelings in school environment (Kopp, 1997). Mutual respect involves openness to diverse viewpoints,
which creates trustful relationships. Building trust in the school systems with African American families helps to break traditional beliefs against in school testing for their adolescents.

**Cultural mistrust.** According to Simmons et al., (2008) cultural mistrust is a potential barrier that often overlooked because it affects the behaviors and attitude of African Americans accessing and acquiring mental health services. Cultural mistrust stems from various situations; one situation is microaggressions. One example of a microaggression on the systems level is evident in research. Recent study showed Black adolescents face remand to juvenile detention centers in comparison to Whites referred to hospital treatments for emotional and behavioral dysregulation (Simmons et al., 2008). As a result, this hinders possibility of African American seeking outside formal supports for mental health and substance use issues.

According to Clark, 1999 safeguarding behaviors exists in individuals and recognized in their maladaptive behaviors (Clark, 1999). Similarly, in African American adolescents, safeguarding is evident in maladaptive behavior and is used to evade feelings of failure that stem from systematic microaggressions. Adler compared safeguarding behaviors to defense mechanism, or ways used to avoid unwarranted impulsive actions. Safeguarding tendencies enables the individual to avoid situations by blaming others for their perceived problems and failures (Clark, 1999). Although African American adolescents are remanded for emotional dysregulations more than other ethnic group. Families can share in the responsibility by seeking outside help to learn skills to strengthen compensatory sense of significance to reduce negative impact of safeguarding behaviors (Clark, 1999).

**Protective Factors in African American Community**

**Spirituality.** In African American communities, the church and individuals’ religious beliefs remain as a prominent resource for families for many decades. A study by Plunkett
(2013) suggested historically the Black church has functioned as the institution that provides African Americans with social, spiritual, and communal needs (Plunkett, 2013). Plunkett (2013) further suggested the Black church as the hub for providing social, economic, and political resources, support network, and source of empowerment in the community, not delineating from their role in lives of individuals with mental health.

Research by Lewis and Taylor (2009) supported the relationship of individuals in African American communities and the church enables mattering; in other words, a sense of belonging in the community. Religious affiliations, feelings of mattering have helped to shape social integration and support in the African American community. According to Lewis and Taylor (2009) mattering empirically link to the perception of social support individuals, which increases one’s sense of mattering to others.

Traditional religious beliefs have played an enormous role in youth in particularly, in demonstrating both promotive and protective stabilization effects associated with decreased use and low susceptibility in use (Nasim et al., 2011). A similar study by Nasim, Utsey, Corona, and Belgrave (2006) suggested that private religiosity and its effect on substance use primarily relate to refusal efficacy skills of African Americans. Although religious beliefs can be a strengthening factor in the African American community, some people view it as a hiding place (refuge). The church is where individuals in the community feel connected and can serve as a place of refuge for families in the community.

The reliance on the church is important to African American family traditions because the value placed on spirituality serves as coping mechanisms (prayer and meditation) utilized through spiritual connectedness (Nasim et al., 2011). Since the church is an important resource in African American communities, it is relevant to incorporate spirituality in youth prevention
strategies and programs. It is important for counselors to understand African Americans church embeddedness shape their beliefs and the values derived from the beliefs (Plunkett, 2013). “A lack of multicultural competence with regard to African American churchgoers may lead to erroneous and harmful diagnoses” (Plunkett, 2013).

**Work.** African American adolescents can find some advantages in intensive work ethics as a strength for abstaining from substance use. Bachman, Staff, O’Malley, and Freedman-Doan (2013) suggested that youth is working at high intensity often face a high risk of lower grades and higher substance use. However, this problem is bigger for Caucasian and Asian students, with higher social, economic status (SES), than it is for African American and Hispanic students, lower economic status (SES). According to a questionnaire administered to 10th and 12th-grade students, 12th graders work more hours than 10th graders, and Caucasians students are more than likely to hold jobs that pay than any other ethnic group.

Racial groups and SES can result in significant challenges in the job market. The report showed that African Americans, along with Hispanics working at high intensity makes for less problematic behaviors. African Americans faced with obstacles and challenges of finding jobs tends to work more intensively, and have fewer chances for substance use disorder (Bachman et al., 2013). African Americans and Hispanic alike with lower SES are working for different reasons than their counterparts. For Whites and Asian students with highly educated parents, working long hours on the job links to stronger negative academic success, poor school success and substance use (Bachman et al., 2013).

**Treatment Disparities**

Treatment disparities largely contribute to poverty, stigma, and discrimination. For generations African Americans needs for substance use and mental health services usually
experience minimization and normalization environmentally. Some of the minimization comes from systemic distrust stemmed from racism, thus, causing a shutdown in getting and receiving help, results is a closed family system in this regard. African Americans with closed family systems may have or may know someone that have faced challenges with service providers who is less sensitive to their issues due to providers that are non-African American or culturally incompetent.

A journal article by Copeland (2006) suggested racial disparities in servicing African American adolescence cause substantial disadvantages in health status outcomes for individuals, communities, and population. Copeland (2006) also stated that racial disparities in African American adolescence documented according to the number of African American adolescents who receive services and those that need to receive mental health services. Approximately 48% of children in the US will identify as a minority group by 2025, and many of them will have some exposure to racism, discrimination, poverty, and violence, which will negatively influence their mental health (Copeland, 2006).

A study by Eack and Hill (2012) is evident to the crucial factor that race play in mental health care and treatment. According to reports by former Surgeon General, minorities suffer a disproportionate burden of mental illness because they often have less access to services than other Americans, receive lower quality care, and are less likely to seek help when they are in distress” (Eack & Newhill, 2012).

Racial disparities are prevalent in both mental health treatment and mental health treatment outcome equally among African Americans: gender, SES, and diagnosis. Often studies on racial disparities conducted outside the confines of individuals in psychiatric hospital care. Eack and Newhill gathered that for years’ samples have been conducted on individuals
outside of hospital settings and focused on individuals over diagnosed with certain mental illnesses, so their findings on racial disparities were conducted in hospital settings on individuals diagnosed with severe and persistent mental illnesses. They concluded that African American with severe mental illness frequently has less favorable improvement within the year following treatment and psychiatric discharge compared to White Americans (Eack & Newhill, 2012). Also in their study, Eack and Newhill (2012) investigated racial disparities in mental health symptom and psychosocial functioning areas by analyzing the relative frequency of 925 African American and white individuals with severe mental illness who were followed and interviewed on 10-week basis over the course of one year following hospital discharge.

Overall, results revealed that despite mixed evidence on service disparities in minority groups with severe mental illness, disparities in mental health outcomes between African American and white individuals do exist (Eack & Newhill, 2012). Racial and ethnic disparities have been a long time debate in the U.S. Schmidt, Greenfield, and Mulia (2006) confer that research about treatment disparities examines just how much socioeconomic status impact access to care and racially based inequalities impact appropriateness of care (Schmidt et al., 2006).

**Assessing Co-occurring Disorders in Adolescents**

According to Carlson and Robey (2011), assessment helps the therapist identify the underlying issues and motives that are supporting the dysfunction in the family system. The process of assessment becomes the initial phase of treatment, as family members begin to understand their system and the contributions each member makes to the problem (Carlson & Robey, 2011). Co-occurring disorders may be difficult to diagnose, especially in adolescents, due to the complexity of the symptoms. There are no special requirements to assess co-occurring
disorders in African American Adolescents because assessing shares commonality for adolescence cross ethnicity.

Disconnect in both mental health providers and substance use providers regarding cross-assessing adolescents is prevalent. For example, when adolescents go in for outpatient psychotherapy services, the provider is unlikely to assess them for substance use or abuse, likewise with substance use providers. Author. A.S. (2010). Making the case for assessing co-occurring disorders in adolescents. Child and Adolescents Behavior Letter 26, 1-7.

web.b.ebscohost.com/ suggest screening fall short due to unstructured screening methods. Standard practice is that mental health providers assess for issues relating to referral behaviors to generate a diagnosis to treat; however, a systemic approach may prove to be more beneficial in diagnosing adolescents who present with behavioral or emotional concerns related to substance use-abuse.

Treatment

When it comes to treatment for African Americans, there are various reasons for treatment resistance. For many African Americans resistance seems logical; however, some would say that this sort of logic is inexcusable or intolerable. As mentioned before, African American cultural norms can contribute greatly to degradation of their mental health and substance use disorder, but the historical context of the African American community is undeniable. In fact, having some awareness of cultural norms through community outreach programs is useful in the context of treatment for American Americans Adolescents.

Addressing resistance issues within the African American community proves more effective when done systemically, which in turn can speak volumes to their culture norm. Research conducted by Simmons et al. (2008) asserts that community outreach programs are an
effective strategy in providing treatment for high-risk populations, such as African-American Adolescents. Community outreach and engagement increases acceptance of values and interest, and utilization of mental health and substance abuse services and decrease recidivism mirroring resistance (Simmons et al., 2008).

Adolescents abusing substances often presents with other negative factors: legal involvements due to criminal activity resulting in arrest, co-occurring mental health issues, poor school performances, high-risky sex behaviors, abuse history, parentification, substance using parents with the presence of mental issues, chaotic households, and unstable housing. Research indicates historically these individuals fall into categories of the underserved racial and ethnic groups, and are often in need of supportive services in addition to therapy in order to maximize the effectiveness of services being received (Simmons et al., 2008). There can be a bright side to the negative criminal behavior because it can give awareness that treatment is necessary; hence, becoming a requirement necessary to meet court order or probation expectations.

**Increased system knowledge.** In order to treat African Americans for mental health and substance use disorders, the need for increase knowledge and mental health service use is a key factor. According to research by Briggs, Banks, and Briggs (2014), developing some solutions to the issues of low mental health service usage by African Americans requires knowledge and understanding of the historical process of replacing long-stay psychiatric hospitals with less isolated community mental health services for those diagnosed with a mental disorder or developmental disability. In other words, African Americans underutilization of mental health treatment service overrepresentation of correction facilities, along with internal, external, and individual factors. There is also the need for trustful providers to be knowledgeable to challenge
and address some of the internal, external, and individual factors in a culturally sensitive manner, which can be important when providing treatment to African Americans at any age level (Briggs et al., 2014).

**Adlerian Treatment and Applications**

Since African Americans are not always eager to allow outsiders of the family system into their realm, a holistic therapeutic approach is relevant in providing suitable care for mental health and substance use. Adlerian principles are applicable in the work of many professionals, especially amongst workers in helping professions. Because Adlerian psychotherapy is a holistic approach that focuses on the goals and purpose of human behaviors, emphasis on the importance of nurturing and belonging in everyone, human motivation fostered through social interest, and overcoming feelings of inferiority, it is beneficial in working with these African American families in helping to challenge some of the mistaken beliefs deeply ingrained systemically.

Here are a few highlights of Adlerian therapeutic approaches that can be helpful in working with African American families.

**Engagement.** Engagement is the beginning of the therapy/client relationship. Engaging the African American family can be an enormous task the beginning of the therapeutic process. Firstly, a trusting relationship between the provider and the client should be the focus: therapeutic joining and building rapport between the provider and the client. In the case of adolescents, there will probably be involvement from other members of the family, particularly the parent(s) or guardian(s). The provider working with the family should be empathetic throughout the time spent with them; this process is engagement.

Working with African American adolescents and their family members can be challenging when a provider can assist the family and get past the engagement process, hope is
not lost for overcoming some of their reluctances to receiving outside service. According to research by Moore and McDowell (2014), one intervention to get families engaged is through liberation and meeting them right where they are. Therefore, the importance of approaching engagement process from a partnership standpoint proves beneficial throughout services because it strengthens social interest and social embeddedness (Moore & McDowell, 2014).

**Integrative approach.** Adlerian therapy offers an integrative approach that includes mutual respect; facilitate growth within the family and community interests. The integrative approach assist providers with issues and dysfunctions affecting the family, and patterns that repeat throughout generations (Carlson & Robey, 2011). This is particularly true for African Americans because keeping to cultural norms can be an important part of their being. As mentioned earlier, African American families are prone to patterns and cycles within their home and community as whole; therefore, discouragement is systemic. Adlerian focus on the strengths existing in all families and build on their unique aspects of culture and how it positively affects the family structure (Carlson & Robey, 2011). This can be crucial in working with African American families due to the obstacles concealing their strengths. Arguably, Adlerian concepts of social interest and belonging can prove viable in creating interventions for African American adolescents with co-occurring disorders because the holistic approach is suitable for many different areas in meeting the systemic family needs wholly.

Another important integrative approach that is useful in working with African American is the integration of the lifestyle approach with stages of change. The process of Genealogical lifestyle can assist families with addressing some historical trauma and teach them history about their cultural to reduce some effects of societal messages (Moore & McDowell, 2014).
According to Stoltz and Kern research (2007) in the process of integration, the client can tell their story, thus enhance emotional context as a dramatic relief, leading to the process of change.

**Cultural responsiveness.** Research by Chu et al. (2015) suggested the need for psychotherapies that are both empirically and culturally responsive is becoming widespread. Cultural responsiveness involves certain characteristics at therapeutic levels: cultural awareness and beliefs excluding imposing one’s own belief onto the client, knowledge of clients’ background and worldview and expectations they have for therapy, and cultural adaptations of evidence-based treatment interventions (Chu et al., 2015).

Cultural responsive therapeutic approach should support historical-cultural aspects of discrimination experienced in African American families that present as resistance. Lack of awareness to covert discrimination by counselors may lead to early service termination from care. Nadal et al., (2012) explain covert discrimination consists of aversive racism, modern racism, and racial microaggressions. Racial microaggressions have negative impact on mental health of people of color, regardless if unconsciously and unintentionally communicated (Nadal et al., 2012).

Arguably, research indicates both positive and negative effects of microaggressions in counseling, limitations exists due to underreporting of African Americans with mental health issues (Nadal et al., 2012). To develop effective therapeutic alliances with African American clients a counselor should acknowledge facts of racial microaggressions prevalent in client’s life and validate their experiences to achieve creditability with the client (Nadal et al., 2012).

Culture responsiveness in mental health-substance abuse providers are nonrelated to the same racial ethnicity as their client. In fact, a provider can have the same racial ethnicity of a client, but lack empathy in regards to the cultural perspective of the individual or those in their
family and community. Working with individuals that come from various ethnic backgrounds can be challenging. According to a research article by Aslinia, Rasheed, and Simpson (2011), Adlerian psychotherapy is effective for working with various cultures when providers have a good understanding of the culture they are working with. The application of Adlerian psychology should include working with the dynamics of environmental influences and social interactions of persons. In other words, looking at African American Adolescents through the lens of the affects that family and community influence have on the individual is helpful.

**Conclusion**

The need to work with African American Adolescents is great, but having the knowledge to work with them is even greater. There should be recognizable differences in the African American culture, as well as in other cultures, that set the people apart according to their differences; however, this is not an excuse to remain stagnant: racism, poverty, single-family homes, high dropout rates, racial treatment disparities, criminal behavior. African Americans need to gain an awareness of community resources that are available and encouraged to utilize the resources through trustful community resources such as the church. The need for recovery services to enlist the support of African American Leadership to assist with supporting affected communities is critical (Bell, 2002). Treatment programs that include interventions for helping to address some of the historical-cultural contexts in African American communities are also important, especially since the barriers to treatment is rooted in families throughout generations.

Working with multiproblem, culturally diverse, and blended families take patience as the missing skills and relationships take the time to develop. No doubt families with both mental health and substance use will benefit from integrative services to address the co-occurring disorders, but family involved can prove more beneficial than individual alone. Before any
therapeutic process can begin, the individual has to be open to services with a willingness
towards change, especially since individuals in African American families operate under closed family systems. Providers working with individuals with problematic substance use/mental health disorders should be able to gain awareness about the history of their use to determine the type of intervention needed. This awareness is helpful for assisting individuals to recognize changes they are ready to make and viewed in the stages of change: pre-contemplation, contemplation, preparation, action, relapse, and maintenance.
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References


