SCHOOL, PEDIATRIC, & ADOLESCENT BEHAVIORAL HEALTH PROTOCOL

Co-Occurring Eating Disorder & Substance Use Screening Tool: Adolescents

Developmentally Adapted Screening Instrument 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 have a co-occurring eating disorder (ED), and up to 50% of individuals with EDs misuse alcohol or substances **(CASA, 2003; NIDA, 2020)**. In adolescence, substance use (nicotine vaping, stimulants, cannabis, alcohol, or diet/energy products) often begins functionally to suppress appetite, numb body distress, or regulate academic and peer stress. Screen privately using non-judgmental, developmentally accessible language.

Youth Name / Chosen Name & Pronouns: _____	**Date / Age / Grade:** _____
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 caregivers present. Explain privacy boundaries upfront, including mandatory reporting duties 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. **Explore Bidirectional Pathways:** Ask directly 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 conversationally or administer as a confidential self-report. Check **Yes**, **No**, or **N/A (Prefer not to say / Unsure)**.

Adolescent Prompt & Clinical Focus	Yes	No	N/A
Domain 1: Disordered Eating Behaviors & Body Image Distress			
1.1 "Have you regularly skipped meals, fasted, or strictly limited 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 overvaluation of 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, or carts), alcohol, or prescription medications not prescribed to you (such as ADHD stimulants)?" Captures 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 using alcohol or drugs, or used substances alone to deal with stress, sadness, or anger?" Evaluates acute safety risk and solitary substance use for affect regulation.	☐	☐	☐
Domain 3: Co-Occurring Functional Links (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 substance-mediated appetite suppression, a primary adolescent comorbidity pathway.	☐	☐	☐
3.2 "Have you skipped eating before drinking alcohol ('drunkorexia') to save calories or get intoxicated faster, or used substances to numb guilt after eating or bingeing?" Assesses compensatory caloric restriction paired with alcohol and post-binge chemical self-medication.	☐	☐	☐
3.3 "When you try to cut back on vaping, cannabis, or substance use, do intense food cravings, binge eating, 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 assessment. Coordinate integrated care addressing both eating behaviors and substance use simultaneously rather than sequentially, engaging 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 sharply 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, Vitals / Medical Flags, & 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.

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