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NYSHealth

Center for Excellence in Integrated Care

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- Terminology
- Statistics
- Co-Occurring Disorders & Drug Courts
- Evidence-Based Practices
- Assessment Guidance



TERMS AND DEFINITIONS

What are Co-occurring Disorders?



What are Co-occurring Disorders?

A non-addictive mental disorder occurring simultaneously and independently with an addictive disorder

Source: Osher F, Peters R.



Psychotic Disorders

- Delusions
- Hallucinations
- These clients constitute what is commonly referred to as the serious and persistent mentally ill population
- Schizophrenia
 - Paranoid type
 - Disorganized type
 - Catatonic type
 - Undifferentiated type
 - Residual type



Mood and Anxiety Disorders

■ Mood disorders

- Depression
- Mania
- Bipolar disorder

■ Anxiety disorders

- Social phobia
- Panic disorders
- Post traumatic stress disorder (PTSD)



Personality Disorders

Cluster A:

- Involve *odd or eccentric behavior*.
- Includes *paranoid, schizoid, and schizotypal* personality disorders.

Cluster B:

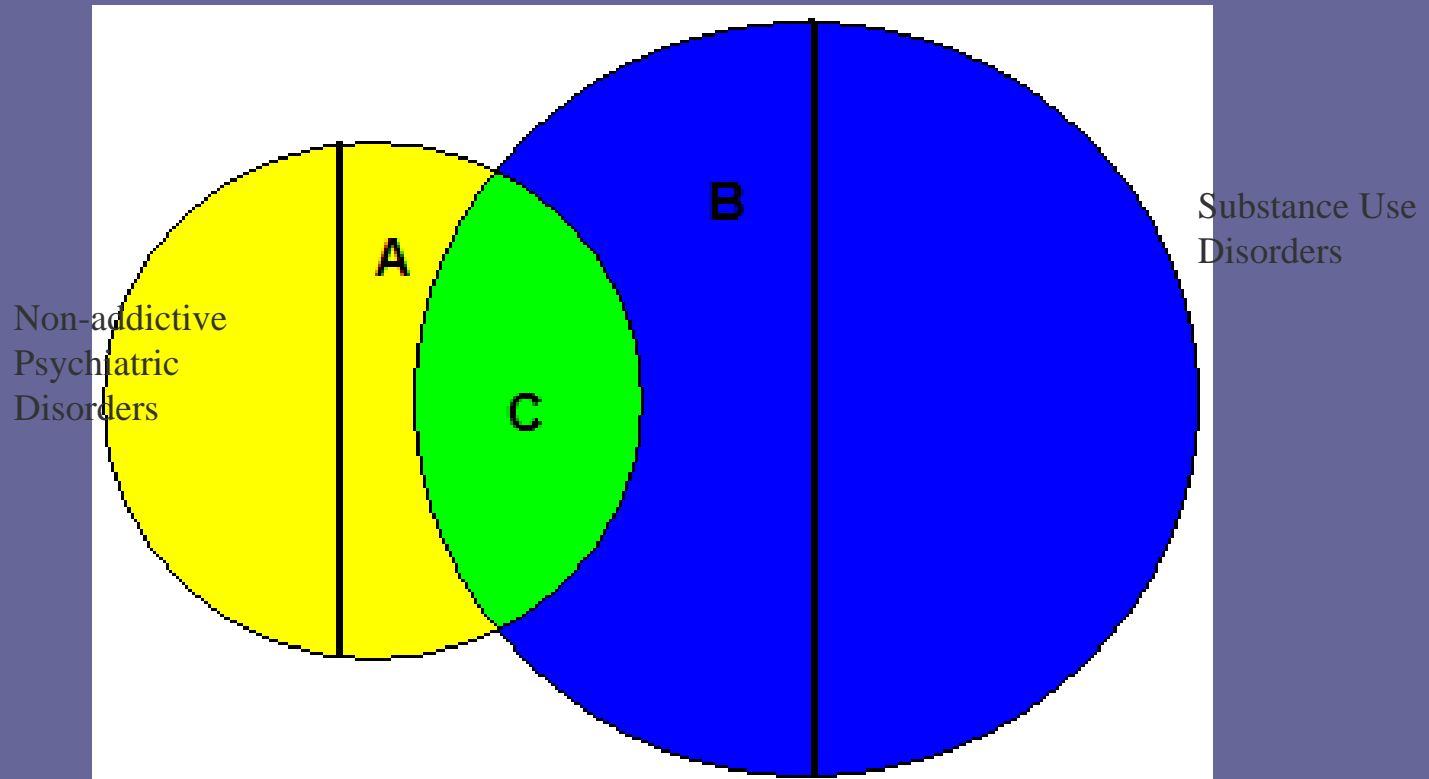
- Involve *dramatic, emotional, or erratic behavior*.
- Includes *antisocial, borderline, histrionic, and narcissistic* personality disorders.

Cluster C:

- Involve *anxious, fearful behavior*.
- Includes *avoidant, dependent, and obsessive-compulsive* personality disorders.



Co-occurring Mental and Addictive Disorders





Offenders Have Co-occurring Disorders? How Many

- Rates of serious and persistent mental illness and substance use disorders observed in criminal justice settings are greater than those found in the general population:
 - **Rates of serious mental disorders in jails:**
 - 6.4% for males (Teplin, 1990)
 - 12.2% for females (GAINS, 2002)
 - **Among jail detainees with a serious mental disorder:**
 - 72% have a co-occurring substance use disorder (Abram et al, 2001)



Co-occurring Disorders and Drug Courts

Exploring Modifications



Challenging Behaviors Related to Co-occurring Disorders in Drug Courts

- Participant who remains silent in response to the judge's questions due to paranoia
- Participant who is hearing voices and talks to herself during treatment sessions
- Man on community supervision who reports not sleeping for days due to change in medications

Source: Osher F, Peters R.



The Case for an Integrated Approach for Co-occurring Disorders in Drug Courts

- Traditional, non-integrated approaches result in poorer outcomes
- An integrated, multidisciplinary approach is needed:
 - Similar to the integrated multidisciplinary team process that is routinely used by drug courts and other problem-solving courts
 - Incorporates the staff and treatment approaches from the mental health field
- You already work with these individuals AND can be more effective



Consequences For Not Addressing Co-occurring Disorders in Drug Courts

- Difficulty in adjusting to treatment groups, employment, and other program activities
- Frequent hospitalization and other mental health emergencies
- High rates of dropout from drug court programs
- Rapid cycling to other parts of the criminal justice system – re-arrest, re-incarceration

Source: Osher F, Peters R.



Factors that Affect Participation in Drug Courts

- Severity of mental illness
- Functional abilities
- Motivation for recovery and “stage of change”
- Ancillary program resources



Core Modifications for Specialty Courts

- Blended screening and assessment approaches
- Education on co-occurring disorders
- Medication monitoring and drug testing
- Flexible application of graduated sanctions
- Liaison with community treatment agencies
- Court hearings and judicial monitoring



- Provide to all problem-solving court participants
- Address interactive nature of co-occurring disorders and principles of care
- Describe court mission and objectives in working with participants with co-occurring disorders
- Discuss court-based and community-based treatment resources
- Use groups and assigned homework/readings



- Develop policies for access to medications and their management:
 - How will medication costs be covered?
 - By whom and how frequent will medications be assessed?

Source: Osher F, Peters R.



Graduated Sanctions

- Determine the immediate and long term impacts of both the current use / relapse
- Be aware of changes in participant's living arrangements, medications, services
- Avoid sanctions that remove the participant from active treatment
- Be flexible and modify the use of sanctions according to the factors listed above



Liaison with Community Treatment Agencies

- Why engage community agencies?
 - Access financial, political and material resources for the court
 - Conserve resources
 - Share information
 - Maximize outreach efforts

- Include outside agencies in court meetings when appropriate

- Develop Memoranda of Agreement



- Court hearings may need to be scheduled more frequently
- Hearings provide a good opportunity to recognize and reward positive behavioral change:
 - Ongoing judicial supervision increases the likelihood that the participant will remain in treatment
 - Regular status hearings are used to monitor participant performance
 - Time between hearings may be increased or decreased, based on compliance

Source: Osher F, Peters R.



Enhancements to Drug Courts

- Provide mental health services concurrently with other drug court/problem-solving court services
- Redirect or target resources to supplement the “core” set of modified services
- Provide additional “tracks” for identified participants with co-occurring disorders



Types of Enhancements - I

- Higher staff-to-client ratio
- Increased length of service involvement:
 - Pace of treatment is slower
 - Time for progression through treatment must be flexible
 - Extended tracking and case monitoring
 - Extended exit and re-entry policies
 - More than a year's involvement in services may be needed

Source: Osher F, Peters R.



Types of Enhancements - II

- More emphasis on education and support rather than compliance and sanctions
- Motivational interventions in both group and individual settings
- Cognitive and memory enhancement strategies
- Case management services
- Outreach services



- Smaller caseloads with more intensive services
- Monitor medication compliance
- Joint meetings with community providers are necessary
- “Fugitive” warrants for persons with co-occurring disorders receive priority of law enforcement
- Staff have requirement to report and the ability to schedule court appearances as needed
- Rapid response to potential and real crises is available



- Develop plan to screen and assess for mental health disorders
- Develop plan to provide services for participants with mental health disorders:
 - Specialized program “tracks” or groups
 - Case management and outreach services
 - Mental health staff or consultants
- Provide training in co-occurring. Strive to be inclusive of all drug court participants
- *Source: Osher F, Peters R.*



- Include mental health partners

- What partnerships with mental health community agencies need to be developed?
 - Local community mental health centers

 - Local mental health practitioners

 - Emergency rooms and hospitals

 - Crisis/mobile response teams



Evidence-based Practices

Treatment for co-occurring disorders.



What Works? Evidence-Based Practices

- Illness self-management recovery skills
- Family psycho education
- Supported employment
- Assertive Community Treatment (ACT)
- Medications
- Integrated services for co-occurring disorders



Principles That Guide Systems Of Care For People With COD

Co-Occurring Disorders (COD) are to be expected.

COD are to be expected in all behavioral health settings and system planning must address this in all policies, regulation, and programming.



Within the treatment context, both co-occurring disorders are considered of equal importance¹.



Essential Programming for Clients With COD

screening, assessment, and referral

psychiatric and mental health consultation

prescribing onsite psychiatrist

medication and medication monitoring

psycho-educational classes

double trouble groups (onsite)

dual recovery mutual self-help groups (offsite)



Principles of Care

- Integration
- Individualized treatment planning
- Assertiveness
- Close monitoring
- Longitudinal perspective
- Staged interventions
- Harm reduction
- Stable living situation
- Cultural competency
- Person centered care
- Optimism



Center for Substance Abuse Treatment. (2005). *Substance Abuse Treatment for Persons with Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series, Number 42.* S. Sacks, Chair & R. Reis, Co-Chair, Consensus Panel. DHHS Pub. No. (SMA) 05-3992. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Center for Substance Abuse Treatment. (2005b) *Screening, Assessment, and Treatment Planning for Persons with Co-Occurring Disorders.* COCE Overview Paper No. 2. Rockville, MD: Substance Abuse and Mental Health Services Administration.



Key Definition: Screening

Screening

- **Determines the likelihood that a client has co-occurring substance use and mental disorders or that his or her presenting signs, symptoms, or behaviors may be influenced by co-occurring issues.**
- **The purpose is not to establish the presence or specific type of such a disorder, but to establish the need for an in-depth assessment. Screening is a formal process that typically is brief and occurs soon after the client presents for services.**



- Routine screening for both sets of disorders should occur at the earliest possible point

- Identify acute symptoms:
 - Suicidal thoughts and behavior
 - Depression, hallucinations, delusions
 - Potential for drug/alcohol withdrawal
 - History of treatment including use of psychotropic medications

- Determine need/urgency for referral



Key Definition: Assessment

Assessment

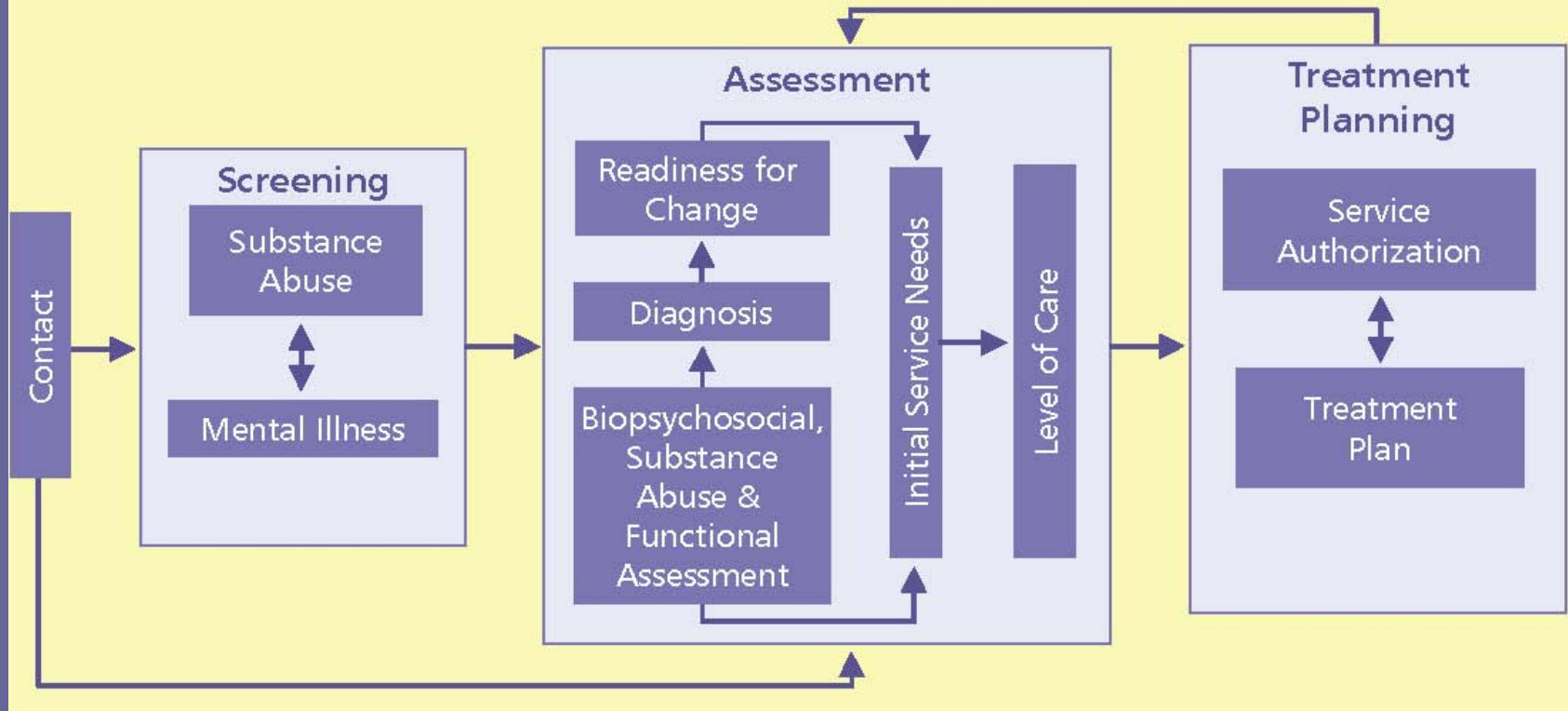
- gathers information and engages in a process with the clients that enables the provider to establish (or rule out) the presence or absence of a co-occurring disorder;
- determines the client's readiness for change;
- identifies client strengths or problem areas that may affect the processes of treatment and recovery; and
- engages the client in the development of an appropriate treatment relationship.



- Acquire information from previous court evaluations
- Focus on areas of functional impairment that would prevent effective participation in specialty court program:
 - Cognitive capacity
 - Communication and reading skills
 - Capacity to handle stress
 - Ability to participate in group interventions
- Assess participant motivation

Relationships among Screening, Assessment, and Treatment Planning

Figure 1: Relationships Among Screening, Assessment, and Treatment Planning



Source: CSAT 2005b



Evidence- and Consensus-Based Practices for COD

Consensus-Based		Evidence-Based		
Guiding Principles	Essential Programming	Techniques for Working with Clients with COD	Models	Evidence-Based Practices for the Severely Mentally Ill
Employ a Recovery Perspective	Screening, Assessment, and Referral	Motivational Enhancement	Assertive Community Treatment	Collaborative Psychopharmacology
Adopt a Multi-Problem Viewpoint	Psychiatric and Mental Health Consultation	Contingency Management Techniques	Modified Therapeutic Community	Family Psycho-education
	Intensive Case Management	Cognitive-Behavioral Therapeutic Techniques		Supported Employment
Develop a Phased Approach to Treatment	Prescribing Onsite Psychiatrist	Relapse Prevention		Illness Management and Recovery Skills
Address Specific Real-Life Problems Early in Treatment	Medication and Medication Monitoring	Repetition and Skills-Building		Assertive Community Treatment
Plan for the Client's Cognitive and Functional Impairments	Psychoeducational Classes	Client Participation in Mutual Self-Help Groups		Integrated Dual Disorder Treatment (Substance Use and Mental Illness)
Use Support Systems to Maintain and Extend Treatment Effectiveness	Double Trouble Groups (Onsite)			
	Dual Recovery Mutual Self-Help Groups (Offsite)			



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