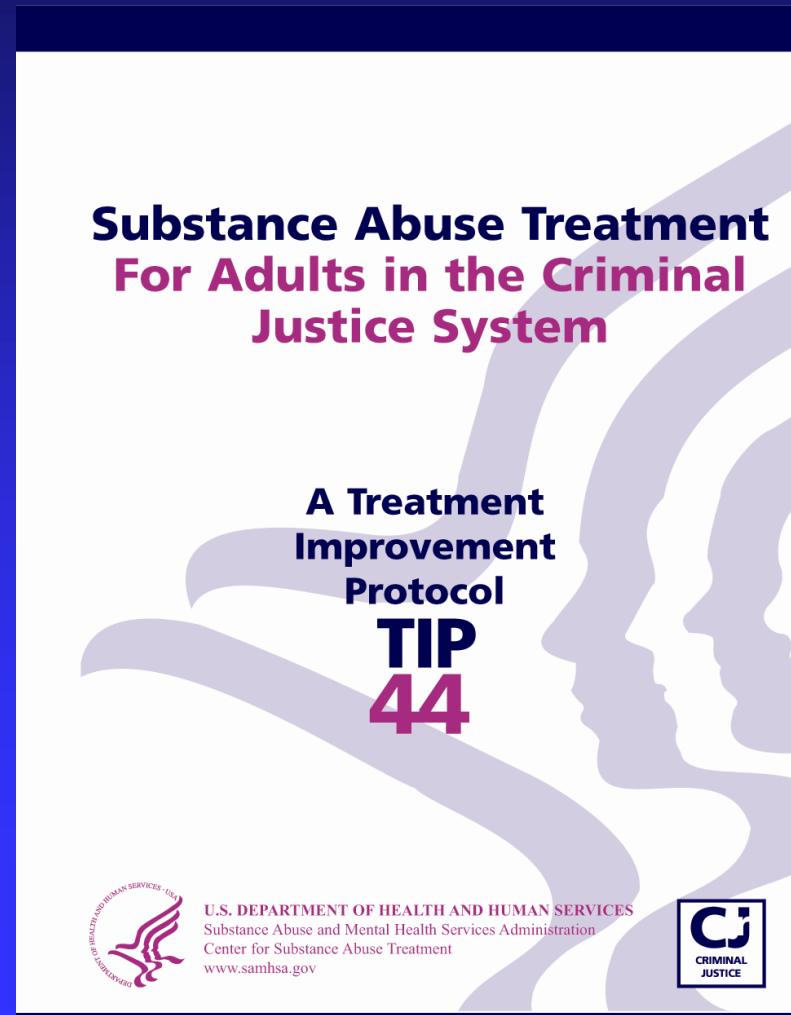


Health, Mental Health, and Substance Abuse – Working with Offenders who have Co-occurring Disorders

**Virginia Reentry Conference
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TIP 44: Substance Abuse Treatment for Adults in the Criminal Justice System



To Order TIP 44 and Products Based on TIP 44

To obtain free copies:

- Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at:
800-729-6686
- Visit NCADI's Web site at
www.ncadi.samhsa.gov
- Request items **BKD 526** (TIP 44)
QGCT44 (Quick Guide)
KAPT44 (KAP Keys)



► About COCE

► COCE Services

► Co-Occurring Disorders Resources

► Audience-Specific Resources

Headlines

Fact Sheet on Disaster Events and Services for Persons with Co-Occurring Disorders – [Now Available](#).

The **Co-Occurring Center for Excellence** (COCE), launched by the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2003, is the first national resource for the field of co-occurring mental health and substance use disorders (COD).

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Goals of this Presentation

Review:

- How to access relevant resources
- Specialized screening and assessment strategies for CODs
- Modifications to clinical approaches for CODs
- Programmatic modifications for CODs

Defining “Co-Occurring Disorders”

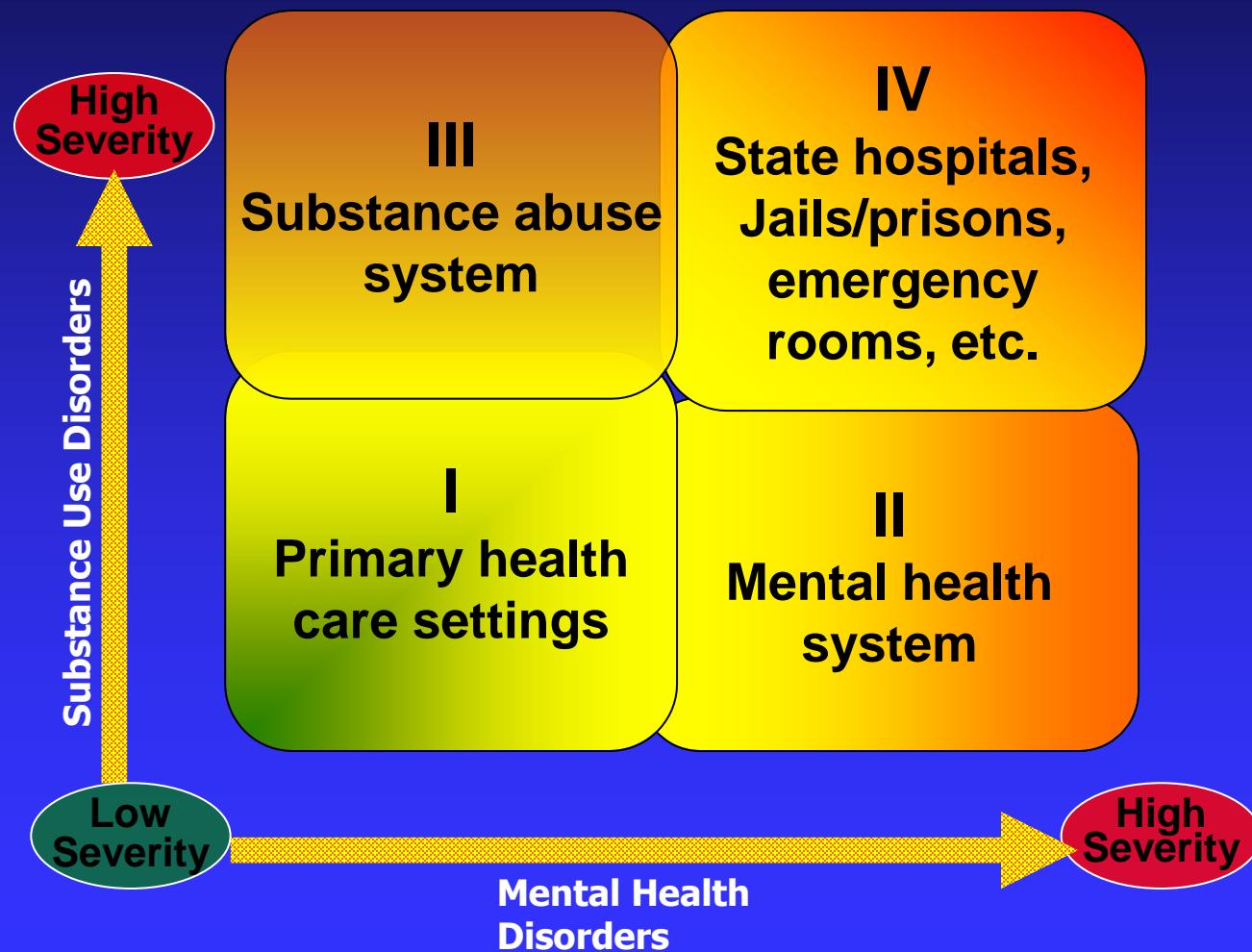
The presence of at least two disorders:

- One being substance abuse or dependence
- The other being a DSM-IV major mental disorder, usually Major Depression, Bipolar Disorder, or Schizophrenia

Offenders with Co-Occurring Disorders

- Persons with CODs repeatedly cycle through the criminal justice and treatment systems
- Likely to experience problems when not taking medication, not in treatment, experiencing mental health symptoms, using alcohol or drugs
- Use of even small amounts of alcohol or drugs may trigger recurrence of mental health symptoms

Typical Location of Services for Different Co-Occurring Populations

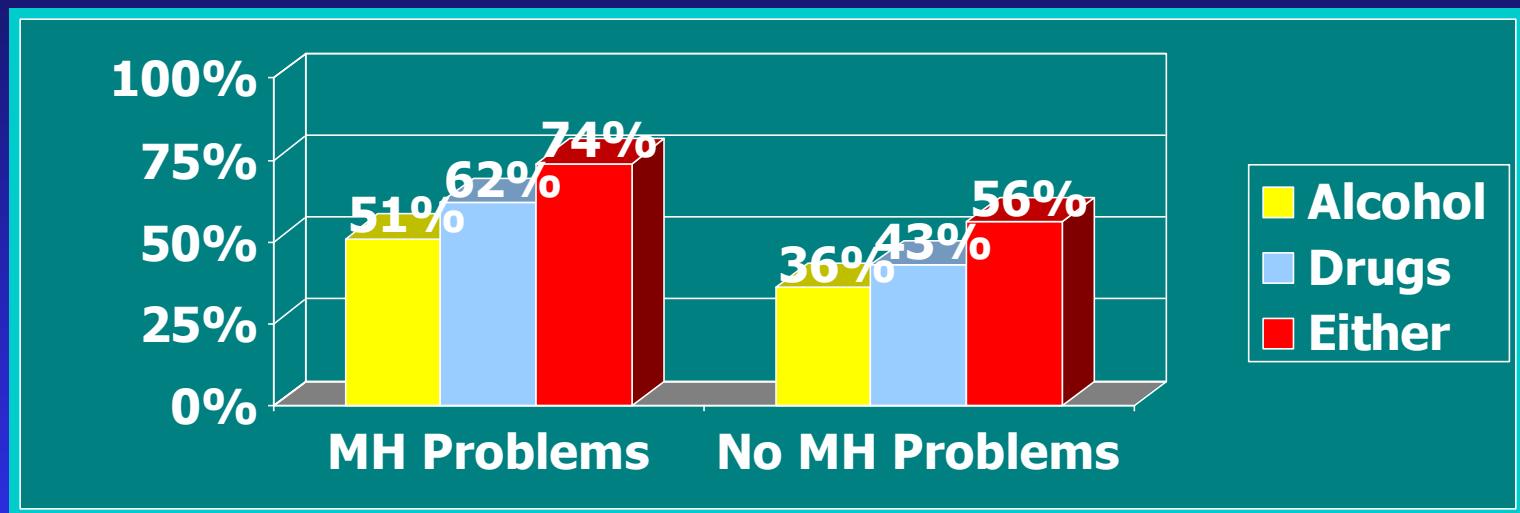


Prevalence of Mental Problems in Justice Settings by Gender

<u>Gender</u>	<u>State Prison</u>	<u>Fed. Prison</u>	<u>Jail</u>
Male	55%	44%	63%
Female	73%	61%	75%

* Based on a modified clinical interview for the DSM-IV, describing experiences during the “past 12 months”. (U.S. Department of Justice, 2006)

Rates of Substance Abuse or Dependence Among Inmates with Mental Problems



74% of state prisoners with mental problems also have substance abuse or dependence problems

(U.S. Department of Justice, 2006)

Challenges in Addressing CODs

- At risk for relapse
- Criminality/criminal thinking
- Housing needs
- Transportation needs
- Family reunification
- Greater psychological impairment (e.g., trauma)
- Job skills deficits
- Educational deficits
- Stigma related to criminal history and SA and MH disorders
- Scarce prevention and treatment resources

Outcomes Related to CODs

- More rapid progression from initial use to substance dependence
- Poor adherence to medication
- Decreased likelihood of treatment completion
- Greater rates of hospitalization
- More frequent suicidal behavior
- Difficulties in social functioning
- Shorter time in remission of symptoms

Behavioral Characteristics

- Difficulty comprehending or remembering important information (e.g., verbal memory)
- Not recognize consequences of behavior (e.g., planning abilities)
- Poor judgment
- Disorganization
- Limited attention span
- Not respond well to confrontation

Clinical Features

- Cognitive impairment
- Reduced motivation
- Impairment in social functioning

(Bellack, 2003)

Why Traditional MH Programs are not Effective for Offenders with CODs

- Unaddressed and ongoing SA interferes with individuals' ability to follow MH treatment recommendations
- Active substance use interferes with effectiveness of MH treatment (i.e., medications, etc.)
- MH treatment may not focus on changing substance use and other maladaptive behaviors

Why Traditional SA Programs are not Effective for Offenders with CODs

- **Absence of accurate MH diagnosis** prevents effective treatment
- **Cognitive impairment** detracts from understanding and processing information
- **Confrontational approaches** used in SA treatment are not well tolerated
- **Frustration and dropout** may result from requirements of abstinence

Why Screen and Assess for CODs?

- High prevalence rates of mental health and substance abuse disorders in justice settings
- Persons with undetected disorders are likely to cycle back through the criminal justice system
- Allows for treatment planning and linking to appropriate treatment services

Enhancing Accuracy of Screening and Assessment

- Maintain **high index of suspicion** for both disorders
- Use **non-judgmental approach and motivational interviewing techniques**
- Gather substance abuse information before mental health information
- Supplement self-report with **collateral information**

Mental Health Screens

- Brief Symptom Inventory (BSI)
- Symptom Checklist-90 (SCL-90-R)
- **MINI Structured Interview (MINI)**
- **Mental Health Screening Form – III**
- Trauma Symptom Inventory (TSI)
- Global Appraisal of Individual Needs (GAIN)

Substance Abuse Screens

- Simple Screening Instrument (SSI)
- Texas Christian University Drug Screen (TCUDS)
- Addiction Severity Index (ASI) – Alcohol and Drug Abuse section
- Alcohol Dependence Scale (ADS)
- Alcohol Use Disorders Identification Test (AUDIT)
- Global Appraisal of Individual Needs (GAIN)

New and Specialized Screens

- **BASIS-24**
- **Brief Jail Mental Health Screen (BJMHS)**
- **Centre for Addiction and Mental Health Concurrent Disorders Screener (CAMH-CDS)**
- **Dartmouth Assessment of Lifestyle Instrument (DALI)**
- **Psychiatric Research Interview for Substance and Mental Disorders (PRISM)**

Screening for Trauma/PTSD

- All women should be screened for trauma history across different justice settings
- Initial screen does not have to be conducted by a mental health clinician; doesn't require discussion of specific details
- Many simple, non-proprietary screening instruments are available
- Positive screens should be referred for more comprehensive assessment

Key Assessment Information

- **Scope and severity** of MH and SA disorders
- **Pattern of interaction** between the disorders
- Conditions associated with **occurrence and maintenance** of the disorders
- **Other problems** related to the disorders or affecting treatment
- **Motivation** for treatment
- Family and social **relationships**
- **Physical health** status and medical history
- Areas for treatment interventions

Assessment Considerations

- Substance abuse can **mimic** all major mental health disorders
- Several strategies will help to gauge the potential effects of SA on MH disorders
 - Use **drug testing** to verify abstinence
 - Take a longitudinal history of MH and SA symptom interaction
 - Compile **diagnostic impressions** over a period of time
 - **Repeat assessment** over time

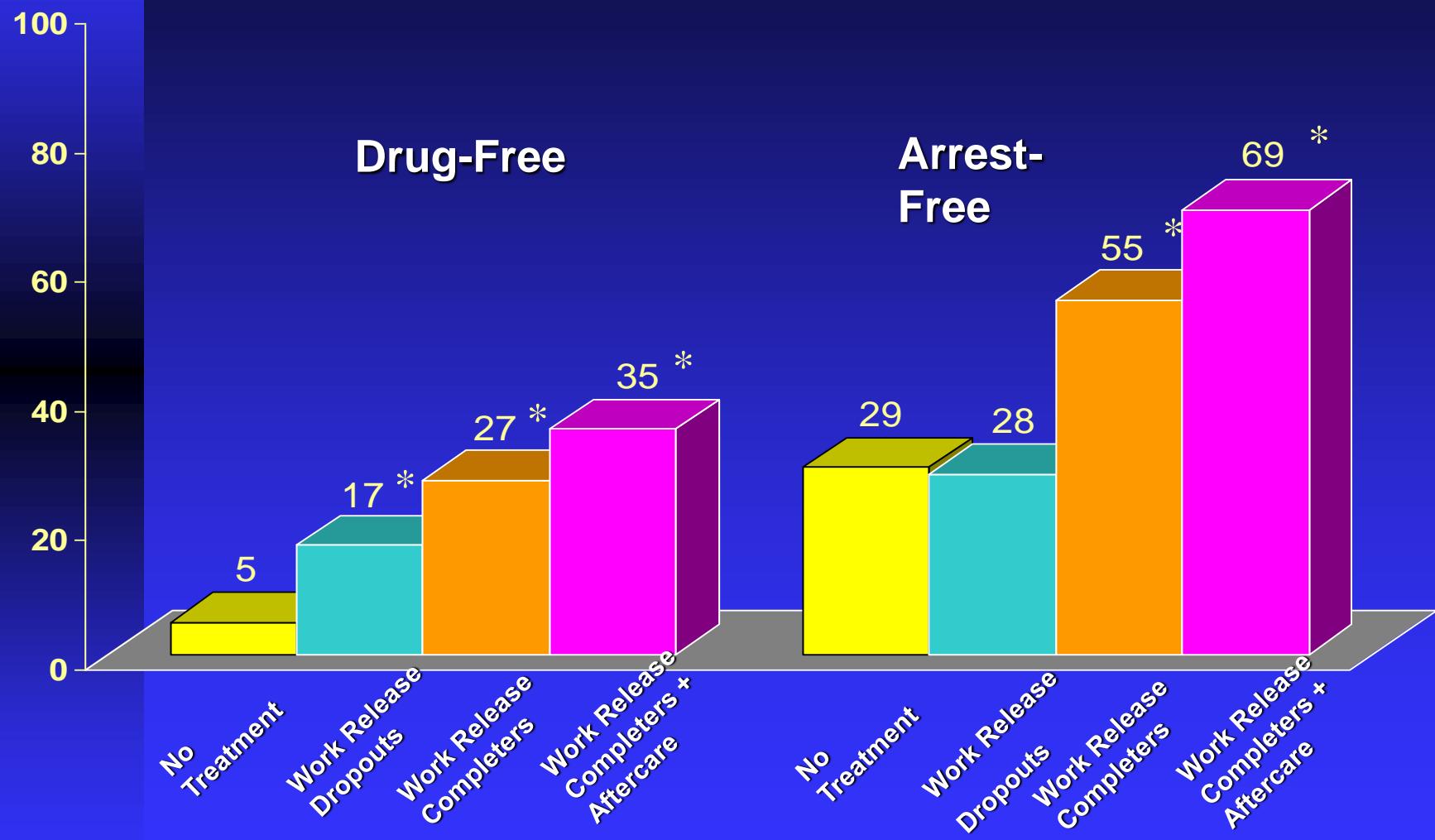
The Importance of Data

Capturing data reflecting the complexity of the population you serve can be persuasive to staff and funders.

Core COD Treatment Interventions for Offenders

- Mental health disorders
- Substance abuse disorders
- Criminal thinking/cognitions
- Developing non-corrosive peer supports
- Educational and vocational skills
- Family interventions
- Reentry services

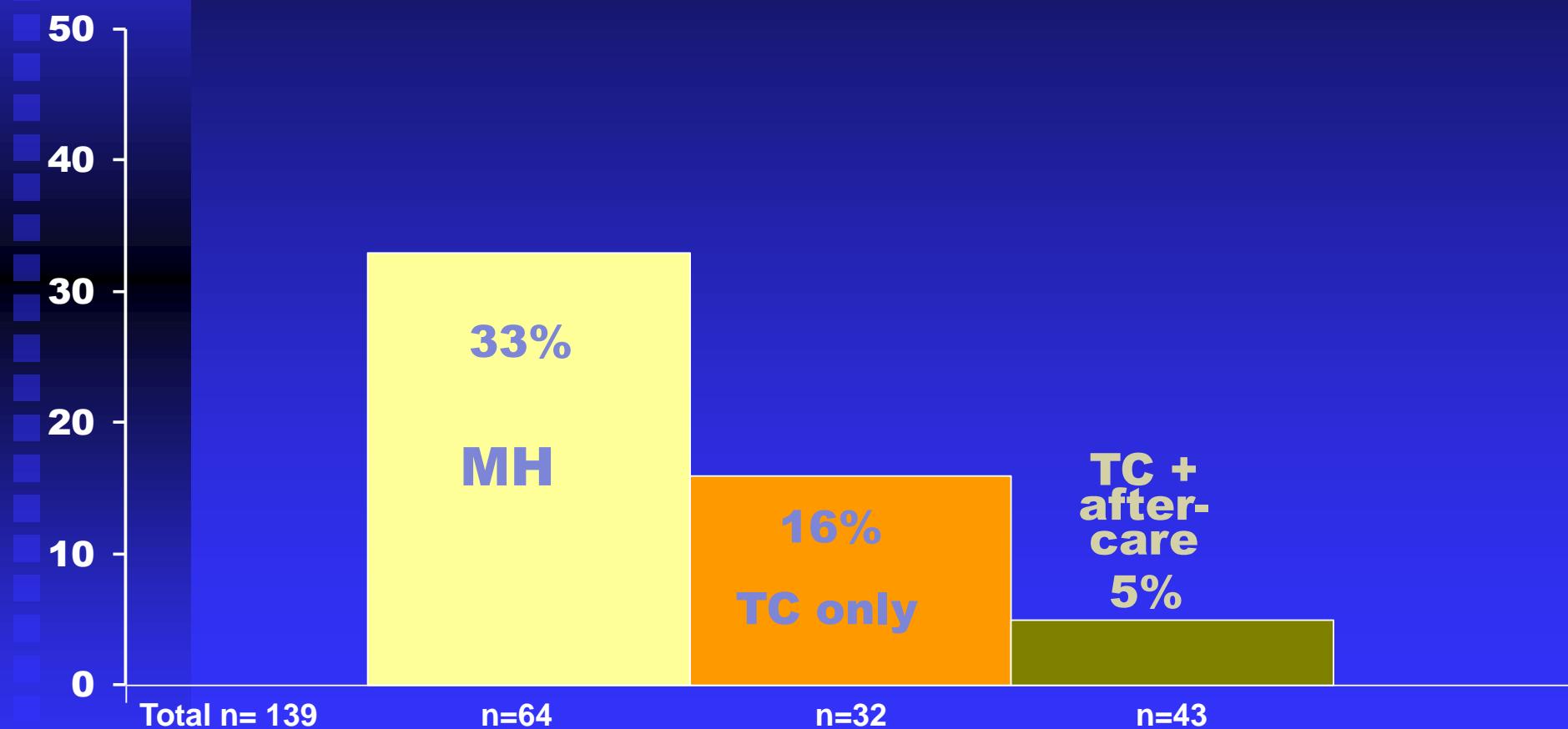
Effectiveness of Prison SA Treatment and Reentry – 3 Years Post-Release



* p < .05 from
Comparison

Martin, Butzin, Saum, & Inciardi (1999), *The Prison Journal*

Effectiveness of Prison COD Treatment and Reentry – 1 Year Reincarceration



Role of Criminal Justice Staff in Treatment

- Often the first line of defense in detecting problems in non-treatment settings
- Crisis management
- Treatment and court liaison
- Part of treatment team in many institutional and community settings
- Co-lead psychoeducational groups

Treatment Modifications for CODs

- Longer duration of treatment
- More extensive assessment
- Emphasis on psychoeducational and supportive approaches
- Higher staff ratio, more MH staff

Treatment Modifications for CODs

- Shorter meetings and activities
- Information presented gradually, in small units, and with repetition
- Supportive versus confrontational approach
- More time provided for engagement and stabilization

Modifying Treatment for Cognitive Impairment

- Minimize need for abstraction (e.g., use concrete, specific scenarios)
- Have demonstrate skills
- Keep instructions brief
- Use audiovisual aids
- Keep role plays short and focused

(Bellack, 2003)

Key Features of Offender COD Treatment Programs

- Highly structured therapeutic approach
- Destigmatize mental illness
- Focus on symptom management vs. cure
- Education regarding individual diagnoses and interactive effects of CODs
- “Criminal thinking” groups
- Basic life management and problem-solving skills

Structural Features of Offender Treatment Programs

- Therapeutic communities
- Isolated treatment units
- Program phases
- Blending of MH and SA services
- Assessment
- Specialized mental health services
- Transition and reentry services

Phases of Justice Treatment Programs

- Orientation
- Intensive treatment
- Relapse prevention/transition

Treating Female Offenders with CODs

- Focus on trauma and spousal abuse
- Emphasis on education and job training
- Parenting skills
- Female role models and peer support
- Assertive outreach and crisis intervention

Trauma-Specific Therapies and Treatment Approaches

- Seeking Safety (Najavits, 2002)
- Trauma Recovery and Empowerment (TREM) (Harris, 1998)
- Treating concurrent PTSD and cocaine dependence (Brady et al, 2001)
- Substance Dependence Posttraumatic Stress Disorder Therapy (Triffleman, Carroll, & Kellogg, 1999)

Pharmacological Interventions

- Medications are routinely and effectively prescribed for individuals with CODs
- Medications serve to successfully:
 - Decrease drug **cravings**
 - Reduce **reinforcing effects** of drugs
 - Assist in **acute withdrawal**

Pharmacological Interventions

- Abuse of illicit drugs and alcohol can **impair the action of medications**
- **Toxic effects** can occur if alcohol or illicit drugs are used while taking certain medications (e.g., lithium, tricyclic antidepressants, MOI inhibitors)
- Medications with **addictive potential** should be avoided, or used with caution

Peer Support Interventions

- Traditional 12-step programs have **not always meshed well** with the needs of individuals with co-occurring disorders
- 12-step models such as AA and NA have been **adapted for co-occurring disorders**
- “**Double Trouble**” and similar groups have been developed throughout the U.S.

Key Transition Services

- Development of **re-entry or transition plan**
- Assistance to engage in **community-based SA and MH treatment**
- Engagement in **peer support and self-help networks** to assist in recovery
- Stable **housing**
- **Vocational training** and employment support
- **Case management** and community supervision

Supervision and Sanction Approaches

- Recognition of special needs
- Supportive vs. confrontative approach
- Support small successes and indicators of progress
- Modify expectations regarding response to supervision
- Flexibility in responding to infractions

Supervision and Sanction Approaches

- Provide concrete directives, repeat directives, assess comprehension
- Promote structure in daily activities, support use of planning skills
- Take initiative to make appointments and to monitor scheduled activities
- Ongoing monitoring to identify recurrence of MH symptoms