ADOLESCENT BEHAVIORAL HEALTH, PEDIATRIC & SCHOOL CLINICAL PROTOCOL

Adolescent Co-Occurring Eating Disorder & Substance Use Screener

Developmentally Adapted Screening Tool for Youth Ages 12–17 (Past 3 Months)

KLASEY CONSULTING

Clinical Rationale & Scope (Ages 12–17): Up to 35% of individuals with substance use disorders experience a co-occurring eating disorder, and up to 50% of individuals with eating disorders misuse alcohol or substances (CASA, 2003; NIDA, 2020). In adolescents, substance use (vaping nicotine, stimulants, cannabis, alcohol, or diet/energy products) frequently begins as a functional strategy to suppress appetite, numb body distress, or regulate peer and academic stress. Screen privately using non-judgmental, developmentally accessible language.

Youth Name / Preferred Name & Pronouns: _____	**Date / Age / Grade Level:** _____
Clinician / Counselor Name & Role: _____	**Private Setting Confirmed & Confidentiality Reviewed:** _____

Part 1: Adolescent Pre-Screening Safety & Engagement Standards

1. **Ensure Youth Privacy & Clarify Confidentiality Limits:** Interview the adolescent alone without parents or caregivers present. Explain privacy rules up front, including mandatory reporting boundaries for imminent self-harm, medical instability, or abuse.
2. **Normalize & Avoid Weight- or Substance-Shaming Language:** Frame questions around energy, stress, sleep, sports/school performance, and coping rather than accusatory labels like "drug abuse" or "eating disorder."
3. **Screen Across Bidirectional Pathways:** Ask directly about how eating patterns affect substance use (e.g., skipping meals before drinking) and how substances affect eating or weight (e.g., vaping to curb hunger) (SAMHSA, 2020).

Part 2: Adolescent Screening Questionnaire (Past 3 Months)

Ask each item conversationally or administer as a confidential self-report. Check **Yes**, **No**, or **N/A (Declined / Unsure)**.

Adolescent Prompt & Clinical Focus	Yes	No	N/A
Domain 1: Adolescent Disordered Eating & Body Image Distress			
1.1 "Have you regularly skipped meals, fasted, or tightly restricted what you eat to change your weight or body shape, or worried that you lost control over how much you ate?" Screens for restrictive eating, binge episodes, and preoccupation with weight/shape in developing youth.	☐	☐	☐
1.2 "Have you made yourself throw up, exercised intensely to 'burn off' food, or used laxatives, diet pills, or detox teas after eating?" Identifies compensatory purging behaviors and over-the-counter weight-control misuse.	☐	☐	☐

Adolescent Prompt & Clinical Focus	Yes	No	N/A
1.3 "Do thoughts about food, calories, or how your body looks make it hard to focus in class, enjoy activities, or hang out with friends?" Assesses functional impairment and social withdrawal driven by body image distress.	☐	☐	☐
Domain 2: Adolescent Substance & Ergogenic Product Use			
2.1 "Have you used nicotine vapes, e-cigarettes, cannabis (weed/edibles/carts), alcohol, or someone else's prescription medications (such as ADHD stimulants)?" Screens for high-prevalence adolescent substances, including non-medical stimulant misuse.	☐	☐	☐
2.2 "Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs, or used substances alone to manage stress, sadness, or anger?" Evaluates acute safety risk and solitary emotional-regulation substance use.	☐	☐	☐
Domain 3: Co-Occurring Functional Linkages (Substance–Eating Overlap)			
3.1 "Have you ever vaped nicotine, used stimulants, or consumed high-caffeine energy drinks specifically to curb your appetite, skip a meal, or lose weight?" Identifies appetite-suppressant substance motivation—a primary adolescent co-occurring pathway.	☐	☐	☐
3.2 "Have you skipped eating before drinking alcohol ('drunkorexia') to avoid calories or get intoxicated faster, or used substances to numb guilt after eating or bingeing?" Assesses compensatory caloric restriction around alcohol and post-binge chemical self-medication.	☐	☐	☐
3.3 "When you cut back on vaping, cannabis, or substances, do intense food cravings, binge episodes, or panic about weight gain get worse (or vice versa)?" Screens for symptom substitution ("cross-addiction" / symptom oscillation) during abstinence attempts.	☐	☐	☐

Part 3: Adolescent Scoring, Medical Red Flags, & Action Protocol

Screening Tier	Clinical Interpretation & Immediate Next Steps
Positive Co-Occurring Screen (≥ 1 Yes in Domain 1 and ≥ 1 Yes in Domain 2 or 3)	Conduct comprehensive biopsychosocial intake. Coordinate integrated care addressing both eating behaviors and substance use simultaneously rather than sequentially, involving caregivers via family-based support when safe **(SAMHSA, 2020)**.
Urgent Medical / Safety Triage (Syncope, purging + alcohol/stimulants, bradycardia, severe restriction)	Obtain immediate pediatric medical evaluation (orthostatic vitals, ECG, electrolytes). Combining purging or severe malnutrition with alcohol, stimulants, or diuretics significantly elevates cardiac arrhythmia and seizure risk **(APA, 2023)**.
24/7 Youth & Family Support	**988 Suicide & Crisis Lifeline:** Call or Text **988** | **SAMHSA National Helpline: 1-800-662-4357** (24/7, free, confidential) | **Crisis Text Line:** Text **HOME to 741741**

Adolescent Clinical Observations, Medical Vitals / Red Flags, & Care Coordination Plan

Clinical References

1. American Psychiatric Association (APA). (2023). *The American Psychiatric Association Practice Guideline for the Treatment of Patients With Eating Disorders* (4th ed.). American Psychiatric Association Publishing.
2. National Center on Addiction and Substance Abuse (CASA). (2003). *Food for Thought: Substance Abuse and Eating Disorders*. Columbia University.
3. National Institute on Drug Abuse (NIDA). (2020). *Common Comorbidities with Substance Use Disorders Research Report*. National Institutes of Health.
4. Substance Abuse and Mental Health Services Administration (SAMHSA). (2020). *Substance Use Disorder Treatment for People With Co-Occurring Disorders* (Treatment Improvement Protocol [TIP] Series, No. 42). HHS Publication No. PEP20-02-01-004.

Clinical Notice & Originality Statement: *All screening questions in this tool are original clinical inquiry prompts developed for educational and screening purposes, informed by published clinical practice guidelines (APA, 2023; SAMHSA, 2020; NIDA, 2020). No proprietary or copyrighted third-party assessment items are reproduced herein.*

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